SOCIAL SUPPORT GRANTED TO SINGLE MOTHERS AND THE QUALITY OF THE MOTHER-CHILD RELATIONSHIP

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ABSTRACT

Studies have shown that female heads of household who have a supportive family and social relations face fewer psychological problems, thus their vulnerability is lower. In this writing an attempt has been made to estimate the level of social support granted to single mothers and the quality of mother-child relationship in the city of Bojnourd, Iran in the year 2011. One hundred and fifty healthy single mothers, along with their children aged 11-25, were randomly selected. The mean score ±SD of social- support among samples were 85±24 (out of 180). Compared to friends support and VIP support, family support was found to have the highest score (P<0.05). The mean score±SD of the conceived parent -child relationship among children, was 134±14 (out of 168). Finally, there was significant correlation between family support and parent -child relationship(r=0.2, P<0.06).

Keywords: Family Support Index, Mother-child Relationship Index, Single Mother, Social Support Index

INTRODUCTION

From a sociological point of view, single parent family can be defined as a social group established on the basis of kinship relations between a parent (single parent) and child/children, a group characterized by emotional states, aspirations and shared values. Single-parent families have become an important and permanent feature of many existing societies. The old family structures are increasingly giving way to

other forms of family life. Through its mechanisms, the traditional society disavowed the phenomenon of single parent families and encouraged stigmatization of those who chose, intentionally or not, this lifestyle. Today, thanks to the emergence and generalization of the nuclear family, the rupture between traditional community and nuclear family has allowed changing the vision and perception of this type of household [1].

It should be noted the alternative nature of single-parent families which should not be seen as a deviated or abnormal type of family. Single parenting becomes normal when there is an increased frequency of single-parent families in society. In this context, the attitude towards this type of family has evolved, more or less, depending on the areas, their cultural development, in the end becoming a common conduct in present societies [1].

It has been observed that the phenomenon of female-headed households has been on the increase throughout the world. According to statistics recorded by official sources, 9.4% of families in the world are headed by women. Twenty percent in Europe and the Americas; 30% in Africa and South Asia; 22% in Yemen, 12% in Lebanon, 66% in the Sudan and 9.4% in Iran are headed by women [2,3]. According to U.S. statistics, the number of heads of household headed by women in the United States was 10 million in 2010. And from every 8 families in Canada, one family was headed by a mother [4]. Recent census in Iran indicates that out of 17,000,000 families, 1,641,000 are headed by mothers, and this number is annually increasing by about 60,000 [3]. Problems of women living without men may have a serious effect on single mothers, while the children of these families are also potentially exposed to many social difficulties, such as children who flee from home, juvenile delinquency, lack of education, and malnutrition [5]. When a family has two parents, the distribution of responsibilities and parental roles are made in a complementary and compensatory direction, whereas in a family where one parent is missing the single parent faces many difficulties in exercising her parental role and maintaining interpersonal relationships. Playing both parental roles concurrently takes time and energy, and may lead to tense situations. Single mothers have shown significantly higher stress than other parents [6]. Stress in the mother's life and how she deals with it may impact her child [7]. On the other hand, single mothers may be in a difficult position with regard to finance, child care, social relationships,

psychological well-being, living space, employment, and other aspects of life. Most of the findings indicate that children in single-parent families may have greater emotional, behavioral, social and academic problems than those from two-parent families, and they may have serious problems that can be the cause of irreparable damage to their society [8]. In order to reduce the burden of the problems, the family needs help and support from the society, including family, friends and other important (influential) persons. The idea of social support depends on whether a person believes that s/he is a respected and valued member of her/his social network [9].

In 1997, Cheung and his co-workers conducted research entitled, "Parental stress and the difficulties of children in single-parent households in China." The results of the research showed that single parents demonstrated a significant amount of higher stress compared to other parents.

According to Ashida, 2008 [10], the concept of social support includes:

1. Informational support, i.e., whether family, friends and influential persons provide the required information to solve problems.
2. Emotional support, such as empathy, caring and compassion.
3. Economic and practical support.

4. The assessment of the support received by the family.

Research indicates that social support exerts a broad positive influence on personal health, mother-child relations, the child's psycho-social functioning, and family functioning [11]. Female heads of household who have a supportive family and social network face fewer problems, and their degree of vulnerability to psychological problems is lower [12]. The finding of Tatina Boldaji et al. (2010), showed that households headed by single mothers received most of their support from the family (57.5%) [13]. While Bronniman found that 80% of single mothers received support from friends [14].

