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SOCIAL SUPPORT, STRESS, AND YOUNG
UNWED MOTHERS' ABILITY TO COPE EFFECTIVELY
WITH PARENTHOOD

by



Christina Henninger

THESIS

Submitted in partial fulfillment of the requirements
for the Master of Arts degree.

Wilfrid Laurier University

1982

ABSTRACT

Seventy-six single mothers between the ages of 15 and 22 were studied to determine the relationship between stress and social support and to determine their service needs. Of these 76 individuals, 19 were chosen to participate in a Home Visit Program (a self-help support program), while 21 were chosen to act as a control group for the evaluation of the program.

It was hypothesized that for the total sample an inverse relationship between stress and support would be found (as support increases, stress decreases). Our findings partially supported this hypothesis. Individuals having high scores for Family Support tended to have low scores on the External Stress scale. The items on this scale reflected primarily external stressors such as the parents' control over the respondent. Individuals having high Total Support scores (includes support scores of Family, Friends, and Professionals), tended to have low scores on the Internal Stress scale. This scale focuses primarily on emotional stress such as feelings of self-worth.

The second hypothesis focused on an evaluation of the self-help program. It was predicted that participants in the program would experience an increase in support and a decrease in stress while non-participants would report no changes in stress or support during the same time period. Again, our results partially supported the hypothesis. Program participants did experience a significant increase in support while there was no change for the non-participants. Both participants and non-participants reported no significant change in feelings of stress at the end of the program. Of the participants, 92.8% were moderately satisfied to very satisfied with the program and 100% of the participants felt it should be continued.

The final objective of this study was to define the needs of young single mothers and to make program recommendations. It was found that Social/Recreational programs had the highest priority for the respondents followed by How-to-Parent classes and Classes on How To Protect Your Rights. As well, 46.4% of all members of the experimental and control groups preferred to speak to single mothers rather than professionals about their problems.

It was recommended that more emphasis be placed on the social/supportive aspects of programs for young mothers rather than simply on job-search and career training. As well, it was recommended that the self-help orientation to groups should be used wherever possible both for the benefit of the young mothers (increased independence, peer support and understanding) and the agency (less time spent on professional assistance).

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INTRODUCTION

Numerous researchers have defined the birth of a child as a crisis or a stressful event (Hobbs, 1965; Dyer, 1963; Carveth & Gottlieb, 1979). It seems that being young and single increases the stress of having a child. As well as adjustment to the child in terms of timetable, privacy, and social life (Dyer, 1963), the single mother is more likely to face financial problems and difficulty in completing her education (Phipps-Yonas, 1980).

Carveth and Gottlieb (1979) suggest that, when facing stress, individuals are likely to turn to their support system for help. However, there is an indication in the literature that not all single mothers have a good support system (Furstenberg & Crawford, 1978). A Waterloo maternity home, St. Monica House, has found that mothers who have little support tend to have special problems. Upon completion of a parenting program, they find it especially difficult to emotionally detach themselves from the program. In effect, as reported by St. Monica House staff, they seem to have no one else to turn to.

Since numerous mothers consistently return to St. Monica House for support after the official end of a parenting program, it was thought that these young women

may benefit from a program geared to their needs. A Home Visit Program was initiated whereby the mothers were visited in their own homes on a bi-weekly basis and on a group visit basis with other mothers in the intervening weeks for four to six months. The goals of the program were to both provide initial support for the mother as well as to encourage her to make more contacts in the community which may lead to the development of a new community support system.

It was thought that providing support through a Home Visit Program for young single mothers with little social support should help them to better cope with the stress of their daily lives on a short-term basis. If the program encouraged the mother to develop her own support system, it was thought that she might be able to deal more effectively with the stress on a long-term basis. Such support is preventative in nature as it may reduce the number of future psychological problems of both the mother and child.

What follows is a discussion of the general issue of this proposal: the relationship between life stress and social support. Next, the stresses and problems of unwed mothers - their special areas of difficulty - will be examined. Finally, research literature pertaining to the support systems available to single mothers and their

effects on the adjustment to early motherhood will be reviewed.

The Issue: Life Stress and Social Support

Numerous events in life are related to stress, two of them being a change in jobs or the birth of a child (Holmes & Rahe, 1967). There is some evidence that the stressful events that occur during an individual's lifetime are related to illness and evidence of increased psychiatric symptoms (Dohrenwend & Dohrenwend, 1978; Dean & Lin, 1977).

There are, however, two definitions of stress to be used here. Stress can be defined as life events or changes and can thus be referred to as stressors. Stress can also be defined as the reaction to life events and the actual feelings associated with the reaction such as happiness or unhappiness, physical symptoms, and so on. Much of the research on stress and support focuses on the relationship between stressful life events (stressors), social support, and stress reactions. The research suggests that the more stressors there are, the greater the chance of illness (Dohrenwend & Dohrenwend, 1974). However, research has found that stressors alone account for only a small percentage of the overall incidence of

illness (Lin, Ensel, Simeone, & Kuo, 1979; Cobb, 1976; Dean & Lin, 1977).

Social support has been found to be a prime moderator of the relationship between stressful life events and stress reactions. In Cobb's (1976) review of social support and its relation to life stress, he gives evidence that social support has a preventative effect against the consequences of stressful life events. It may protect the individual from the effects of such stressors as low birth weight, death, depression, and so on. In their review of research on social support and life stress, Dean and Lin (1977) found that social support acts as a buffer against stress. Social support may not always reduce the stress, but it may help the individual to cope more effectively with it, thus preventing the development of further problems (Carveth & Gottlieb, 1979).

For example, Lin et al. (1979) specifically studied the relationship of social support to stressful life events and illness. They found a positive relationship between stressful life events and illness but found the effects of stressors could be mediated by social support. High stress events coupled with adequate social support reduced the incidence of illness and psychiatric symptoms.

Nuckolls, Cassell, and Kaplan (1972) have found that

women experiencing many life events (suggesting high levels of stress) experience significantly more complications in pregnancy than women with few life events unless they have high levels of social support. Thus, in this research, high levels of social support seem to moderate the effects of stressful life events. It has also been suggested that social support decreases the amount of psychological symptoms at all times (Miller & Ingham, 1976). Thus, social support seems to be beneficial in that it increases the chances of coping better with daily life in general as well as with periods of stress. In fact, individuals coping effectively with life tend to have a higher level of social support.

Silberfeld (1978) studied the relationship between psychiatric symptoms and social supports. He compared psychiatric patients with general practice patients and found that the psychiatric patients had significantly less support. General practice patients had more "close" relationships and tended to have more contact with the individuals in their support system. Again, level of stress alone is not a good indicator of an individual's reaction to stressful events. In determining the effects of stressful life events, one must study the support system as well.

However, much of this research, according to Thoits (1982), may be biased in favour of the hypothesis of support acting as a buffer against the effects of stressful life events. Thoits suggests that there may be more of an interactive effect of life events and support such that the events themselves have an effect on the level of support. Thus, someone undergoing an event such as a divorce has an increased level of stress but also loses a major source of support. Those not undergoing a divorce may have lower levels of stress and higher levels of support resulting in the conclusion that support acted as a buffer against stress.

This study does not measure life events to determine stress levels. Rather, we are studying the feeling of stress itself as a reaction to life events and its relation to support. We assume the major event, the birth of a child, has already occurred.

Another problem with research to date has been the definition of social support. Lin et al. (1979) suggest that social support is a feeling of closeness to various individuals. Meyer (1975), on the other hand, implies that social integration or involvement in the community (e.g., job satisfaction, organizational membership) may be closely related or equivalent to social support. In

general, social support can be defined as "...support accessible to an individual through social ties to other individuals, groups, and the larger community." (Lin et al., 1979, p.109)

Stemming from the definitional problem is the difficulty of measuring social support; to date it has been measured rather crudely. Mitchell and Trickett (1980), in their review of social support, cite a number of operational definitions of social network membership, including such concepts as size of the network, density, rate of contact, and types of support offered. But as Mitchell and Trickett state, it is still difficult to operationally define a "good" or "poor" social network.

A major advance in the study of social support has been the definition of different types of support (Mitchell & Trickett, 1980; Carveth & Gottlieb, 1979; Weiss, 1974). Through social ties, an individual can attain emotional, financial, material, or other types of support. Mitchell and Trickett (1980) have summarized the similarities of categories across various research as "... (a) emotional support; (b) task-oriented assistance; (c) communication of expectations, evaluation, and shared world view; and (d) access to new and diverse information and social contacts." (p.30) Different members of a

support system may provide different types of support. Carveth and Gottlieb (1979), for instance, found that a new mother's own mother and mother-in-law provided an informational type of support, while the husband tended to provide emotional support.

Just as there are different types of support available, there are different types of support systems. An important structural aspect of a support system is its density. Density refers to "...the extent to which individuals within a network know and contact one another independently of the focal individual" (Mitchell & Trickett, 1980, p.28). Hirsch (1980) has found that a very dense network may actually be a sign of little support during crisis or change periods. For instance, family members may not support a new widow as she tries to begin a new life for herself, thus making it difficult for her to adjust. We may be better able to predict how an individual will cope with stress and whether additional support is needed to help that person cope more effectively with the stress by analyzing both the types of support available or lacking and the structural aspects of a social support system.

Sometimes additional support is provided by social service agencies; they may form part of an individual's

support system. Agencies dealing with individuals such as psychiatric patients, emotionally disturbed children or single mothers, often supply them with support through therapy or social-recreational programs. Though it is obvious that these individuals require long-term support, we must ask how much of that support an agency can realistically supply. Though a permanent program could be developed to become a substitute support system for them on a long-term basis, it seems more useful for the individual and the agency to take part in a short-term program geared to developing a permanent support system outside of the agency.

Two examples of this approach attest to its potential benefits. Termanson and Bywater (1975) developed a follow-up program for suicide attempters. The subjects were visited in their homes numerous times over a 12 week period. In this short period of time, it was found that "There was a statistically significant improvement in interpersonal relationships for those receiving follow-up..." (p.28) than for those not involved in the follow-up program.

Price, Price and Toomey (1980) also developed a follow-up program. Pre-delinquent girls were assigned volunteers who regularly visited them for a period of a

year or less (average length not specified). The goal was to keep these young girls out of the criminal system by supporting them in their development of a different lifestyle. Ninety-two percent of the girls found that the visits with the volunteer were helpful. Thus, by providing direct support, both the suicide attempters and the pre-delinquent girls were able to improve their interpersonal relationships. It is through interpersonal relationships that long-term support is provided.

Stresses and Problems of Unwed Mothers

Phipps-Yonas (1980), in her review of teenage motherhood, lists the general problems of early unwed motherhood as: interruption or termination of education, low-paying jobs, welfare dependency, higher chances of repeat unwanted pregnancies, and loss of freedom. As well, the mother is still maturing herself. These problems greatly increase the stress generally inherent in parenthood.

These problems are most often part of early motherhood because of a lack of support. One result is that the mother finds that her choices on how to live her life become severely limited. If there is no day-care available in the form of relatives or free day-care

centres, she is forced to leave school. Without education, she will be able to take only unskilled, low-paying jobs. These jobs often do not pay enough to afford child-care, thus the mother may be forced to depend on the limited funds available from Welfare, rather than being able to choose how she will care for her child.

In addition, the mother is assuming a number of new role responsibilities within a short period of time. Russel (1980) describes this change as "accelerated role transition."

She...is faced with the issues of identity formation and the struggle to establish intimacy with an age-mate, at the same time that issues of generativity (Erikson, 1950) are ushered in by the unscheduled event of parenthood. (p.51)

Because of the high levels of stress inherent in early unwed motherhood, a great deal of support is required in order to cope effectively. It seems, though, that many mothers lack adequate support (Presser, 1980).

Social Support Systems and the Adjustment of Unwed Mothers

As discussed earlier, there are various types of support: financial, emotional, problem-solving and so on. Those studying support and its relation to psychiatric symptoms (Silberfeld, 1978; Lin et al., 1979) have

measured support on an emotional level (feelings of closeness). Those studying the support systems of young single mothers (Furstenberg & Crawford, 1978; Presser, 1980) focus on financial and child-care supports as well as emotional support. They do not measure which type of support is the most beneficial.

Researchers of young single mothers have studied the support offered by parents and friends as well as by agencies. Parents and friends can be classed as a "natural" support system since it is the most common, while agency programs can be classified as a "devised" support system; they have been manufactured to satisfy an existing need. The following is a review of both of these types of support.

There is evidence that those with supportive parents and families fare better than those without. Wise and Grossman (1980) have found that mothers with few medical and psychological difficulties, and with accepting and supportive parents, tended to adjust well to motherhood. Six weeks after birth, the mood of the mothers was generally positive.