The parent-child relationship is the moment-to-moment interaction between a child and a parent, the fundamental mechanism through which the child develops [15]. The parent-child relationship includes attributes such as closeness, influence, attachment, and personal investment [16]. Disturbances in the parent-child relationship in early childhood are important risk factors for later psychological adjustment [17]. Positive developmental outcomes with lower levels of depressive symptoms occur when adolescents have close relationships with their parents. Lower

quality relationships with parents may lead to more depressive symptoms because adolescents in such relationships experience low support when facing emotional problems [18]. In all cultures the quality of the mother-child relationship is considered as an important element of the basis for the development of children's health and learning [19].

The qualitative research in Canada [20], showed that children in families headed by single mothers believed that their parents have a strong mix of high authority and conflict between mother and child.

Considering the health risks in single-parent households and the increasing number of single-mother households in Iran and the world, the significant role of the mother in the rearing and education of her children, along with a lack of information regarding social support and the parent-child relationship in single-mother households in Iran, the writer has conducted research on this topic.

Given the diversity of findings on social support and parent-child relationships, the aim of this study was to determine the level of social support granted to single mothers and its correlation with the quality of the mother-child relationship.

MATERIAL AND METHODS

Data collection

Upon receiving a letter of introduction from ShahidBeheshti University of Medical Sciences to the Welfare Organization and Health Departments of city of Bojnourd, North Khorasan Province, Iran in year 2011, the researcher referred the letter to the above-mentioned departments and received a written acceptance by the authorities to conduct the research. The choice of these departments was based on the fact that single-mother heads of households were under the supervision of welfare departments. In this way access to samples could be achieved more rapidly. However, since most women under the supervision of the welfare departments were from economicallylower classes, the centers for Health and Human Services were chosen so that the samples would be taken from various economic levels of society and, in this manner, greater generalization of data could be achieved. Thus, the files for single-mother heads of household under the supervision of the Welfare and Health and Human Services departments were studied, while the samples eligible for research were selected. With the cooperation of the officials of the above-mentioned departments, the preliminary grounds for the participation of the women and their oldest unmarried child living with the mother (not necessarily the

first child) in the research were laid. If the children had not accompanied their mothers, by receiving permission of the mothers and their home addresses, their homes were visited, or upon the following referral by the mother, they would bring their child or children with them. With some of the samples, upon examining their files, they would be contacted by telephone and asked to have their child or children accompany them on their next visit. At random, four days a week during office hours, the researcher would appear at the Welfare and Health and Human Services departments, and upon presenting the necessary explanations regarding the research and its aims, after receiving a written consent by the women heads of household and their children, the questionnaire for individual characteristics and social support would be given to the mothers, while the questionnaire for individual characteristics and the parent-child relationship would be given to the children, aged 11 to 25. The questionnaires would be distributed among the samples, and in the even that an individual would not be able to complete the form due to lack of literacy or understanding of the questions, the researcher would assist the person. After completion the questionnaires would be collected. The process of taking samples lasted 35 days. In view of the office hours

of the departments, the taking of samples occurred during the mornings and afternoons.

The female heads of household responded to a questionnaire provided by the authors, including the demographic profile and social support questionnaire. The demographic profile consisted of age, religion, ethnicity, education, number of children, job status, income, home ownership and possession of medical insurance and the social support questionnaire consisted of 45 questions in the Likert scale (Never:0; Always:4) including emotional, instrumental, informational, and perceived social support from family, friends and very important persons (VIPs) of the society [Table 1]. The direction of questions 11, 13 and 15 are opposite to those of the remaining questions. Therefore, in order to define the index, the three above-mentioned questions should be reversed, by calculating 4 minus the reported answer. The scale of social support index is 0-180 (0-60 for each categories, i.e. family support, friends' support and VIP support). The lower the score, the lower the social support.

In order to evaluate the quality of the mother-child relationship, the children responded to two other questionnaires, the demographic profile of the child,

and 24 questions in the Likert scale (1:Never; 7:Always) about the mother-child relationship. These questionnaires also were provided by the authors. For calculating the index here, questions 15, 19 and 20 should be reversed, by calculating 8 minus the reported answer [Table 2]. The scale for this index would be 24-168. The lower the score, the lower the mother-child relationship.