Furstenberg and Crawford (1978) found that:

Those who continue to live with their parents, and benefit from parental assistance - financial, psychological, and child-care - do better than those who must depend on their own resources.

(p.322)

Those with a high degree of support have a better chance of finishing school, getting better jobs and remaining independent of welfare. Their children also do better in several areas. In her review of the effects of unwed adolescent motherhood, Phipps-Yonas (1980) found that children who spent less time in the care of their mother (i.e., more time with other caretakers, such as grandmothers or daycare) perform significantly better on physical, emotional and intellectual tests.

Different types of support available to the unwed mother have been studied by both Presser (1980) and Furstenberg and Crawford (1978). Presser found that 77% of the mothers were receiving child-care support from their parents or kin, though only 65% received financial support. Furstenberg and Crawford found that only 53% of the mothers overall received emotional support. Thus, living at home does not necessarily suggest a high level of emotional support. As discussed earlier, lack of

emotional support is significantly related to the incidence of psychiatric symptoms. Unfortunately, Furstenberg and Crawford have no simultaneous records of financial support or child-care support.

Presser, though, has studied both financial and emotional support and has found that those mothers feeling close to their own mothers (emotional support) were significantly more likely to receive financial aid from their parents (82%); while those not feeling close had less chance of receiving financial aid (48%). This is a double blow to mothers lacking in emotional support; it helps to increase the stress they are already facing with the birth of a child.

Carveth and Gottlieb (1979) studied the different formulations of social support as well as different sources of social support to which new married mothers turned. They compared three types of support: amount of contact, problem-centered feedback, and relationship importance. They found that the type of support the married mothers receive is related to the source of support; as stress increased, rate of contact with the husband was significantly higher than rate of contact with the mother or mother-in-law. The mother and mother-in-law, though, were rated significantly higher

than the husband on relationship importance and problem-centered feedback. Carveth and Gottlieb, however, made another significant finding; as the level of stress increased (after birth of a child), the level of contact with individuals in the support system also increased. Thus, on a short-term basis, support did not seem to decrease the level of stress. Rather, the person under stress turned to the support system in order to better cope with the stress. They suggested, though, that on a long-term basis, the stress might decrease while the support system stayed at a high level.

Unfortunately, there is little research available on mothers receiving little or no support. We know that those lacking in emotional support are also more likely to be lacking in financial support (Presser, 1980). But if individuals under stress generally turn to their support system for help, to whom does the mother with little support turn?

For those mothers without a "natural" support system, there are sometimes "devised" systems available. The Rochester Adolescent Maternity Project (Tatelbaum, Adams, Kash, McAnarney, Roghmann, Coulter, Charney, & Plume, 1978) provided a "...special clinic session, group discussions, more frequent visits and the intervention of

a social worker" (p.726-727) as well as "...close prenatal follow-up with contraceptive instruction being initiated during the prenatal period." (p.726) Thus, support was given on a number of different levels over a period of a year. They found that the participating mothers had significantly fewer repeat pregnancies than non-participants.

Bennett and Bardon (1977) designed a school program for unwed mothers. It was designed to be supportive and provided "medical, counseling, and academic assistance," (p.673) as well as child-care. The participating mothers completed significantly more education than the control group.

But it seems that not all mothers receive adequate support. St. Monica House has found that those with little support return again and again to the agency for assistance. Singer (1971) also found that some of the mothers using a drop-in centre for young mothers had little support. When we spoke to the participants of a parenting group at St. Monica House in September, 1981, the mothers themselves said that they often have questions but have no one to answer them. Some are lonely and express the need for friendly contacts with others.

All research to date indicates that support is

beneficial to the mother. If social support, as Lin et al. (1979) suggest, is negatively correlated with psychiatric symptoms, it may be that on a long-term basis the mother will be more emotionally healthy if she feels supported. This is of great benefit to her child who will grow up in a healthier environment. On a short-term basis, the mother may feel happier as well as stronger and thus be better able to cope with the stress of raising a child.

Self-Help Orientation

The formation of long-term relationships outside of the agencies with others facing similar problems is equivalent to the formation of self-help groups. This is obviously an important aspect in this study since we are attempting to provide the mothers with support outside of the agency. Agencies simply do not have the resources to supply the necessary support to all single mothers. By forming self-help groups, single mothers do not have to be dependent on an agency to supply their support needs.

But there is additional evidence to support the emphasis on self-help. Graziano and Fink (1973) have found that:

People prefer to discuss their emotional problems with family physicians, clergy, beauticians, and school personnel because they have an ongoing relationship with these agents; there is little stigma attached to the appeal for help from them, and no negative, second order demands of professional treatment (such as fees and scheduled appointments) are imposed. (p.615)

Vachon, Lyall, Rogers, Freedman-Letofsky, and Freeman (1980) found that self-help intervention was beneficial to new widows. Those widows paired with a widow contact on a buddy-system adapted more quickly to the loss of their husband than did those without a widow contact.

In the Home Visit Program, professionals are used to develop self-help groups. Since self-help groups and professionals do not naturally fit together, we must tread a fine line. In Gottlieb and Schroter's (1978) review of the relationship between professionals and natural support systems, they suggest that professionals can be used as resources for self-help groups. Thus, as in our program, they no longer provide the day-to-day support (this is supplied by the self-help group) but they can be approached by the group for information, ideas, and so on. The professionals may make a similar use of the self-help groups when conducting research as they may be able to contact individuals knowledgeable in a particular area or problem for their assistance.

Budman (1975) has focussed on the use of professionals in developing self-help groups. The professionals' role consists of "bringing together" a group of people with common concerns.

The professional's involvement in the group appears to be restricted to facilitating the disclosure of common concerns, helping the group to coalesce, and encouraging mutual helping behaviours. Once these goals have been achieved, the group is formally terminated, but in many cases continues on a mutual-help basis in the natural environment. (p.619)

Gottlieb and Schroter (1978) support this approach. They suggest that if the professionals played a role in bringing together individuals in self-help groups, they would in effect be educating people about self-help groups and the information would eventually be spread throughout the community.

The professionals in the Home Visit Program took this type of approach. The mothers have said they have difficulty in meeting each other and forming relationships. The group visits, then, assisted them in this aspect. They were also assisted in keeping the group going for a short period of time. In the end, though, the volunteers removed themselves and allowed the groups to continue on their own. In addition, Rogers, Vachon, Lyall, Sheldon, and Freeman (1980) found that in a

self-referral, self-help group for widows, lower class and immigrant widows tended not to refer themselves. This suggests that, in some cases, it may be appropriate to use professionals to bring individuals together that would normally not involve themselves in a self-help group.

Research Objectives

Based on the preceding research, three objectives were established:

1. To examine the relationship between social support and stress. We predicted that there would be an inverse relationship between these two variables; the higher the level of support the individual felt she was receiving, the less stress she would experience.
2. To evaluate the effects of a self-help intervention program, the Home Visit Program. We predicted that program participants (Experimental group) would report an increase in social support and a decrease in stress, while a no treatment control group would report no changes in social support and stress during the same time period.
3. To assess the needs of single unwed mothers and make suggestions for programs to meet these needs.

METHOD

The Setting

St. Monica House is a home in Waterloo for young pregnant women. Women remain at the residence until the birth of their baby, after which they find their own accommodations. In March, 1981, while interviewing the Executive Director of St. Monica House, I was told of her idea to establish a follow-up program for the mothers after the birth of their babies. The idea involved visiting young single mothers in their homes on an individual basis to help them in any way necessary. One of the goals was to help them find additional community support since some were still quite dependent on St. Monica House. At that time, the director was unable to initiate the program because of a lack of staff time and funds.

In July, 1981, I returned to St. Monica House and offered to help with the program on a volunteer basis as well as to evaluate it for the purposes of this thesis. At this time, we also decided to interview single mothers about their needs. Numerous other agencies were contacted by the director and asked to participate in our research

project by having single mothers complete our questionnaires.

During this time, as a result of numerous meetings, we developed a self-help orientation to the program. It was thought to be better to help the mothers develop support if they were to be introduced to other young single mothers during group meetings than to have continued dependency on the program and the professionals who staffed it. At this time, we also decided to use volunteers to determine whether the program could be run on a volunteer basis if it was to continue in the future.

Though there was never a written contract with St. Monica House, our roles were clarified from the beginning. I was to act primarily as researcher, as well as acting as a volunteer for a number of the single mothers. The role of the volunteer allowed me to gain more detailed information of the experiences of single mothers. The Director of St. Monica House also directed the Home Visit Program (the name we gave to our program) and the Director, one staff member and one volunteer also took responsibility for visiting the other program members.

Sample

As well as program participants (n=13), a number of other single mothers were studied. Other single mothers were contacted through Public Health Nurses and various branches of Family and Children's Services or Children's Aid Societies (Counties of Essex, Kent, Bruce, Perth, Grey, Huron, Brant, Middlesex, and the Health and Social Services of the Regional Municipality of Waterloo, Waterloo Regional Health Unit, and Family and Children's Services). Workers at these agencies agreed to take the questionnaires to their clients to have them completed. The only selection criteria were age (under 22) and marital status (never married). Despite these criteria, seven individuals over the age of 22 were interviewed. An additional 56 questionnaires were completed. In addition, three questionnaires were completed by individuals refusing to participate in the program while four program participants completed only the pre-test questionnaire. Thus, there was a total of 76 respondents.

The characteristics of the total sample of 76 are summarized in Table 1. Most of the respondents were in their late teens with an average level of education of 9.9 years. The majority (80.3%) described themselves as happy

Table 1
 Characteristics of Total Sample of Single Mothers

<u>Characteristic</u>	<u>Means^a and Percentages</u>
Age	19.1
Education	9.9
Number of Siblings	3.9
Age of Children	
1-6 months	34.7%
7-12 months	33.3%
Over 1 year	32.0%
Emotional State	
Very Happy	17.1%
Happy	63.2%
Not too Happy	19.7%
Source of Financial Support ^b	
Employed	11.8%
Welfare/Mother's Allowance	84.2%
Unemployment Insurance	2.6%
Student	14.5%
Supported by Parents	3.9%
Supported by Boyfriend	2.6%
Level of Monthly Income	
\$0-299	13.3%
\$300-399	28.0%
Over \$400	58.7%
Living Site	
Alone with child	48.7%
With Parents/Relatives	38.2%
With Boyfriend/Others	13.1%
Future Plans	
Full-time Mother	16.0%
Work/School	84.0%

a
 All figures are means unless denoted as %.

b
 Results do not equal 100% because respondents were able to indicate more than one category.

or very happy. As well, over 80% were on Welfare or Mother's Allowance. Almost half of the respondents resided with their parents.

Evaluation Design

The first part of the study involved administering questionnaires to the total sample of single mothers. A second part of the study involved examining the effects of the Home Visit Program on a selected subgroup of the total sample.

A total of 76 questionnaires were administered to single mothers. Of this group, some were asked to participate in the Home Visit Program. There were a total of 13 participants in the program.

Because of the connection with the maternity home, most of the program participants were former residents or participants in parenting courses offered by the program. Two participants were contacted through the Department of Welfare and approximately three were contacted through Family and Children's Services. These two agencies first contacted possible participants and asked their permission to forward their names to the author in order to be

contacted about the program.

Possible program participants were contacted by the author. A total of 35 individuals were contacted and invited to participate in the program. All of these individuals were residents of Kitchener-Waterloo. Of these, ten decided not to participate. Of this group, common reasons for not participating were that the individuals were either working or in school and were thus too busy to participate. All ten, though, agreed to complete the questionnaires at a later date. When recontacted about the questionnaires, six could not be reached (disconnected phones); four agreed to complete the form; but only three actually returned it.

Originally, 25 individuals agreed to participate in the Home Visit Program, but only 19 actually began the program. Others were either working or could not be contacted because of disconnected phones.

All 19 program participants began the program over a period of three months. One participant dropped out of the program after one individual visit, while one discontinued the program after four months. Neither individual gave a reason. As well, complete information was not available for four individuals on the post-test. Thus, complete information on both the pre-test and

post-test was available for only 13 of the participants.

Of the 63 non-participants, another group of 21 were chosen by matching to act as a control group. The final size of the control group was smaller as only 15 responded to the post-test questionnaire.

The control group was selected out of the 56 questionnaires returned by Family and Children's Services and Public Health Nurses. All had agreed to be retested at a later date. They were matched with the experimental group on the basis of age, education, number of siblings, and future plans. They were not matched on location of residence since the control group was composed of individuals residing in the surrounding counties and cities. None of the differences between the experimental and control group were significant in the pre-test. These results are summarized in Table 2.