In order to determine the validity of the tools used in this research, the content validity index was used. For that, questionnaires were provided to seven faculty members of the faculty of Nursing and Midwifery, and three faculty members of the Family Research center. The content validity index obtained in the three categories of family, friends, and special people (VIP) have been respectively, 89 percent, 88 percent, and 88 percent; and for the parent-child relationship it was 86 percent.

For the face validity of the questionnaires, the opinions of analysts who participated in the determination of the content validity index were used.

After gathering the opinions for the content validity index and face validity, the questions were edited. Ultimately, after obtaining the opinions of various specialists and determining the face validity index, the sector for social support was confirmed

with 45 questions, and the questionnaire for the parent-child relationship, with 24 questions.

In order to determine the reliability of the questionnaire in the current research, two methods of internal consistency (Cronbach's alpha) and test-retest method have been used. In order to determine internal consistency, the social support questionnaire was provided to ten single-mother heads of household, and the questionnaire for the parent-child relationship to ten eligible children who possessed the characteristics of the research units; and the responses were examined. The Cronbach's alpha with respect to the social support questionnaire was $\alpha=0.90$, and in the three categories of family, friends, and special people (VIPs), they were respectively, $\alpha=0.90$, $\alpha=0.89$, $\alpha=0.92$; and with respect to the parent-child relationship, $\alpha=0.81$.

In order to examin internal consistency by test-retest method, ten single-mother heads of household and ten of their children were selected, the social support questionnaire and the parent-child relationship questionnaire were distributed among them two times in a period of two weeks. The intraclass correlation coefficient obtained in retesting for the tools of social support was $r = 0.95$, and for the tools for examining the parent-child relationship, $r = 0.96$.

Both aforementioned questionnaires are attached to the paper.

VIP is someone who is trusted and liked, such as the cleric of the neighborhood, an employee of the aid organization, welfare and insurance and so on. Therefore, VIPs are separate from family and friends.

For sample size determination, a pilot study was conducted in which the standard deviation for social support and for the mother-child relation index was estimated at 24. By using the sample size formula,

$$n = \frac{(z_{1-\frac{\alpha}{2}} + z_{1-\beta})^2 \sigma^2}{d^2}$$

$\alpha = 0.05$, $\beta = 0.2$ and $d = 6$ for social support, and for mother-child relation, a sample size of 150 was obtained.

Participants:

The Characteristics of the research units with respect to the children:

1. They must be 11 to 25 years of age (age groups, 11-18; 19-25)

2. They must be presently the eldest child of the family

3. They must not be using drugs that affect consciousness.

Out of 150 mothers who participated in this study, 32% were less than 45 years old; 21% were in the age group, 45-50 years, and 47% older than 50 years. All of them were Muslims. Sixty-five percent of mothers were literate; 73 percent were widows, and 19% were divorced.

The data show that the reason for being a single head of household in the majority of the samples (73.3 percent) is the death of a spouse, and the reason for being a single head of household in the minority of the samples (8 percent) is separation from the spouse.

Seventy percent of mothers were unemployed; 60 percent of unemployed mothers were receiving their former husband's pension. In Iran, upon the death of a husband who has been a government employee, the survivors receive the husband's or father's pension (sons until age 18; daughters until they marry; and wives until death).Eighty seven percent were covered by health insurance.

Sixty-three percent of children were in the age group, 19-25, and 37% in the age group, 11-18, all of them literate. The majority of the children (77%) had at least a high school education. Sixty-seven percent were girls; 34 percent were the first child of the family. The mean age of boys and girls was about 19-20, without any significant differences.

The concept of single mother in Iran does not entail a woman who has given birth out of wedlock. All marriages have been recorded at notary public offices and all the mothers in this study had official marriage

certificates. All single-parent families had lost their fathers due to death, divorce, or his abandoning the family. Therefore, in all the cases the fathers of the families were identifiable.

Mothers and/or children who consumed drugs that can cause a change in consciousness were excluded from the study.

All the participants gave their written consent to the study and were assured of confidentiality of information.

Repeated measure is a statistical method to test significant differences between means of three or more related groups. For testing significant differences between means of perceived social support index by mothers granted by family, friends and VIPs, repeated measure test was employed. And for testing any significant correlation between two indices, i.e., social support index and mother-child relation index, Pearson correlation coefficient was employed. The SPSS16 was used for data analysis.