Though random selection of the control group would have improved the design, this was not practically possible. Since questionnaires were returned by the agencies over a period of four months, the control group had to be selected from a sample of approximately 30 questionnaires completed in January. Because of the small sample size, matching was decided upon to ensure the availability of a comparable control group. I also felt I

Table 2
 Characteristics of the Experimental
 and Control Groups

<u>Characteristic</u>	<u>Experimental (n=13)</u>	<u>Control (n=15)</u>	<u>Statistic</u>
Age	18.6	18.5	ns
Education	10.3	9.5	ns
Number of Siblings	3.1	4.0	ns
Number of Children			ns
One	88.9%	100.0%	
Two	11.1%	-	
Age of Children			ns
Under 1 1/2 years	88.9%	85.7%	
1 1/2 years and over	11.1%	14.3%	
Future Plans			ns
Full-time Mother	16.7%	20.0%	
School/Work	83.3%	80.0%	
Happiness			ns
Very Happy	27.8%	15.0%	
Happy	72.2%	60.0%	
Not Too Happy	-	25.0%	
Total Network	8.9	8.8	ns
Total Support	34.7	36.1	ns
External Stress	20.4	19.8	ns
Internal Stress	42.8	44.6	ns

All figures are mean scores unless denoted as %.

had to limit the size of the control group because of the amount of staff time involved in administering additional questionnaires. It should be noted that the overall sample selection was not random as all the respondents had been in contact with the Family and Children's Services.

The experimental and control groups were readministered the questionnaire after six months. The study design is presented in Figure 1. The evaluation design used was a pre-test, post-test non-equivalent control group design. There was no further contact with the remainder of the sample other than for feedback about the results of the study.

Program participants received feedback in the form of a letter describing the basic findings. Since non-participants were administered the questionnaires through agency workers, presenting feedback was more difficult. Agency workers were given letters describing the results which could, if possible, be distributed to the respondents. Agency workers themselves were given a lengthier report on the results of the study as well as recommendations for programs for single mothers.

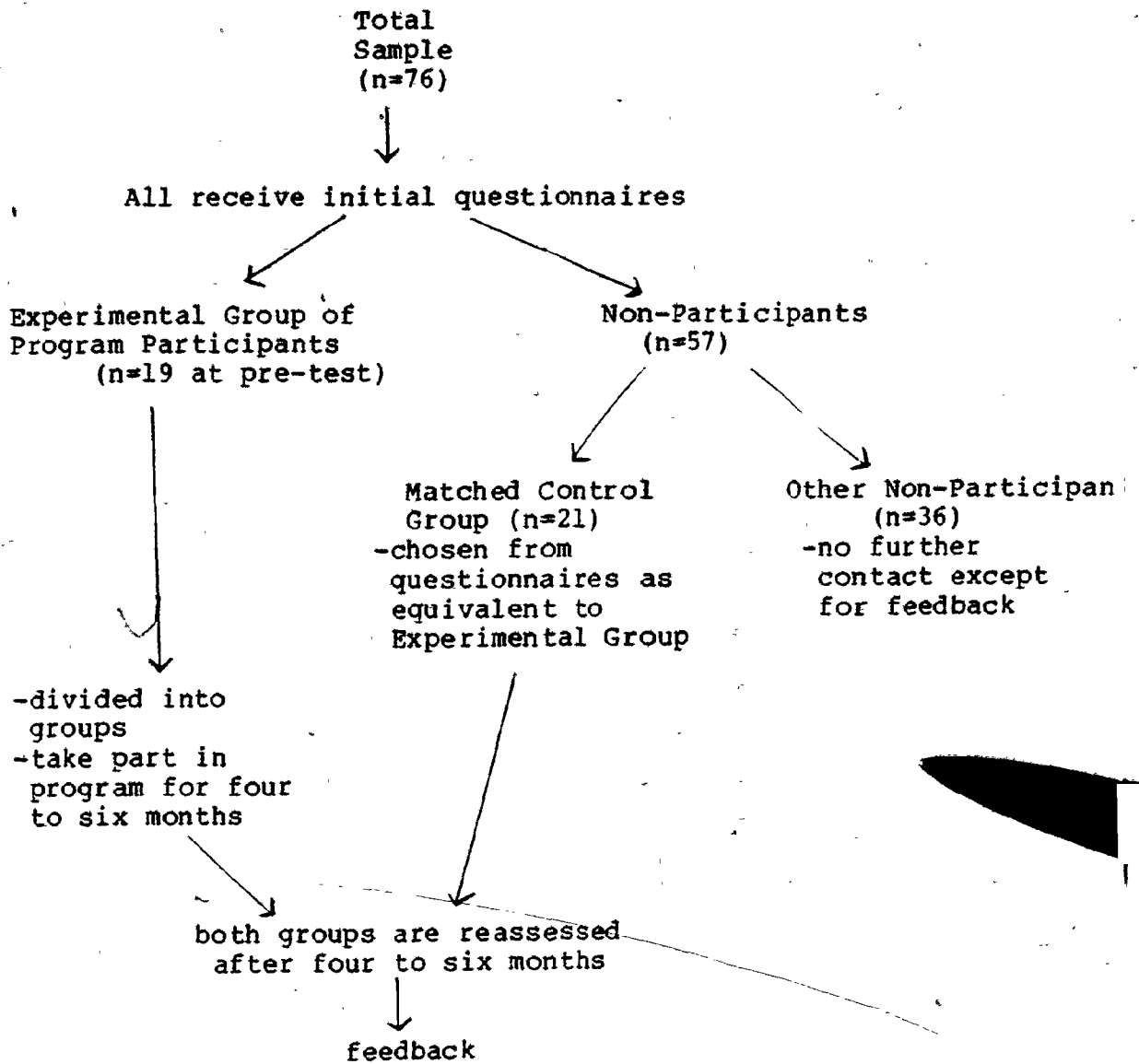


Figure 1. Research outline.

Data Collection Procedure

Of the total sample of 76, 56 were administered the questionnaires through agency workers (Family and Children's Services' workers and Public Health Nurses). Agency workers were provided with a program description and instruction in administering the questionnaires and then administered the questionnaires to single mothers with which they had had some contact.

Names of possible program participants were collected from St. Monica House files, local Family and Children's Services' files, and through the Department of Welfare files. Workers from the last two agencies initially approached the individuals and asked their permission to give their names to me so that I could phone them about a new program for single mothers.

When I contacted the individuals, they were told about the format of the program and told that the program would give them a chance to meet other single mothers and perhaps make friends as well as receiving support. They were also asked to participate in the research by completing a questionnaire. It was explained that this was a "try-out" program and we needed their help in order to determine if it was useful to single mothers. They

were also told that information from the questionnaire would help to determine some of the needs of single mothers and to propose programs to meet those needs. It was emphasized that the information would remain confidential. Those not wishing to participate were asked for a reason why they did not wish to participate which was then recorded.

If an individual agreed to participate, an appointment was made to complete the questionnaire. Initially, participants were asked to come in groups to St. Monica House for the interviews but, in general, only one of five individuals appeared for the meetings. Since this was too time-consuming, I switched to individual home visits. In this way, questionnaires were completed in a shorter period of time allowing the individuals to begin the program sooner. I took time during the initial visit to discuss the program with the participants and determine some of their interests and goals. The Director of St. Monica House also completed a number of the initial visits.

Questionnaires were administered to non-participants between January and March of 1982. Program participants completed the questionnaires between December, 1981 and February, 1982. They joined the program shortly after

completing the initial questionnaire. Both the experimental and control groups were readministered the questionnaire four to six months later (June, 1982).

Measures

All individuals completed a lengthy questionnaire including demographic information, information pertaining to respondents' needs, and stress and support scales.

Stress scales. Bradburn's (1969) Affect Balance Scale (see Appendix A) was used to assess the affective adjustment of individuals. It assesses both positive and negative feelings (there are five items dealing with each in the scale) which have been found to be only weakly correlated. Positive affect and overall happiness have been found to be positively correlated, while negative affect was negatively correlated with overall happiness. The test-retest reliability of this scale ranges from .76 to .83 (Bradburn, 1969). As part of this scale, respondents were also asked to rate their level of happiness from Very Happy to Not Too Happy.

The External Stress scale (see Appendix B) was

developed by the author and the staff of St. Monica House. It is composed of eight questions the staff felt were particularly relevant to young unwed mothers. The items on this scale reflect primarily external stressors such as "Your parents' control over you", "Visits from agency workers", and "Crying or sick baby." The mothers were asked to rate how much they were bothered by each of these factors on a five point scale ranging from "no bother at all" to "very bothersome."

The Internal Stress scale (see Appendix C) has been used previously in a study by Carveth & Gottlieb (1979). "This scale is composed of 20 items drawn from a larger list of common concerns expressed by mothers in a study by Hobbs(1965). These items were selected because they discriminated most successfully between mothers exhibiting high versus low levels of stress in the latter study." (p.182) The scale was slightly modified to accommodate our population of unwed mothers. All questions asking about the relationship with the husband were changed to relationship with the father of the child. This scale focusses primarily on emotional stress such as feelings of distance from parents and the father of the child, feelings of letdown after the birth of the child and feelings of self-worth. The mothers were asked to rate

how worried they were about each of these factors on a five point scale ranging from "not at all worried" to "very worried."

The two stress scales (Internal and External Stress) were significantly correlated, $r(75) = .48$, $p < .05$. In terms of reliability, the alpha coefficient for the External Stress scale was significant at the .01 level ($\alpha = .49$) while the alpha coefficient for the Internal Stress scale was significant at the .05 level ($\alpha = .23$). Since the items of each scale are intercorrelated, we can also assume the validity of the stress scales.

Support scales. The following characteristics of social support were measured: the total number of individuals the respondent perceived to be supportive (Size of Network), which was divided into the categories of Family, Friends and Professionals; the amount of emotional support received from all individuals together (Total Support), again divided into the categories of Family, Friend and Professional Support; the type of support received from each individual (See Appendix D); and the Density of the support system (See Appendix E).

These measures of support tend to be subjective

because individuals are asked to list those individuals they feel are in some way supportive of them. They were asked to rate how supportive each individual was on a five point scale ranging from "not at all supportive" to "very supportive." These measures of support are based on those devised by Hirsch (1979).

Hirsch's (1979) density of support scale (Support System Map) has been retained as is. For this scale, individuals were asked to list the names of all individuals in their network in a circle. They were then asked to indicate which of these individuals were close to each other by drawing connecting lines between their names. In this way we could determine the number of relationships within the individual's total network. The more interrelationships there were, the more dense the network. A copy of the complete pre-test questionnaire is included in Appendix F.

Post-test measures. The post-test questionnaire includes all the support and stress scales and four new questions (see Appendix G). One question is designed to measure changes in behaviour over the last four months and includes items that are directly related to the goals of the Home Visit Program. The second question determines

whether the individual's social life has improved or worsened during the months of the program. As well, two questions were used to determine whether the single mothers prefer to speak to other single mothers about problems rather than with professionals, and whether it is easier to communicate with single mothers than with professionals. Finally, a separate questionnaire was designed exclusively for program participants (see Appendix H). It includes scales that allow the participants to evaluate the program. See Figure 2 for an outline of the information collected from members of the experimental group and the control group.

Intervention Program

The program as finally established at St. Monica House consisted of a combination of individual home visits and small group meetings in the homes of the participants. Program participants were divided into four groups on the basis of location and proximity to other participants. When participants moved, they were able to join another group in their new area. Because of the number of moves made, we ended with a total of three groups.

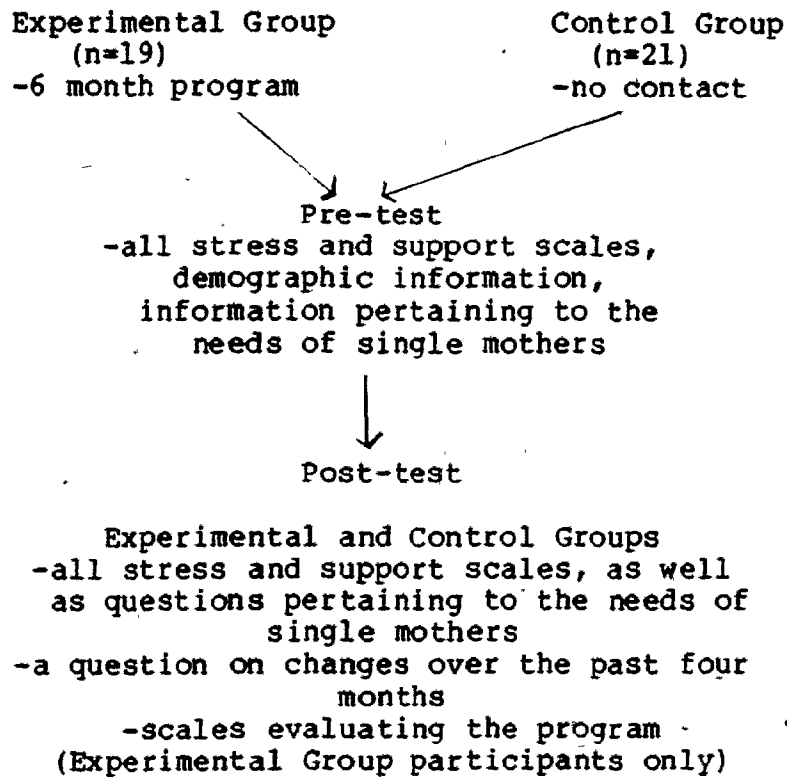


Figure 2. Information obtained from questionnaires from the experimental and control groups at different points in time.