RRSULTS

The social support index for 53% of the mothers obtained was 90-134 (out of 180). Only 6% of the mothers benefited from full social support, i.e., 180. The mean score±SD of social support index was found to be 85±24. The mean score±SD of different

components of social support index, i.e., family support, friends support, and support of VIP was found to be 37±10, 23±10, and 25±16 out of 60 respectively. Repeated measure test showed a significant difference between the mean of the three components; i.e., the family support index had the highest score (P<0.0005)

The mother-child relationship index for 73% of the cases was over 120 out of 168, and the mean score±SD of this index was found to be 134±14.

Table 3 shows means and standard deviation of the mother-child relationship index with respect to studied variables. The result of repeated measure test shows that mean of mother –child relationship differs with respect to type of residing, i.e. those families who reside with father's family show a higher mother-child relationship.

Table 3 shows the mean and standard deviation in the level of mother-child relationship based on the reason of losing father, employment situation of the single-mother heads of household, income source of the family, housing situation, and insurance facility of the family. The results indicated that no significant differences exist between variables mentioned and mother-child relationship.

As depicted in Table 4, a significant correlation between family support and

friends' support (r=0.27, P<0.002), and between family support and mother-child relationship was observed. While between family support and VIP support and between the support of friends and VIPs no correlation was observed. Rank of the child has a negative correlation with mother-child relationship (r=-0.2, p<0.02). The mean score±SD of mother-child relationship for boys and girls was found to be 131±18 and 136±13(P<0.09). Increasing age of children was significantly related to lower quality of the mother-child relationships (P<0.1).

The mother's level of education was found to have a significant correlation with the mother-child relationship index (P<0.06), while between the mother's age and this index no correlations were observed.

The Pearson correlation test showed a significant correlation between family support and the parent-child relationship index (r=0.26, P<0.001). Although no significant correlation was observed between friend support and parent-child relationship. VIP support also had no significant relationship with parent-child relationship.

Table 4 shows the relation between social support and its various dimensions with the level of income among single-mother heads of household. The results of

the test showed that there is no significant relation between social support, family support, and the household's level of income. It shows the relation between social support and its various dimensions with the mother's age in single-mother heads of household. The results of the test showed that there is no significant relation between social support and its various dimensions and the mother's age.

According to Table 4, no significant relation was observed between the level of social support and the mother's level of education. Similarly, no significant relation was observed between the parent-child relationship and mother's age.

However, between the parent-child relationship and mother's level of education a significant correlation was observed (P<006).

The result of regression analysis showed that in presence of mother's education, child education, mother's age, income, type of residence, rank of birth, friend's support, VIP support, family support, sex and child's age group variables, family support, sex and child's age group are among the significant predictors for mother-child relationship (P<0.02).

DISCUSSION

A significant correlation between family support and the mother child

relationship was found, unlike to [9] that had arrived at a result in his study, in which it was stated that social intervention had no effect on the rearing of children. The mothers expressed having fatigue and being under pressure in the absence of fathers. Many of the single-mother heads of household were only under stress and lacked the time for investing in their children.

According to Kalil and Eccles [21], similar to our study for black mothers, greater satisfaction with social support was related to increase in the amount of communication with adolescents. While unlike to our result that for white mothers, the reverse relationship was true.

This fact demonstrates that families who receive greater support are capable of transferring that support to their children. On the other hand, family support leads to a decrease in the worries of the mother and helps her develop a stronger relationship with her children. Furthermore, the child has greater satisfaction.

Similar to our study, Jones' study showed that the higher the social support in single-parent families, the less conflict existed within the families [22].

The family support index had the highest score compared to the other components of social support. This finding

is similar to the finding of Tatina Boldaji et al. (2010), in which it was found that households headed by single mothers received most of their support from the family (57.5%) [13]. This was contrary to the study of Bronniman, who found that 80% of single mothers received support from friends [9]. These data can demonstrate that the families of the city of Bojnourd are in a suitable situation with respect to receiving support from their married children. Marriage of the children is not considered to be a reason for reducing or withdrawing their support. Especially among families which were the subject of research; due to lack of a spouse, they needed greater attention.

When the single-mother heads of household are accepted and confirmed by their own families and receive their support, it has a positive influence on receiving support from their friends and special people (VIP).