I had originally planned for a total of 16 visits over a period of four months. Individual and group visits were to alternate from week to week. In practice, this was impossible to accomplish. Five individuals (two St. Monica House staff members, two volunteers, and the author) acted as visitors. Because of a lack of time, the staff could not regularly visit the participants on an individual basis. As well, one volunteer had difficulty scheduling meetings and eventually left the program.

Group visits were difficult to schedule because a number of the participants were employed. Although group meetings were scheduled every two weeks, quite often participants failed to appear. Usually, they had forgotten, had transportation problems, or were faced with poor weather. After the first two meetings, participants were more likely to attend meetings because they were then acquainted with the other group members. Once a group was established, group members were asked to arrange their own meetings though a volunteer continued to attend. As well, group members contacted each other independently of the program after the initial group meetings.

The actual number of visits (both group and individual) ranged from a low of four to a high of 16 for the 19 participants. Two participants received only

individual visits as they preferred not to attend group meetings. One individual received only two individual visits after which she never appeared for scheduled meetings. This individual, however, does plan to attend group meetings in the future. Five participants took part primarily in group meetings because of the volunteers' difficulty in continuing individual visits. Another six participants received from six to ten individual visits and took part in approximately six group visits. Three individuals received both individual and group visits but at a fairly low rate. One had transportation problems; one was usually not home for scheduled meetings though she attended the groups regularly; and one was difficult to contact. As well, two individuals joined the program at a later date and their visits have not yet been terminated. These results are summarized in Table 3.

The goals of the program were to provide initial support, introduce single mothers to each other to establish long-term support, and to assist the mothers in making plans for themselves. A final goal was the formation of self-help groups.

In practice, all group meetings ran along similar lines. At the first meetings, individuals were introduced and there was generally some small talk as individuals

Table 3
Participants' Attendance in Program Meetings

<u>Types of Meetings Attended</u>	<u>Number of Participants</u>
Both group and individual (12-16 total meetings)	6
Both group and individual (3-10 meetings)	3
Primarily group meetings (3 to 10 meetings)	5
Individual visits only (1-6 meetings)	<u>5</u>
	19

became acquainted. Conversation tended to centre around the children as it was the interest all members had in common.

At initial group meetings, there was usually some discussion on what participants wanted from the groups such as planning social activities together. Meetings remained very informal; they were primarily social get-togethers. Later on, specific activities, such as a restaurant visit, a visit to Manpower, and a barbecue were planned. Such planned activities occasionally involved the simultaneous participation of a number of participants of other groups.

Group leaders usually spent some time focusing on the activities of participants and supporting them in their moves toward further education or employment. Group members also supported each other in these matters and were able to give advice out of their own experiences.

Though initially group visits were arranged by the leader, after the first visit, group members were asked to arrange the meetings on their own. Phone numbers were shared and one person took responsibility for phoning others to arrange the next meeting.

Individual visits were also informal. Talk focused on the mother and her experiences. Volunteers tried to be

supportive of her, though we were also able to point out difficulties with individual plans. As well, we tried to give more focus to unformed plans. Thus, if a participant mentioned that she was lonely and wanted to get out more, we were able to help her make specific plans for activities. If a participant felt she wanted to return to school, we were able to act as resource people in providing information on available programs.

With these activities, we met our original goals of providing initial support and introducing single mothers to each other, though this has not developed into long-term support for all participants. We were also able to assist some mothers in making plans for themselves. In terms of the formation of self-help groups, a number of individuals have decided to continue their groups and another participant has offered to begin a new group.

Sample process notes of four visits are included in Appendices I to L. The first process note is of an initial group meeting while the second is of a later meeting of the same group. The final two appendices contain complete notes on the individual visits of two participants.

RESULTS

Relationship Between Stress and Social Support

The two stress scales, Internal Stress and External Stress were significantly correlated. Affect Balance was significantly negatively correlated with External Stress, Internal Stress and Negative Affect, and significantly positively correlated with Positive Affect. These correlations replicate Bradburn's (1969) findings on the correlations between the subscales of this measure. Results are summarized in Table 4.

Total Support was significantly correlated with Size of Network, Family Support, and Friend Support. Though Density was included as a measure, it is not analyzed here because of the small number of responses on this measure in relation to the whole sample. These results are summarized in Table 5.

Scores on the Bradburn scale (Positive Affect, Negative Affect and Affect Balance) were not highly correlated with any of the support scores. Pearson correlations were performed on the External and Internal Stress scales as related to the support scores. Internal Stress and Total Support were found to be significantly

Table 4
Correlation Between Stress Measures (n=72)

Measures	External Stress	Internal Stress	Positive Affect	Negative Affect	Affect Balance
External Stress	1.00				
Internal Stress	.49*	1.00			
Positive Affect	-.34*	-.38*	1.00		
Negative Affect	.33*	.35*	-.37*	1.00	
Affect Balance	-.40*	-.44*	.82*	-.83*	1.00

*p<.05

Table 5
Correlations Between Support Measures (n=72)

Measures	Total Support	Family Support	Friend Support	Professional Support	Network Size
Total Support	1.00				
Family Support	.35*	1.00			
Friend Support	.37*	.35*	1.00		
Professional Support	.10	.52*	.45*	1.00	
Network Size	.85*	.48*	.43*	.37*	1.00

*p<.05

negatively correlated. Thus, as Total Support increased, Internal Stress decreased. Internal Stress and Professional Support were also significantly positively correlated. As Professional Support increased, Internal Stress increased.

Though External Stress and Total Support were not significantly correlated, it was found that External Stress and Family Support were significantly negatively correlated. As levels of Family Support increased, External Stress decreased. These results are summarized in Table 6.

The scores on External Stress and Internal Stress were divided into High and Low Stress using the midpoint of the total possible score on each stress scale. This was done by taking the highest number on the scale, multiplying it by the number of items on the scale and dividing by two.

The midpoint score on the External Stress scale (20) closely matched the mean score of the respondents on this scale (20.86). The midpoint score on the Internal Stress scale (52.5) was much higher than the actual mean score of 44.36. By using the higher midpoint score of 52.5 as the dividing point between high and low stress, we biased the scores in favour of low stress. Only those with high ratings are included as it is possible to reach a score of

Table 6
Correlations between Sources of Support and Stress (n=72)

Sources of Support	External Stress	Internal Stress	Positive Affect	Negative Affect	Affect Balance
Total Support	-.02	-.21*	.16	.06	.04
Family Support	-.22*	-.04	.07	-.07	.08
Friend Support	-.03	.05	.00	-.13	.07
Professional Support	.02	.20*	-.06	-.02	-.03
Network Size	-.06	-.07	.15	.09	.01

* $p < .05$

44 with the majority of the ratings in the 1-2 (not at all worrisome) range.

These scores were then compared with the level of support (Family Support, Friend Support, and Professional Support) to determine whether individuals with High or Low Stress scores received significantly more support from a particular source. When t-tests were performed on External Stress, it was found that Low Stress individuals received significantly more support from their family than High Stress individuals. In both External Stress and Internal Stress, the trend was towards more support from professionals for High Stress individuals than Low Stress individuals, though the results were not significant.

High Stress individuals on External Stress tended to receive more support from their friends, while on Internal Stress, Low Stress individuals received more support from their friends. Again, though, these results were not significant. These results are summarized in Table 7.

Program Evaluation

The experimental group (program participants) and control group (non-program participants) were measured

Table 7
Sources and Level of Support Compared for High and Low Stress Groups

Sources of Support	Level of Stress		t-value
	High Stress	Low Stress	
<u>External Stress</u>	<u>n=43</u>	<u>n=33</u>	
Family Support	14.21	17.52	$t(74)=-2.13, p<.05$
Friend Support	12.86	11.73	ns
Professional Support	8.19	7.00	ns
<u>Internal Stress</u>	<u>n=23</u>	<u>n=53</u>	
Family Support	14.83	16.00	ns
Friend Support	10.26	13.28	ns
Professional Support	8.91	7.13	ns

once before the program and again four to six months later. The groups were then compared on changes in social support and stress over this period of time.

The experimental group had significantly higher scores on Total Number of Friends, $t(12) = -2.62$, $p < .05$, Friend Support, $t(12) = -2.81$, $p < .05$, and Total Support, $t(12) = -2.48$, $p < .05$, at the end of the program as compared with the beginning of the program. The control group showed no significant changes in these support scores from pre-test to post-test. When matched t-tests on the change scores were performed, it was found that there were no significant differences on the change scores for support. Results are summarized in Table 8.

Although there was no change in social support for the control group, there was a significant decrease in Negative Affect $t(14) = 2.82$, $p < .05$ from pre-test to post-test. As well, when matched t-tests were performed on the change scores, it was found that the only significant change was in Negative Affect. The control group showed a significantly greater decrease in Negative Affect than did the experimental group, $t(26) = -2.25$, $p < .05$. Results are summarized in Table 9. This suggests that they tended to have less negative affect than the experimental group members. Overall, though, stress did

Table 8

Mean Social Support Change-Scores for the
Experimental and Control Groups
at Pre-Test and Post-Test

	Experimental (n=13)	Control (n=15)	t-value
Network Size			
Family			
Pre	4.1	3.7	
Post	4.8	3.8	
Change Score	.7	.1	ns
Friends			
Pre	3.0	2.9	
Post	4.2	3.2	
Change Score	1.2	.3	ns
Professionals			
Pre	1.8	2.3	
Post	1.3	2.1	
Change Score	-.5	-.2	ns
Total			
Pre	8.8	8.8	
Post	10.2	9.1	
Change Score	1.4	.3	ns
Network Support			
Family			
Pre	17.0	14.5	
Post	17.6	15.4	
Change Score	.6	1.1	ns
Friends			
Pre	11.4	11.5	
Post	16.2	12.3	
Change Score	4.8	.8	ns
Professionals			
Pre	1.1	10.1	
Post	4.9	9.3	
Change Score	-.6	-.8	ns
Total			
Pre	34.0	36.1	
Post	38.8	37.1	
Change Score	4.8	1.0	ns

Table 9

Mean Stress-Change-Scores for the
Experimental and Control Groups
at Pre-Test and Post-Test

	Experimental (<u>n=13</u>)	Control (<u>n=15</u>)	t-value
Bradburn Scale			
Positive Affect			
Pre	3.6	3.3	
Post	3.8	2.5	
Change Score	.2	-.8	ns
Negative Affect			
Pre	2.1	3.9	
Post	2.1	1.7	
Change Score	.0	-2.2	$\underline{t}(26) = -2.25, p < .05$
Affect Balance			
Pre	1.5	.1	
Post	1.6	.7	
Change Score	.1	.7	ns
Internal Stress			
Pre	44.2	41.5	
Post	41.0	42.9	
Change Score	-3.2	1.4	ns
External Stress			
Pre	20.6	19.8	
Post	20.5	20.9	
Change Score	-.1	1.1	ns

not decrease for the program participants.

Individuals were asked to indicate from a list of items which events had occurred during the past four months. The experimental group made significantly more new friends during the program period than did the control group, $\chi^2(1)=8.30, p<.05$. There were no other significant differences in events, although two members of the experimental group began working while none of the control group became employed. As well, more of the program group made new plans for the future than did the control group. There was also no significant change in social life for either group. See Table 10 for a summary of these results.

When both the experimental and control groups were asked whether they preferred to talk with other single mothers rather than with professionals, 46.4% said they preferred to speak to single mothers; 50.0% said there was no difference; and 3.6% preferred to speak to professionals because they were more trained in listening skills.

Both the experimental and control groups were asked whether they found it easier to communicate with single mothers than with professionals. Thirty-two percent found it easier to communicate with single mothers; 56.4% felt

Table 10

Events That Occurred During the Past Four Months

Variable	Experimental (n=13)	Control (n=15)	χ^2
Made New Plans	53.8%	27.6%	ns
Quit School	0.0%	6.7%	ns
Returned to School	23.1%	6.7%	ns
Began A Correspondence Course	15.4%	13.3%	ns
Made New Friends	86.1%	40.0%	$\chi^2 (1) = 8.30, p < .05$
Lost Friends	23.1%	6.7%	ns
Moved Out of Parents' Home	30.8%	13.3%	ns
Moved Into Parents' Home	0.0%	6.7%	ns
Began Working	15.4%	0.0%	ns
Stopped Working	15.4%	0.0%	ns
Changes in Social Life			
Improved	38.5%	46.7%	
Stayed the Same	53.8%	46.7%	
Worsened	0.0%	6.7%	ns

there was no difference; and 21.5% felt it was not easier to communicate with single mothers than with professionals.