The results show the relationship between social support and its various dimensions with the level of income of single-mother heads of household. The results of the test showed that there was a significant relationship between social support, in general, and family support, and the level of income. The greater the support of family, the greater was the level of income of the mother. Poverty is the most

acute problem of single-mother heads of household. Various reasons exist that confirm their being deprived because of their sex and, consequently, being deprived of resources. Usually, families headed by single mothers are economically weaker than families headed by a father and a mother. By losing the father, such families lose their breadwinner, and at times they are forced to care for other relatives as well. In such families, in addition to supervising the household and deriving an income and doing the economic management of the household, they must single-handedly take care of the children, do the housework, and attend to the needs of all members of the household. On the one hand, they have less time and energy for shopping for cheaper food and product, or other items needed by the family. On the other hand, the role of productivity of women forces them to take on part-time employment, being flexible, or working at home. These circumstances often prevent women from further learning and acquiring new skills, which in turn causes them to have an even lower income. The difficulty of combining a woman's job with care for the family causes these women to concentrate on the unofficial job market. These factors and other social factors create the circumstances for further poverty for single-mother households. Therefore, when

support from family increases, single mothers gain time in which they can seek work outside the home and increase their income.

The result of the test indicated that there is no significant relationship between social support and its various dimensions and mother's age. In the research of Mardani Hamouleh and co-workers (2010), a significant relation did exist between social support and age, such that the older people became, the more experience they would gain, and the greater personal stability they would acquire and, as a result, their power of coming to terms with various tensions would increase, which in turn would result in acquiring greater social support [23].

The results showed that there is no significant relationship between social support and the mother's education. Unlike to Cheung research (1997), that the education of the mother had a very positive effect on social support [24].

No significant relation was found between social support and the women's employment situation. In the research of Firouzabadi and Sadeghi (2010), women's employment in the job market aided the formation of bonds between groups and deriving benefits from resources [25]. Based on this research, compared to unemployed women, employed women

benefited from a bigger social network, a wider circle of support, and a greater number of resources were available to them. The reason no significant relation between the employment situation and social support was found could be due to the small number of employed samples compared to unemployed samples (30 percent employed).

The mean score of mother-child relationship index (134 out of 168) shows a comparatively acceptable score, unlike the qualitative research in Canada [20], which showed that children in families headed by single mothers believed that their parents have a strong mix of high authority and conflict between mother and child.

Significant correlation of the mother's level of education with the mother-child relationship index shows that mothers with higher level of education have better relationship with their children.

The results of the test didn't show a significant correlation between the parent-child relationship and the mother's age (P<0.1). While according to Cheung and co-workers (1997), the age of the single-mother head of household had a notable negative effect on the difficulties in behavior of the child(24). The cause of this difference may be due to the small number

of sample size. It is suggested for further investigation.

In the current study we concluded that the children's age harmed the quality of the mother-child relationship. The higher the age of the child, the lower the mother-child relationship. With the children reaching the age of puberty, adulthood, and coming to feel independent, one can justify the difference in the results relating to the parent-child relationship in the under 18 age group and over 18 age group.

In the current study the relationships between mothers and daughters were better than those between mothers and sons. Consistent with the research of Cheung and co-workers (1997), sons had greater difficulties in their relationships with single-mother heads of household than did daughters [24].

The results showed that there exist no significant differences between the mean of the parent-child relationship with respect to the mother's employment situation. The reason could be due to the small number of samples of employed compared to unemployed mothers (30 percent employed). .

The result of regression analysis showed that family support, sex and child's age are among the significant predictors for mother-child relationship (P<0.02).

Many single-mother heads of household suffer from a lack of an umbrella of social and financial support. On the one hand, there is an absence of effective social support, weak management and ineffectiveness of the structure of support organizations for families without a male head of household; on the other hand, the groundwork for the abuse of this group of women is laid. The difficulties of the lives of women without men not only strains the lives of women heads of household, but causes the children of such families to be potentially exposed to social harms; for example, some children, especially daughters, fleeing home; working in unofficial employment, committing crimes and misdemeanors, being deprived of a proper education, and malnutrition. Under these circumstances, a few women, with the aid of employment, their own efforts, or whatever support remains from the spouse or close relatives, have endeavored to earn a respectable livelihood, rear relatively decent children and deliver them to society, which would not be overlooked by any just witness.

CONCLUSION

Ultimately, by depicting the general condition of this group of women, it is expected that state and private organizations that are active in social welfare, would attend to the assessment of

the problems and difficulties, as well as foresee the support structures that could enable women heads of household, and to further lay the groundwork for their respectable and healthy employment. Undoubtedly, lack of attention to this class, which has a population of about two million, their children and the future generation of this land, can carry a heavy human and social cost.