Eighty-five percent of the program participants rated the program as moderately helpful to very helpful for themselves, while 100% felt the program would be moderately helpful to very helpful for other single mothers. Interestingly, while only 7.1% of the respondents rated the program as very helpful for themselves, 35.7% felt it would be very helpful for other single mothers. Ninety-two percent of respondents were moderately satisfied to very satisfied with the program, while 21.4% were very satisfied. One hundred percent of the respondents felt that the program should continue. Results are summarized in Table 11.

When asked what changes they would make in the program, the majority of respondents (51.1%) suggested increased group meetings. Meetings did not occur as often as planned because of difficulty in getting all the individuals together. Some comments made by respondents when they were asked what they liked best about the program were:

Table 11
Consumer Evaluation of the Program (n=14)

Rating of the Program	Was the Program Useful?	Would Others Find It Helpful?	How Satisfied Were You?
1 ^a	-	-	-
2	14.3%	-	-
3	42.9%	14.3%	21.4%
4	35.7%	50.0%	50.0%
5 ^b	7.1%	35.7%	21.4%
0 ^c	-	-	7.2%

^a1=Not At All Useful, Not At All Helpful, Not At All Satisfied

^b5=Very Useful, Very Helpful, Very Satisfied

^c0=No Answer

"I liked having my baby with other babies and I liked the pamphlets the leader gave out about factory outlets and community groups and services."

"Meeting other girls in the same situation; relating to each other."

"Socializing with other single mothers."

"Gave mothers a chance to talk about problems they were having and get an understanding ear."

"Finding how other mothers are coping."

Comments made when mothers were asked what they liked least about the program were:

"Not getting to all the group meetings."

"Problems of getting together."

"Lack of communication between girls - some girls didn't phone others unless they phoned them."

Participants were also asked whether the program helped them to make new plans for themselves. At least 28.6% felt this was the case, while 64.3% felt it did not help them make new plans. Some of their comments when asked how it helped, were:

"Encouraged me to look for a job, and to get my son used to other people besides myself."

"Talking to volunteer."

"Build confidence, have someone to talk to."

When asked what the new plans were, some of the comments were:

"Getting involved in things around me. Started working."

"Maybe going back to school."

"I found a new job and my son is meeting lots of children and adults through his babysitter and by my taking him out more."

The only negative comments about the program were about the long periods between meetings and people not always showing up for meetings. One suggestion made, then, was that we have larger groups to begin with.

Space was left at the end of the questionnaire for general responses. Some of the additional comments were:

"Should continue program for a few years - good to meet other people."

"Is a good idea for girls with similar interest to discuss problems and pleasures of a baby. Might be good reference people when you need to talk later on."

"The program is a very good idea and should be continued."

"Great!"

Needs Assessment

Respondents were asked to check the items on a list of services which they felt they could use. The item chosen most often was Single-Parent Recreation and Social Groups (52.6%), followed by How-To-Parent Groups (42.1%). Least important were Better Childcare Services (19.7%) and Knowing Your Community Classes (15.8%). These results are summarized in Table 12. Respondents were also asked whether they would use a Home Visit Program or a Holding Home Program (A home where young mothers live with their babies for a short time to learn about parenting skills). Fully 81.6% of the respondents felt they would use a Home Visit Program, while 57.9% would use a Holding Home.

Needs for childcare services and day-care facilities rated quite low, 19.7% and 23.7% respectively, considering the number of individuals planning to return to work or school (85.5%). Job-search classes and career counselling rated only fourth (32.9%) and fifth (30.3%) in terms of the importance of needs.

Respondents were asked to indicate on a chart which community services they had heard of and used. The most well-known services for the single-parent mothers in the sample were Welfare (94.7%), Day-care (81.6%), Emergency

Table 12

Percentage of Respondents Reporting a Need For
a Particular Type of Service (n=76)

Services	Percent Needing Service
Single-Parent Recreation and Social Groups for Young Mothers	52.6
How-To-Parent Groups	42.1
Classes On How To Protect Your Rights	34.2
Job-Search Classes	32.9
Career Counselling	30.3
Help With Housing	30.3
Supportive (Caring) Place to Stay After Leaving Hospital With Your Baby	25.0
Infant Childcare	23.7
Day-Care Facilities Close To Or In Regular High School	23.7
Home-Making Skills Classes	22.4
Better Child-Care Services (Longer Hours)	19.7
Knowing Your Community Classes	15.8

Hospital (76.3%), Ontario Housing (73.7%), and Free Legal Services (72.4%). Other services that are thought to be of particular value to single mothers but that were not as well known were Parks and Recreation (65.8%), Family Planning Clinic (53.9%), Library Programs (44.7%), Adult Education (40.8%), Home Tutoring (31.6%), Community Information Centre (22.4%), and Factory Outlets/Thrift Shops (60.5%).

Eighty-two percent of our respondents had made use of Welfare, though only 21.1% had used Ontario Housing (it is assumed that some of the respondents are on the waiting list). The service with the third highest use rate was Free Legal Services (42.1%). This may be the result of having to take the father of the child to court for support to qualify for Mother's Allowance. The other essential services had use rates as follows: Factory Outlets/Thrift Shops (30.3%), Parks and Recreation (23.7%), Library Programs (15.8%), Family Planning Clinic (14.5%), Day Care (10.5%), Home Tutoring (7.9%), Community Information Centre (3.9%), and Adult Education (2.6%). These results are summarized in Table 13.

Table 13
 Percentage of Respondents Indicating They had Heard About
 or Used a Particular Service (n=76)

Services	Heard About %	Used %
Ontario Housing	73.7	21.1
Day Care	81.6	10.5
Maternity Home	57.9	28.9
Welfare	94.7	82.9
Home Tutoring	31.6	7.9
Health Clinics	64.5	26.3
Well-baby Clinic	15.8	3.9
Community Information Centre	22.4	3.9
Counselling Services	57.9	27.6
Parks and Recreation	65.8	23.7
Adult Education	40.8	2.6
Family Planning Clinic	53.9	14.5
Factory Outlets/Thrift Shops	60.5	30.3
Free Legal Services	72.4	42.1
Library Programs	44.7	15.8
Emergency Hospital	76.3	48.7
Debt Counselling	17.1	1.3
Distress/Crisis Line	39.5	5.3
Anselma House (for abused women)	44.7	2.6

DISCUSSION

Relationship Between Stress and Social Support

The prediction that the more support there was, the less stress there would be was partially supported by our results. Our findings showed that as Total Support increased, Internal Stress decreased. As well, as Family Support increased, External Stress decreased. This finding is consistent with findings by Nuckolls, Cassel and Kaplan (1972), Silberfeld (1978), and Dean and Lin (1977). As support increases, the level of stress decreases.

While Family Support is related to the External Stress scale score, Total Support is related to the Internal Stress scale score. This is likely a result of the focus on overall emotions of the Internal Stress scale. Thus, if an individual has adequate support, she is likely to feel better about herself and this would be reflected on the Internal Stress scale. On the other hand, inadequate Family Support alone would be reflected on the External Stress scale score since the majority of the items on the scale involve experiences within the family.

As mentioned earlier, the Internal Stress scale focuses on more emotional stressors such as feelings of distance from others, feelings of self-worth, and so on. These types of stressors are more likely to lead one to seek professional help than the stressors listed on the External Stress scale. The positive correlation found between the Internal Stress score and Professional Support seems to support this view. Those with a high Internal Stress score also had high scores for Professional Support. This finding is also consistent with findings by Carveth and Gottlieb (1979) that, on a short-term basis, an increase in stress is correlated with an increase in the level of contact with members of a support system.

Family Support was also found to be important in relation to levels of stress. For example, mothers with low stress scores on the External Stress scale received more support from their families than mothers with high stress scores. In other words, it may be that individuals seek help after experiencing a stressful event. It may be that those with a high degree of Family Support are better able to cope with external stressors.

It seems, then, as other researchers have proposed, that the relationship with the family is an important variable in terms of a successful experience in motherhood

(Furstenberg & Crawford, 1978; Wise & Grossman, 1980). This emphasizes the importance of improving family relationships for girls who are facing difficulties with their parents as high support may help them to better cope with stress.

Program Evaluation

Since the only significant change score was on Negative Affect, our program prediction was not supported. Though our program participants increased their support, stress was not affected. The results, however, suggest that the program did have an effect on the level of support, helping to increase it for program participants, especially in the area of support from friends. The number of friends listed for the support network was not necessarily increased because participants made friends during the group visits. It is more likely that the number of friends were increased because of increased activities such as returning to school or work.

Also, both Positive Affect and Negative Affect decreased for the control group while both Positive Affect and Negative Affect increased (very slightly) for the experimental group. This increase in the program group as

compared to the non-program participants may be the result of increased activities, such as school, work, and meeting of new people.

The program seemed to have no significant effect on the level of stress^{or} as measured by the Internal and External Stress scales. Though our research showed that some measures of stress and support were negatively correlated, it did not follow that stress would automatically decrease if support was increased. However, the Internal Stress score did decrease, though not significantly, for the experimental group. It may be that, with a larger number of participants and thus greater power in the statistical tests, that a relationship would be found between program participation and a decrease in scores on the Internal Stress scale. The program may also have been too short to have a significant effect on the stress scores. As Carveth and Gottlieb (1979) found, stress does not necessarily decrease on a short-term basis with an increase in support. We can, though, assume that the additional support was in some way beneficial as the great majority of participants rated the program as moderately helpful to very helpful for themselves.

That there was no decrease in stress for participants

is understandable as infants heading towards the toddler stage do not normally become easier to care for. A number of the participants expressed increasing concern over discipline as this stage approached. It may be that the positive feelings are the result of new activities. When looking at the "Events That Occurred During the Months of the Program" item, it can be seen that the program participants showed increases in more of the activities listed than the non-participants.

It should be noted that only twice was a volunteer listed on a support network. Thus, we seem to have fulfilled our goal in not becoming another long-term source of agency support for the majority of the participants. Rather, the participants were encouraged to find their own supports outside of any agency.

It seems that the program deals with some of the problems of single parenthood discussed by Phipps-Yonas (1980). Mothers who return to school increase their chances of future employment. Those who return to work end their dependency on welfare. Both of these activities help participants meet new individuals, thus increasing their level of support. As one participant pointed out, these increased activities also benefitted her child. Most importantly, by participating in these activities,

these women increase the number of choices they are able to make about their future. Though a mother may choose to remain on welfare while her child is young, with increased education or some work experience, she may be able to become self-supporting in the future.

Though we found that the great majority of participants found the program was helpful and were satisfied with it, we unfortunately did not ask for reasons for the responses. We can only assume that they were satisfied because of the increase in social activities, friendship, and support.

It is difficult to ascertain why respondents felt others would find the program more helpful and be more satisfied with it than they themselves did. It may be that they assumed others would be able to contribute more to the program than they themselves could and thus would be more satisfied with it. The important point to note, however, is that after experiencing the program, they still felt that others would benefit from it.

It seems that there is some research support in our results for the beneficial effects of self-help groups. Almost half of our respondents (both experimental and control groups) preferred to speak to single mothers and a third of this sample found it easier to communicate with

other single mothers rather than with professionals. The great majority of those who preferred to speak to other single mothers felt that single mothers would better understand their problems and would care more about them than professionals.

In summary, then, because of the increase in support and because proportionately more individuals in the experimental group began working and returned to school, it seems that the program has in some ways been successful. As mentioned earlier, 100% of the participants feel that the program should continue.

Needs Assessment

The single-parent social and recreation group was rated as the most needed service. The majority of programs described in the literature involve general education as well as parenting programs (Klerman, Jekel, Currie, Gabrielson, & Sarrel, 1973; Bennett & Bardon, 1977). Few social/recreational programs are described yet this seems to be a most important need. In fact, in Wallace, Gold, Goldstein, and Oglesby's (1973) study of services offered to teenage pregnant girls in the United States, no mention is made of social/recreational

programs.

Though it is usually assumed that job-related activities should be the most important need for mothers on welfare, it is obvious that the mothers themselves feel a need for some contact and support from others first. This requirement became obvious in the Home Visit Program. One participant had made few immediate plans for herself on joining the program. She was placed in a group with individuals who were working or actually seeking work; and within a short period of time, she also began to make new plans and eventually was accepted into a co-op program involving both work and school. As well, she began working during the summer before the co-op program actually began. To her volunteer, she mentioned that she had felt pressured to do something by the other mothers in the group. But without the presence or the pressuring of the other mothers, she would probably not have begun any of these activities in the near future.

It is often assumed that most mothers do not become employed because of a lack of daycare. Our data are contradictory on this point since only 19.7% indicated a need for better day-care and only 23.7% indicated a need for child-care, while 60% felt they would return to work and 71.1% to school if free day-care were provided.

Needs for job-search classes and career counselling were also rated fairly low. Based on our program experiences, however, it seems that if support needs are met first, these needs may eventually have a higher priority. It may be that the single-parent recreation and social groups which were rated so highly are a means of providing support which was earlier found to be important in dealing with the stresses of single parenthood.

Though Welfare is obviously a necessity for most young single mothers, welfare dependency can be a difficult problem with which to deal. Program participants often spoke of welfare as an accepted part of life; it was something they could depend on. It also protected them from actually having to look for work as some program participants mentioned that this was an intimidating prospect. One participant planned to have another child in the next year without making plans to become self-supporting. In any case, with at least 84.2% of the total sample on Welfare or Mother's Allowance, teenage motherhood is an expensive proposition for society.

Program Recommendations

1. Additional emphasis should be placed on the social, supportive aspect of groups for young single mothers. At present, there is great emphasis placed on providing career counselling, job-training, and so on in an attempt to help the young single mother become self-sufficient and independent of welfare. Though this may be an important need, our results suggest that social and support needs must be met first before the young person can be expected to deal with long-term issues of self-sufficiency.

2. Emphasis should be placed on the self-help component of groups. By virtue of their age, many young single mothers have little experience with independence and self-sufficiency. This may make it difficult for them to follow through on plans requiring feelings of independence and initiative. As well, there seems to be a great deal of emphasis on helping these young mothers. The results of the Home Visit Program suggest that some of these individuals, if given first the chance, even in terms of organizing their own group meetings, and then the support to act

independently, can be quite successful in their endeavours.

3. Because of the seeming usefulness of such a self-help group for young single mothers, it is suggested that agencies experiment with this format. Though there is an initial investment in time to begin the program, there are a number of benefits. Agency workers can focus on those needing some kind of individual assistance while those not requiring such assistance can be directed to the self-help groups. As well, since leaders are involved in beginning each new group, some screening can take place so that those that may require individual support or assistance can be identified and approached. If some contact is maintained between the agencies and the group (perhaps the agencies can work as a resource for the group), an individual member of a group can easily approach the agency for any additional assistance.

CONCLUSION

The available literature describes many types of programs for young single mothers but, to the best of my knowledge, no-one has evaluated the effects of a purely social/recreational program. Though this initial evaluation was completed on a small sample, the importance of such a program to young single mothers was evident. Besides the actual statistical results, the volunteers were able to watch and support these women as they grew to be more independent and self-sufficient and were able to make new plans for the future. None of the participants were forced into taking action. In general, they already had ideas on what they would like to do. By supporting them in these ideas and sometimes by providing them with role-models in the form of other single mothers carrying out their plans, they themselves began to take steps to follow-up on their own ideas.

In the future, evaluation of this program needs to be carried out on a larger scale to better assess its effects. Other questions, such as the use of non-professional volunteers (especially volunteers who are single mothers themselves), the cost-effectiveness of the

program, the self-help orientation of the program and the effects of the program on the children are important areas for future research.

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Appendix A: Bradburn's Affect Balance Scale

During the past few weeks did you ever feel ...

Answer
yes no

- 1. Pleased about having accomplished something?
- 2. That things were going your way?
- 3. Proud because someone complimented you on something you had done?
- 4. Particularly excited or interested in something?
- 5. On top of the world?
- 6. So restless that you couldn't sit long in a chair?
- 7. Bored?
- 8. Depressed or very unhappy?
- 9. Very lonely or remote (far away) from other people?
- 10. Upset because someone criticized you?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18) Taking all things together, how would you say things are these days - would you say these days that you're

- _____ very happy
- _____ pretty happy
- _____ not too happy

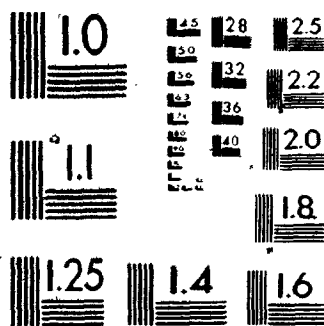
Appendix B: External Stress Scale

Which of the following things bother you? Please rate them on a scale of 1 - 5. If something does not bother you at all, circle 1 for 'not at all'. If something bothers you a lot, circle 5. Circle numbers 2, 3, or 4 if something bothers you a little, moderately, or quite a bit.

	no bother at all				very bothersome
Crying or sick baby - - - - -	1	2	3	4	5
Loneliness/ Lack of social life - - - -	1	2	3	4	5
Lack of money - - - - -	1	2	3	4	5
Loss of freedom - - - - -	1	2	3	4	5
Well-meaning advice from parents/friends -	1	2	3	4	5
Your parents control over you - - - - -	1	2	3	4	5
Visits from agency workers - - - - -	1	2	3	4	5
Visits from the father of your child - -	1	2	3	4	5
Other (Please describe) _____	1	2	3	4	5

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Appendix C: Internal Stress Scale

The birth of a child is a time for happiness but there are also often problems and stresses for the mother. Here we will be asking you some questions about things which may or may not worry you THESE DAYS.

We will show you a list of problems and concerns which some mothers have reported are worrisome. First, read through the list of problems and concerns shown below. Then, for each problem mark how much you yourself worry or don't worry about it THESE DAYS.

Mark your answer to each problem by putting a circle around the number which shows how much you worry or don't worry about that problem, like this:

	not at all worried	slightly worried	moderately worried	quite worried	very worried
my loss of figure	1	2	3	4	5
the extra amount of work I have	1	2	3	4	5
my worth as a mother (worrying about whether you are a good or bad mother)	1	2	3	4	5
the amount of rest I'm getting	1	2	3	4	5
the way I look in general	1	2	3	4	5
change in my usual habits	1	2	3	4	5
meals being off schedule	1	2	3	4	5
how tired I am	1	2	3	4	5
feeling let-down after the birth	1	2	3	4	5
how neat my housekeeping is	1	2	3	4	5
feelings of distance from the father of my child	1	2	3	4	5

feelings of distance from my parents	1	2	3	4	5
money problems	1	2	3	4	5
interference from parents	1	2	3	4	5
how much attention the father of my child shows me	1	2	3	4	5
how much contact I have with people (in general)	1	2	3	4	5
how much attention I show the father of my child	1	2	3	4	5
feeling edgy or upset	1	2	3	4	5
how much plans have changed since the baby was born	1	2	3	4	5
how much attention the father of my child shows the baby	1	2	3	4	5
how sexually responsive I am these days	1	2	3	4	5

Obviously, we could never list all of the problems and stresses which a single mother might go through after the birth of her baby. Therefore would you take a minute to think about your own life these days and list, below, any other problems or stresses which you think are the hardest about being a single mother. Then rate these as you did above.

	not at all worried	slightly worried	moderately worried	quite worried	very worried
1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5

Appendix D: Support System Scale



Now we would like to ask you about the important people in your life. On the next page is a chart. Please list on this chart, by first name or initials, the people in each of the sections below that are important to you or that you feel are supportive of you. The sections are FAMILY/RELATIVES (includes children and the father of your child), FRIENDS, (includes boyfriend), and PROFESSIONALS (includes doctors, social workers, clergy, welfare workers, nurses, etc.).

What type of support do you get from each of these people?
Please check all the columns that apply.

Names	AGE	Sex M/F	How supportive do you feel these people are?					Friendship/ Caring	Money	Housing	Clothes	Food	Child-care	Advice/ Social/ Recreation	Other: Please list
			1 Not at all supportive	2	3	4	5 Very supportive								
<u>Family/Relative</u>															
1.			1	2	3	4	5								
2.			1	2	3	4	5								
3.			1	2	3	4	5								
4.			1	2	3	4	5								
5.			1	2	3	4	5								
<u>Friends</u>															
1.			1	2	3	4	5								
2.			1	2	3	4	5								
3.			1	2	3	4	5								
4.			1	2	3	4	5								
5.			1	2	3	4	5								
<u>Professionals</u>															
1.			1	2	3	4	5								
2.			1	2	3	4	5								
3.			1	2	3	4	5								
4.			1	2	3	4	5								

**Appendix E: Density of Support System
Scale**

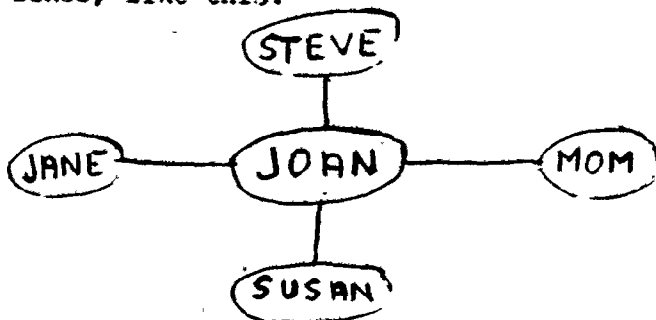


Now, we would like you to draw a map or diagram of the people you listed in the last question. This means that we would like you to show us how they are related. First write down the names of the people you gave in the question before. Write who they are next to their name, like this:

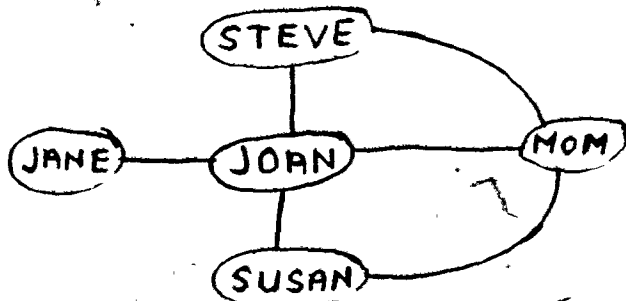
- Joan - myself
- Steve - my baby
- Mom - my mother
- Susan - my friend
- Jane - my social worker

Write your list here:

Now, in the centre of the space below, write your name. Then write the names of the people you listed around your name and join all names together with lines, like this:



Finally, if any of the people you listed know and visit each other, draw a line joining their names. For example, if Mom and Susan are also friends, join the names with a line. Steve also knows Mom (his grandmother) so this is shown with a line, too. Jane does not know any of the others in the list except for Joan, so no other lines join her with any others except yours, like this:



Now draw your own diagram on the back of this page, using the names you gave in your list.

Appendix F: Pre-Test Questionnaire



ST. MONICA HOUSE

93

231 HERBERT STREET • WATERLOO, ONTARIO • (519) 743-0291

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby
Name Position

authorize _____,
Name
Occupation, to release the information contained

in this questionnaire to Phyllis Goodwins, Director, St. Monica House, and
Christina Henninger, Researcher, St. Monica House and Wilfred Laurier University.

I understand the information will be confidential, strictly used for research
purposes, and that my name will not be attached to any of the answers when the
questionnaire is forwarded to St. Monica House.

Dates this _____ day of _____, 19_____.

Signature: _____

Witness: _____

etach

Would you be willing to answer a questionnaire three months from now? _____ Yes
_____ No

Would you be willing to answer a questionnaire six months from now? _____ Yes
_____ No

Date: _____

Questionnaire Nos. | _____ to _____

Forwarded to: _____

For purposes of coding and confidentiality, each questionnaire will show the same number on the following forms:

- (1) Release Of Information.
- (2) Follow-up participation.
- (3) First sheet of questionnaire.

To the person administering the questionnaire:

- (1) Have Release Of Information and Follow-up Participation forms completed.
- (2) Retain the Release Of Information form on which is respondent's name and number. If a Follow-up Questionnaire is decided on, this enables you to identify the willing respondents.
- (3) Return the completed Follow-up Questionnaire forms and questionnaires to:

St. Monica House
 231 Herbert Street
 Waterloo, Ontario
 N2J 4V1

INSTRUCTIONS:

On the following pages you will find questions about yourself and your experiences SINCE YOUR BABY HAS BEEN AT HOME. We will be asking you about the joys and problems which you may have recently gone through. There are questions about your contact with friends and relatives since your child has been at home, the kinds of services you could use as a mother, your future plans, and so on. We are asking these questions because we need your help in finding out about the joys and problems of being a young, single mother. By knowing what the joys and problems are, we can work with young single mothers to set up programs that may be helpful.

All of your answers will be confidential (no-one will be told what answers you gave on the questionnaire) and will be used for research only.

Please fill in all of the questions so that we can see what kinds of services, for example, most mothers want.

Age _____

How many children do you have? _____

96

What is the highest grade you have completed? _____

How old are your children? _____

3. How much money do you make each month:

- _____ 0 - 299
- _____ 300 - 399
- _____ over 400

4. At present, do you live:

- _____ alone with your child
- _____ with parents/relatives
- _____ with boyfriend/ father of child
- _____ other

For the following questions, please check (/) all the categories that apply to you.