The personal experiences of these struggling women must be closely identified. Some studies have demonstrated that a single mother who is the head of household has increased independence and knowledge compared to other mothers, while children raised in single-parent families often have greater autonomy [26].

In the present study, the relationship between mother and child is shown to be of a high degree. This may be interpreted in such a way that it is possible that the children do not have complete knowledge about their rights and, while responding to questions, they have considered whatever their mothers have done for them to be of good measure.

The limitations of the research

While responding to the questionnaires, the psychological-spiritual relationship between the single-mother heads of household and their children, which may

influence the results of the research, is beyond the control of the researcher.

Suggestions for future research

A study of the level of relationship between structural elements (emotional support, instrumental, informational, and evaluative), social support, and parent-child relationship among single-mother heads of household.

A study of the level of understood social support among women heads of household.

A study of social support on the dimensions of emotional support, instrumental, informational, and evaluative among women heads of household.

A study of the relationship between social support and the quality of life among women heads of household.

A study of the parent-child relationship from the point of view of the daughters and sons of single-mother heads of household.

A study of the parent-child relationship among men who are heads of household.

A study of the parent-child relationship from the point of view of the daughters and sons of men who are heads of household.

A comparison of parent-child relationship between men and women heads of household.

The correlation of the various aspects of social support, i.e., emotional, instrumental, informational, and perceived social support within the mother-child relationship remains to be studied.

Identification of the quality of life and life style of single mothers and their children, and comparing it with ordinary families is suggested for further research.

In order to alleviate the burden of heavy responsibility of the upbringing of adolescents, further investigations are required.

Impact of spirituality and religious ideology of the family on these issues is left for further studies.

The results of this study can be effective in raising the level of awareness of the nurses of social welfare, and serve as a guide to assistants, policy makers, managers and planners of the education and training of nurses of social welfare, and the officials and managers of the Ministry of Health, Treatment and Medical Education, and of welfare and support institutions such as the Welfare Organization.

In the field of research, the data obtained by research can lay the groundwork for future research and study and help in drawing various plans for the improvement of the lives of women heads

of household in society, and the improvement of the quality of the parent-child relationship.

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REFERENCES

[1] Sănduleasa, B., Matei, A., Ghenţa, M., Racoceanu, N. Romanian singleparent families: quality of life. *World Academy of Science, Engineering and Technology*. 2011; **77**:397-403. Retrieved from*:* http://waset.org/publications/12375/ romanian-single-parent-families-quality-of-life.

[2] Bakhtiyari, A. Mohebbi, F. Government and female headed housholds. *Womens Strategic Studies*, 2006; **9**(34):67-110.(Persian)

[3] Edalatkhai (site). The problems of Iranian women who are heads of households based on statistic. Retrieved from *http://www.edalatkhahi.ir/003217.s html* (Persian) , 2008.

[4] Lipman, E. L., Boyle, M. H. Social Support and Education Groups for Single Mothers: A Randomized Controlled Trial of a Community-based program. *Canadian Medical Association Journal.* 2005; **173**(12):1451-1456. PMID: 16293780.

[5] Sterrett, E., Jones, D. J., Kincaid, C. Psychosocial Adjustment of Low-Income African American Youth From Single Mother Homes: The Role of the Youth–Coparent Relationship. *Journal of Clinical Child & Adolescent Psychology.* 2009;**38**(3):427-438. PMID: 19437302.

[6] Cheung, C., Suk-ching, L. Parental distress and children's problems among single-parent families in China. *The Journal of Genetic Psychology.* 1997; 158(3).245-260. DOI: 10.1080/00221329709596665.

[7] Bronniman, S. The Stress of Single Mothers and its Effect on Quality Child Care. *Undergraduate Research Journal for the Human Sciences.* Retrieved from: *http://www.kon.org/urc/v7/bronnim ann.html*. 2008.

[8] Lipman, E. L., Kenny, M., Jack, S., Cameron, R., Secord, M., Byrne, C. Understanding how education/support groups help lone mothers. *BMC, Public Health.*

2010; **10**(4), 1-9. DOI: 10.1186/1471-2458-10-4.

[9] Marmot, Wilkinson, R. G. (Eds.) Social Determinants of Health (2nd ed., pp. 224-237). Oxford, UK: *Oxford University Press*. 2008.