5) Are you:

- _____ Employed
- _____ Supported by parents
- _____ On welfare
- _____ On Mother's Allowance
- _____ On Unemployment Insurance
- _____ In school
- _____ Other (explain) _____

6) With whom or where did you live as you were growing up:

- _____ Birth parents
- _____ Mother alone
- _____ Father alone
- _____ Adoptive parents
- _____ Foster parents
- _____ Group home
- _____ Other (explain) _____

If you are no longer on welfare, please explain why (eg. got a job, moved in with parents): _____

7) Were your parents:

- _____ Married
- _____ Separated
- _____ Divorced
- _____ Never married

8) Which of the following would you like to do in the future:

- _____ Return to High School
- _____ Get a job
- _____ Full-time mothering
- _____ Get day-care for your child
- _____ Further education (eg. college)
- _____ Other (explain) _____

If in question 8, you checked that you would like to return to school, or get a job, or get day-care for your child, about when do you plan to start these activities:

- _____ in 1-3 months
- _____ in 4-6 months
- _____ in 6 months to a year
- _____ longer than 1 year
- _____ don't know

In what country were your parents born?

Mother _____

Father _____

What religion do you and your parents follow:

	Yours	Mother	Father
Protestant	_____	_____	_____
Catholic	_____	_____	_____
Jewish	_____	_____	_____
None	_____	_____	_____
Other	_____	_____	_____

How far in school did your parents go:

- _____ Graduate or Professional training
- _____ University or College graduate
- _____ Some University or College training
- _____ High school graduate
- _____ Some high school
- _____ Junior high school (grades 7-8)
- _____ Less than 7 years of school
- _____ Don't know

How many brothers and sisters do you have? _____

What are your mother's and father's occupation?

Mother _____

Father _____

9) What kinds of services could you use or could you have used in the past that you do not use or have right now?

- Better childcare services (longer hours)
- Infant (0-5 month) child-care
- Career counselling
- How - to - parent groups
- Single-parent recreation and social groups for young mothers
- Job-search classes.
- Help with housing
- Classes on how to protect your rights
- Home-making skills classes
- Knowing-your-community classes
- Day-care facilities close to or in regular High School
- Supportive (Caring) place to stay after leaving hospital with your baby
- Other (please describe) _____

For the question you have just answered(above), please put a star (*) beside those services most important to you,

10) What type of information do you think should be included in How-to Parent classes:

- Child-care
- Discipline problems
- The new-born child
- Health/nutrition
- Child development
- How to play with children
- Mother's are people, too
- Discussion of lack of father
- Other (please describe) _____

11) Would you return to school if free day-care facilities were available in the school:

yes _____
no _____

Would you return to work if free day-care facilities were available at work:

yes _____
no _____

* * *

12) Now we would like to ask you about community services. Following is a list of services available to mothers in this area. We would like to find out how well known these services are to mothers and what their reasons are for using or not using the services. Please check all the categories that apply to you.

Services	Which of these services have you heard about	Which have you used	Reasons for using them										Reasons for not using them									
			baby-sitting available	cheap	close by/	easy to find	needed it	friendly staff	saw an ad about it	good office hours	other	too hard to find	too shy/afraid	didn't need it	too far away	cost too much	no one to babysit	unfriendly staff	bad office hours	other		
Ontario Housing																						
Day care																						
Maternity Home																						
Welfare																						
Home Tutoring																						
Health clinics																						
Well-baby clinic																						
Community Information Centre																						
Counselling services																						
Parks & Recreation																						
Adult Education																						
Family Planning Clinic																						
Factory Outlets/Thrift Shops																						
Free legal services																						
Library programs																						
Emergency Hospital																						
Debt Counselling -Distress/crisis Line																						
Anselma House (for abused women)																						

13) We would like to know what you think of a Home Visit Program. A Home Visit Program could support the single mother through regular friendly visits. A visit would involve talking, listening, sharing; help with everyday or unexpected problems; and learning how to help yourself and each other (other young single mothers). It could involve regular home visits arranged by both the girl and the visitor and group visits with other young mothers.

Do you think such a service would be useful? yes _____ no _____

Would you use such a service yourself? yes _____ no _____

If so, for how long? 1-2 months _____ 3-4 months _____ 5-6 months _____ longer than 6 months _____

What kinds of things would you yourself like to see happen in such a program? _____

* * *

15) Which of the following agencies visit you: How often: 1/wk 1/2 wks 1/month or less Public Health Nurse Children's Aid (Family & Children's Services) Welfare Worker Other (Who?) None

16) Do you feel the agency visits you: too often just right not enough Public Health Nurse Children's Aid Welfare Worker Other

We would like to know what you think of a supportive (caring) "Holding Home." This would be a place where you and your baby could go for a few months with other Moms and babies after being discharged from the hospital. The Home would help you learn skills such as preparing of meals, budgeting, parenting, and so on.

Do you think such a service would be useful?

yes _____
no _____

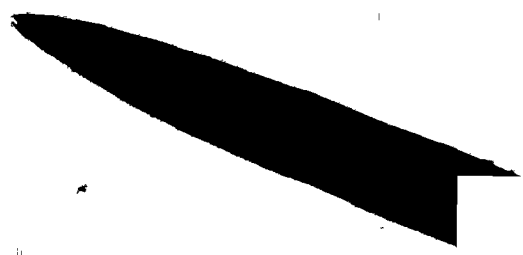
Would you use such a service yourself?

yes _____
no _____

If so, for how long?

1-2 months _____
3-4 months _____
5-6 months _____
longer than 6 months _____

What kinds of things would you yourself like to see happen in such a program?



17) During the past few weeks did you ever feel ...

Answer
yes no

1. Pleased about having accomplished something?

2. That things were going your way?

3. Proud because someone complimented you on something you had done?

4. Particularly excited or interested in something?

5. On top of the world?

6. So restless that you couldn't sit long in a chair?

7. Bored?

8. Depressed or very unhappy?

9. Very lonely or remote (far away) from other people?

10. Upset because someone criticized you?

yes	no
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18) Taking all things together, how would you say things are these days - would you say these days that you're

- _____ very happy
- _____ pretty happy
- _____ not too happy

* * *

19) If a single pregnant girl came to you for advice, what would you tell her (check all answers that apply):

What advice would you give yourself:

_____ Keep child and live alone	-----	_____
_____ Keep child and live with parents	-----	_____
_____ Marry father	-----	_____
_____ Give child for adoption	-----	_____
_____ Have an abortion	-----	_____
_____ Other (please explain)	_____	_____
_____	_____	_____
_____	_____	_____

If you tried hard and found that you were unable to cope with your new baby after a few months, what would you do?

If a girl wanted to give up her child for adoption after a few months, who would you tell her to contact?

* * *

20) Which of the following things bother you? Please rate them on a scale of 1 - 5. If something does not bother you at all, circle 1 for 'not at all'. If something bothers you a lot, circle 5. Circle numbers 2, 3, or 4 if something bothers you a little, moderately, or quite a bit.

	no bother at all				very bothersome
Crying or sick baby - - - - -	1	2	3	4	5
Loneliness/ Lack of social life - - - -	1	2	3	4	5
Lack of money - - - - -	1	2	3	4	5
Loss of freedom - - - - -	1	2	3	4	5
Well-meaning advice from parents/friends -	1	2	3	4	5
Your parents control over you - - - - -	1	2	3	4	5
Visits from agency workers - - - - -	1	2	3	4	5
Visits from the father of your child - -	1	2	3	4	5
Other (Please describe) _____	1	2	3	4	5

* * *

Now we would like to ask you about the important people in your life. On the next page is a chart. Please list on this chart, by first name or initials, the people in each of the sections below that are important to you or that you feel are supportive of you. The sections are **FAMILY/RELATIVES** (includes children and the father of your child), **FRIENDS**, (includes boyfriend), and **PROFESSIONALS** (includes doctors, social workers, clergy, welfare workers, nurses, etc.).

What type of support do you get from each of these people?
 Please check all the columns that apply.

Names	AGE	Sex M/F	How supportive do you feel these people are?					Friendship/ Caring	Money	Housing	Clothes	Food	Child-care	Advice	Social/ Recreation	Other: Please list
			Not at all supportive 1	2	3	4	Very supportive 5									
<u>Family/Relative</u>																
1.			1	2	3	4	5									
2.			1	2	3	4	5									
3.			1	2	3	4	5									
4.			1	2	3	4	5									
5.			1	2	3	4	5									
<u>Friends</u>																
1.			1	2	3	4	5									
2.			1	2	3	4	5									
3.			1	2	3	4	5									
4.			1	2	3	4	5									
5.			1	2	3	4	5									
<u>Professionals</u>																
1.			1	2	3	4	5									
2.			1	2	3	4	5									
3.			1	2	3	4	5									
4.			1	2	3	4	5									

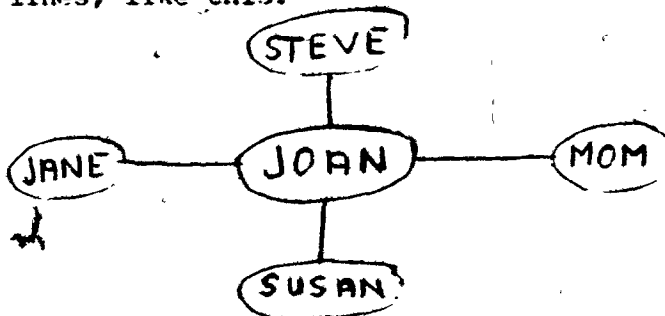


Now, we would like you to draw a map or diagram of the people you listed in the last question. This means that we would like you to show us how they are related. First write down the names of the people you gave in the question before. Write who they are next to their name, like this:

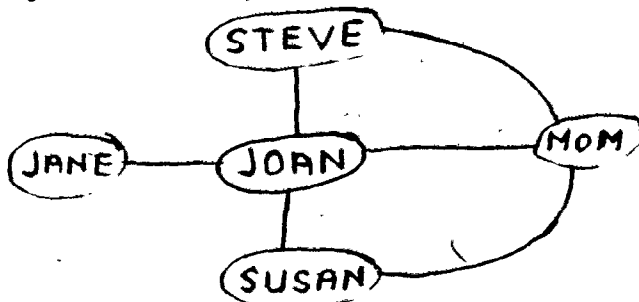
Joan - myself
 Steve - my baby
 Mom - my mother
 Susan - my friend
 Jane - my social worker

Write your list here:

Now, in the centre of the space below, write your name. Then write the names of the people you listed around your name and join all names together with lines, like this:



Finally, if any of the people you listed know and visit each other, draw a line joining their names. For example, if Mom and Susan are also friends, join the names with a line. Steve also knows Mom (his grandmother) so this is shown with a line, too. Jane does not know any of the others in the list except for Joan, so no other lines join her with any others except yours, like this:



Now draw your own diagram on the back of this page, using the names you gave in your list.

The birth of a child is a time for happiness but there are also often problems and stresses for the mother. Here we will be asking you some questions about things which may or may not worry you THESE DAYS.

We will show you a list of problems and concerns which some mothers have reported are worrisome. First, read through the list of problems and concerns shown below. Then, for each problem mark how much you yourself worry or don't worry about it THESE DAYS.

Mark your answer to each problem by putting a circle around the number which shows how much you worry or don't worry about that problem, like this:-

	not at all worried	slightly worried	moderately worried	quite worried	very worried
my loss of figure	1	2	3	4	5
the extra amount of work I have	1	2	3	4	5
my worth as a mother (worrying about whether you are a good or bad mother)	1	2	3	4	5
the amount of rest I'm getting	1	2	3	4	5
the way I look in general	1	2	3	4	5
change in my usual habits	1	2	3	4	5
meals being off schedule	1	2	3	4	5
how tired I am	1	2	3	4	5
feeling let-down after the birth	1	2	3	4	5
how neat my housekeeping is	1	2	3	4	5
feelings of distance from the father of my child	1	2	3	4	5

feelings of distance from my parents	1	2	3	4	5
money problems	1	2	3	4	5
interference from parents	1	2	3	4	5
how much attention the father of my child shows me	1	2	3	4	5
how much contact I have with people (in general)	1	2	3	4	5
how much attention I show the father of my child	1	2	3	4	5
feeling edgy or upset	1	2	3	4	5
how much plans have changed since the baby was born	1	2	3	4	5
how much attention the father of my child shows the baby	1	2	3	4	5
how sexually responsive I am these days	1	2	3	4	5

Obviously, we could never list all of the problems and stresses which a single mother might go through after the birth of her baby. Therefore would you take a minute to think about your own life these days and list, below, any other problems or stresses which you think are the hardest about being a single mother. Then rate these as you did above.

	not at all worried	slightly worried	moderately worried	quite worried	very worried
1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5

Appendix G: Post-Test Questionnaire

1. Which of the following have happened in the last four months?

- Made new plans for the future
- Quit school
- Returned to school
- Began a correspondence course
- Made new friends
- Lost friends
- Moved out from parents' home
- Moved into parents' home
- Began working
- Stopped working

2. In the last four months, has your social life (not including boyfriends)

- improved(increased)
- stayed the same
- worsened(decreased)

3. Do you prefer to talk with other single mothers about problems, rather than with professionals (ex. social workers, doctors, nurses)?

- yes
- no
- no difference

If yes, why? _____

4. Do you find it easier to communicate with single mothers than with professionals?

- yes
- no
- no difference

If yes, why? _____

17) During the past few weeks did you ever feel ...

Answer
yes no

- | | | |
|--|-------|-------|
| 1. Pleased about having accomplished something? | _____ | _____ |
| 2. That things were going your way? | _____ | _____ |
| 3. Proud because someone complimented you on something you had done? | _____ | _____ |
| 4. Particularly excited or interested in something? | _____ | _____ |
| 5. On top of the world? | _____ | _____ |
| 6. So restless that you couldn't sit long in a chair? | _____ | _____ |
| 7. Bored? | _____ | _____ |
| 8. Depressed or very unhappy? | _____ | _____ |
| 9. Very lonely or remote (far away) from other people? | _____ | _____ |
| 10. Upset because someone criticized you? | _____ | _____ |

18) Taking all things together, how would you say things are these days - would you say these days that you're

- _____ very happy
- _____ pretty happy
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12) Now we would like to ask you about community services. Following is a list of services available to mothers in this area. We would like to find out how well known these services are to mothers and what their reasons are for using or not using the services. Please check all the categories that apply to you.

Services	Which of these services have you heard about	Which have you used	Reasons for using them							Reasons for not using them												
			baby sitting available	cheap	close by/	easy to find	needed it	friendly staff	saw an ad about it	good office hours	other	too hard to find	too shy/afraid	didn't need it	too far away	cost too much	no one to babysit	unfriendly staff	bad office hours	other		
Ontario Housing																						
Day care																						
Maternity Home																						
Welfare																						
Home Tutoring																						
Health clinics																						
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Community Information Centre																						
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Library programs																						
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Debt Counselling																						
-Distress/crisis Line																						
Anselma House (for abused women)																						

20) Which of the following things bother you? Please rate them on a scale of 1 - 5. If something does not bother you at all, circle 1 for 'not at all'. If something bothers you a lot, circle 5. Circle numbers 2, 3, or 4 if something bothers you a little, moderately, or quite a bit.

	no bother at all				very bothersome
Crying or sick baby - - - - -	1	2	3	4	5
Loneliness/ Lack of social life - - - -	1	2	3	4	5
Lack of money - - - - -	1	2	3	4	5
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What type of support do you get from each of these people?

Please check all the columns that apply.

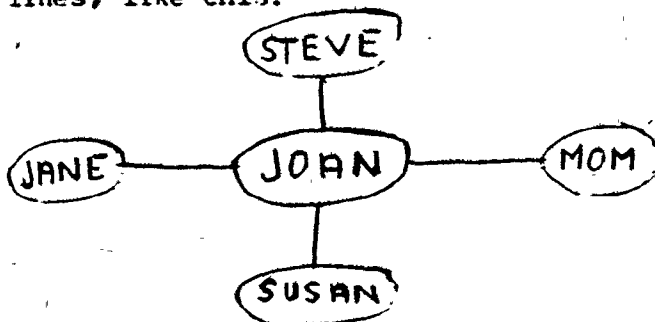
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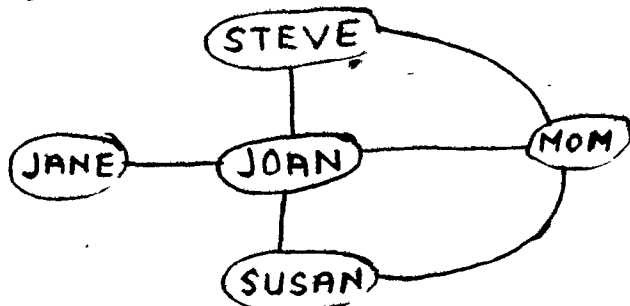
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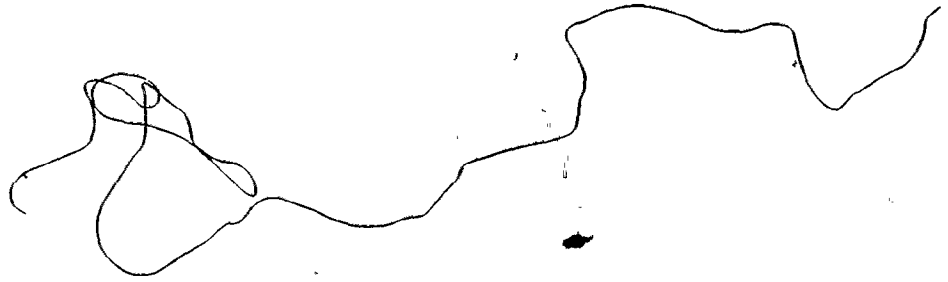
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feelings of distance from my parents	1	2	3	4	5
money problems	1	2	3	4	5
interference from parents	1	2	3	4	5
how much attention the father of my child shows me	1	2	3	4	5
how much contact I have with people (in general)	1	2	3	4	5
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Obviously, we could never list all of the problems and stresses which a single mother might go through after the birth of her baby. Therefore would you take a minute to think about your own life these days and list, below, any other problems or stresses which you think are the hardest about being a single mother. Then rate these as you did above.

	not at all worried	slightly worried	moderately worried	quite worried	very worried
1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5



Appendix H: Program Evaluation Questionnaire



HOME VISIT PROGRAM

PLEASE ANSWER THESE QUESTIONS ON A SCALE OF 1 TO 5.

1. How useful/helpful did you find this program was for yourself?

Not at all
helpful

1

2

3

4

Very
helpful

5

2. How useful/helpful do you think other single mothers would find it?

Not at all
helpful

1

2

3

4

Very
helpful

5

3. How satisfied in general were you with the program?

Not at all
satisfied

1

2

3

4

Very
satisfied

5

4. Has the program helped you to make new plans for yourself? yes _____
no _____

If so, how did it help?

If so, what are these plans?

5. Do you think you will keep on visiting some of the other mothers you met in the program?

yes _____

no _____

Don't know _____

6. Which of the visits did you find was the most useful?

individual only _____

group only _____

both together _____

7. What did you see the role of the volunteers as being in the group and individual visits?

group volunteer: _____

individual volunteer: _____

8. How long do you think volunteers should attend group meetings? _____

9. Do you think the program should be continued? yes _____
no _____

10. What changes would you make?

11. What did you like best about the program?

12. What did you like least about the program?

13. How much of a problem was transportation for you?
Great problem _____
Minor problem _____
No problem _____

14. How much of a problem was babysitting for you?
Great problem _____
Minor problem _____
No problem _____

15. Was babysitting more of a financial problem _____, or more a
problem with finding babysitters _____? (Please check)

COMMENTS? _____

Appendix I: Process Report on Initial
Group Meeting

PROCESS REPORTGroup #2: 1st Meeting (December 14, 1981, 7-9 pm)

(Two group members present plus volunteer)

First little while - chat regarding babies and introducing each other

- A. (group member): told about their recent move - living arrangements
- father of the child working in S. - visits each week and helps support child
 - sister works and would like to babysit for our sessions
 - has transportation (1 block away)
 - A. feeling very isolated - does most of her visiting by telephone
 - would like to get out somewhere for self and nursery where son can play with others
 - may benefit from Infant Stimulation program
 - discussed attitudes of friends
- S. (group member) -told of her church experiences
- her job dismissal and new job
 - the sharing of parenting duties with her Mom
 - use of community resources (Parents Without Partners)

Discussion of Goals

- A. - presently taking last credit in Grade 12 (Accounting)
- would like to get job
- S. - job is until February
- would like to be secretary with School Board

Volunteer drove S. home. S. commented on differences between kids.

Appendix J: Process Report on Final
Group Meeting

PROCESS REPORT

Group #2: 9th meeting (June 21, 1982, 6:30-9:30 pm)

(Three group members present plus volunteer)

Absent C. -Dad was helping her move

A. -home from work after 6:00 and baby goes to bed by 7:00 - couldn't get babysitter

First few minutes -caught up on children's development
 -compared notes, etc.
 -asked of plans, eg. L's acceptance into Nursing; if J. was working; if S. had different job and still at home

I left group alone to prepare supper table and there was much happy chatter and children played quite well together. Girls and children had hearty appetites - seemed to enjoy food and reluctantly brought out few things (as we had planned a picnic but changed the location).

Quite a happy mood and discussion of social events. Many questions regarding L's Ontario Housing. J. said she would like a similar place. Again, finances and income tax were discussed. S. talked about plans for next year and possibility of moving. Also some minor problems and financial strain over extra babysitting costs when Mom in hospital. Also discussed decorating - L. offered to help J. wallpaper.

Generally, the group seemed glad to be together - in no hurry to leave and wished C. and A. could have joined them. I drove L. home and we went by her new home - moving this weekend. Before leaving, I wished them all well - suggested they call me during the summer and perhaps keep in touch with one another.

**Appendix K: Process Notes of Individual Visits
For One Participant**



Comments: (of volunteer visiting E.)

Visit 1 (Dec. 21): E. fortunately lives with her sister but stays in all day. Baby is over-attached. No plans for the future. Anxious to make some new friends as old friends have dropped her.

Visit 2 (Jan. 14) Fighting with boyfriend over legal matters. Considering night school and secretarial employment. Needs encouragement and concrete advice.

Visit 3 (Jan. 29) Financial worries - fighting re: child support. Yelling at baby - no babysitter around during the week. New boyfriend. Finishing her Grade 12 at night. Not close to sisters. Glad to organize the group pizza party but does not live near anyone in her group. Lonely. Likes to cook.

Visit 4 (Feb. 10) Went roller-skating together. Making friends at night school. Boyfriend fighting about child support and against her going out. Torn between two men in her life. May go back to school next fall. Refuses direct help and advice - wants befriending.

Visit 5 (Mar. 5) Anxious about upcoming court hearing. E. is seeing the father more and has dropped the new boyfriend. No group contact for three weeks. Plans to register for co-op program (study & work). Procrastinates. Baby doesn't play much.

Visit 6 (Mar. 17) E. looks forward to visit. Filled out application for co-op. No regrets about keeping baby - more confident about the hearing but worried about future financial needs. Wished she had met with the "day" group - disappointed that her group met so infrequently.

Felt group pressure (competition) to mention some progress in plans but made progress in spite of it. She needed to have this successful movement forward of hers pointed out. Wondered if I was involved because of a school program or project (challenged my motives). Baby needs contact with others. Day care should help.

E. has made great strides. She is more realistic about her future life with baby. Seems more settled - has some direction in her life and opportunities for a life outside her maternal role. The program has slowly helped her to make plans and new friendships. Encouragement helped build self-confidence. Her one regret is that the group members did not feel committed to meet regularly as originally planned at the outset of this home visit program.

Appendix L: Process Notes of Individual Visits
For One Participant

Comments: (made by volunteer visiting D.)

Visit 1 (Dec. 9) D. has good family support and seems very content. Her time is divided between baby and her many hobbies. No future goals set. No friends nearby to babysit. Much support from live-in boyfriend.

Visit 2 (Dec. 22) Outing to spice store. Very capable mother. Happy to be part of a group. Plans to work when baby older. No short-term goals discussed.

Visit 3 (Jan. 12) Outing to plaza. Squabbles with domineering boyfriend (possessive). Resigned to raise daughter alone if necessary, once baby is one year old. OCAP: plans to approach florist re: job. Friendly with one group member now.

Visit 4 (Jan. 27) Outing: shopping for baby clothes. Sent one resumé away for a job. Not motivated to work until baby in school. Happy with status quo - no financial worries. Likes the social aspect of this program. Mom and tot swim in Spring. Boyfriend wants her at home.

Visit 5 (Feb. 10) Wash day: D. is very domestic. Plans to have a group demo at her place. Boyfriend playing more with baby but doesn't help or invite any friends over. D.'s only social life is through the group. Workshops given by single mother enjoyable.

Visit 6 (Mar. 3) Outing for bathing suit. Baptism probably after Easter. Good support from mother. No long-term plans.

D. has been basically content throughout because she has security, financial and emotional, in terms of boyfriend and family. She doesn't contemplate this ending yet. The program has given her the opportunity to make new friends and get out, but has not motivated her to make any long-term career plans which has no use for at this particular time.