[10] Ashida, S. Differential association of social support and social connectedness with structural features of social networks and thehealth status of older adults. *Journal of Aging Health.* 2008; **20** (7): 872-893. DOI: 10.1177/0898264308324626.

[11] Lipmann, E. L., Boyle, M. H. Social Support and Education Groups for Single Mothers: A Randomized Controlled Trial of a Community-based program. *Canadian Medical Association Journal.* 2005;**173**(12):1451-1456. PMID: 16293780

[12] Nazoktabar, H. Socio-economic status of Women headed households in Mazandaran, Iran. *Faslnameh Elmi Pazhooheshi Refah Ejtemaei.*2008; **27**, 95-113.(Persian).

[13] Tatina Boldaji. L., Foruzan, A. S., Rafiey, H. Quality of life of women and women heads of Household services covered by the State Welfare Organization.

Quarterly Journal of Social Welfare. 2010;Year 11.No. 40.28.

[14] Bronniman, S. The Stress of Single Mothers and its Effect on Quality Child Care. Undergraduate Research Journal for the Human Sciences. Retrieved from: *http://www.kon.org/urc/v7/bronni mann.html*. 2008.

[15] Pridham, K. A., Lutz, K. F., Anderson, L. S., Riesch, S. K., Becker, P. T. Furthering the understanding of parent- child Relationship: A Nursing scholarship Review series, part3: interaction and the parent- child Relationship-assessment and intervention studies. *J Spec Pediatr Nurs.* 2010; **15** (1):33-61. DOI: 10.1111/j.1744-6155.2009.00216.x.

[16] Lutz, K. F., Anderson, L. S., Riesch, S. K., Pridham, K. A., Becker, P. T. Furthering the Understanding of Parent–Child Relationships: A Nursing Scholarship Review Series. Part2: Grasping the Early Parenting Experience—The Insider View. *J Spec Pediatr Nurs.* 2009; **14** (4):262-83. DOI: 10.1111/j.1744-6155.2009.00209.x.

[17] Schechter, D. S., Willheim, E., Hinojosa, C., Scholfield-Kleinman, K., Turner, J. B., et al. Subjective and Objective Measures of Parent-Child Relationship Dysfunction, Child Separation Distress, and Joint Attention. *Psychiatry*. 2010; **73**(2):130-144. DOI: 10.1521/psyc.2010.73.2.130.

[18] Branje, S. Hale, W. W., Frijns, T., Meeus, W. H. J. Longitudinal Associations between Perceived Parent-Child Relationship Quality and Depressive Symptoms in Adolescence. *Journal of Abnormal Child Psychology*. 2010; **38**:751-763. DOI: 10.1007/s10802-010-9401-6.

[19] Kevin, J. S. Empowering the Parent-Child Relationship in Homeless and other High-risk Parents and Families. *Early Childhood Education Journal*. 2008; 36:149–153. DOI: 10.1007/s10643-007-0228-x.

[20] Walker, L. J., Hennig, K. H. Parent/Child Relationships in Single- parent Families. *Canadian Journal of Behavioral Science*. 1996; **29**(1): 63-75. DOI: 10.1037/0008-400X.29.1.63.

[21] Kalil A. and Eccles J., (1995). University of Michigan, presented at the Biennial meeting of the society for research in Child Development, March, 1995, Indianapolis, IN. http://www.rcgd.isr.umich.edu/garp/articles/eccles95l.pdf

[22] Jones, D. J., Forehand, R., Dorsey, S., Foster, S., Brody, G. Coparent Support and Conflict in African American Single Mother-Headed Families: Associations With Maternal and Child Psychosocial Functioning. *Journal of Family Violence*, 2005; **20**(3) 141-150. DOI: 10.1007/s10896-005-3650-0.

[23] Mardani Hamuleh, M., Raeissi, P., Heidari, H., Mahbobi, M.(). Perceived Social Support among Hospital Personnel and its Influential factors: A case study. *Iran Occupational Health,* 2011;**8**(2), 39-45. (Persian). Retrieved from: http://ioh.iums.ac.ir/browse.php?a_id=516&sid=1&slc_lang=en.

[24] Cheung, C., Suk-ching, L. Parental distress and children's problems among single-parent families in China. *The Journal of Genetic Psychology*. 1997; **158**

(3). 245-260. DOI: 10.1080/00221329709596665.

[25] Firouzabadi A., Sadeghi A. The study of social exclusion dimensions of rural women households in conjunction with the employment status and residency. *ZAN DAR TOSEEH VA SIYASAT*

(PAZHOHESH E ZANAN), 2010; **8**(2). 93-114.(Persian)

[26] Hosseini, M, Rouhani, K, Hosseinzadeh, S. *Family Health Nursing*, Boshra publication, 2009. (Persian).

Table 1: Social support questionnaire with respect to three different components

	Questions	Components	0:Never………… 4:Always
1	When I need someone to talk to I'm confident that ………………will help	My family	
		My friend	
		VIP	
2	……………………share my joys and sorrows	My family	
		My friends	
		VIP	
3	When I need guidance I get from …………	My family	
		My friend	
		VIP	
4	I can count on ……….. subsidy when I need assistance	My family	
		My friend	
		VIP	
5	In sickness, ………… would take care of me.	My family	
		My friend	
		VIP	
6	Fulfilling the household chores I hope to get help from …………………………	My family	
		My friend	
		VIP	
7	In critical situations to deal with the problem I get the knowledge from ………….	My family	
		My friend	
		VIP	
8	………. remind me my strengths and weaknesses	My family	
		My friend	
		VIP	
9	Always I use helpful suggestions of ………………. about my important life affairs	My family	
		My friend	
		VIP	
10	Always …………. appreciate me as a human being	My family	
		My friend	
		VIP	
11	My relationships with …………….. makes me feel worthless person	My family	
		My friend	
		VIP	
12	…………………….. cares to what happen to me	My family	
		My friend	
		VIP	
13	I do not feel confident with …………..	My family	
		My friend	
		VIP	
14	………………. pay attention to my personal needs	My family	
		My friend	
		VIP	
15	With ……………… I feel like I'm on the sidelines.	My family	
		My friend	
		VIP	

Table 2: Maternal –child relationship questionnaire

No	Questions	1: Never………. 7: Always
1	How much time do you spend with your mother?	
2	To what extent do you feel you have a sustain relationship with your mother?	
3	How much do you trust your mother?	
4	How do you ensure that while talking with your mother she will not make fun of you?	
5	How confident are you that your mother will help you if you have a problem?	
6	How much you miss your mother when you are away from home?	
7	How much do you feel your mother is respectful?	
8	How much you appreciate your mother's ideas?	
9	How much do you feel your mother is admirable?	
10	How much do you want to be morally like your mother?	
11	How much are you willing to live a life like your mother?	
12	How close do you feel to your mother?	
13	How much is it easy for you to talk with your mother about an emotional problem?	
14	How much do you feel comfortable to talk with your mother about school's problems? (If you are studying)	
15	To what extent are ambiguity about the role of the mother in your life?	
16	Do you feel are you familiar with your mother's emotions, thoughts and behaviors?	
17	Is it easy to accept the weaknesses of your mother?	
18	Do you feel your mother is mature enough?	
19	How often do you get angry because of your mother?	
20	How much are you annoyed of your mother?	
21	How much is pleasant to talk to your mother?	
22	How much your mother understand your needs, feelings and behavior?	
23	To what extent your mother listen to you?	
24	How much your mother is important to you?	

Table 3 Mean and Standard deviation of mother-child index with respect to different variables

Variable		N(%)	Mean(SD)	Sig
Child Sex	Girl	77(70)	136(13)	P<0.09
	Boy	33(30)	131(18)	
Type of Residing	With mother	94(85)	134(14)	P<0.05
	With mother and her family	12(11)	130(15)	
	With Mother and father's family	4(4)	151(11)	
Reason	death	80(72)	134(14)	P<0.6
	Divorce	22(21)	136(16)	
	Leaving family	8(7)	130(15)	
Mother's job	employed	32(29)	139(13)	P<0.25
	retired	7(6.5)	130(17)	
	housewife	64(58)	133(15)	
	other	7(6.5)	128(17)	
Income Source	employment	33(30)	140(13)	P<0.08
	Pension	38(34)	133(13)	
	Retired pension	7(6)	129(17)	
	Children or family support	16(15)	130(14)	
	other	16(15)	132(17)	
Housing situation	Private house	74(67)	134(14)	P<0.29
	rent	24(22)	132(16)	
	other	12(11)	138(10)	
Insurance	yes	96(87)	134(14)	P<0.17
	No	14(13)	139(14)	
Age group	11-18	52(47)	137(13)	P<0.1
	19-25	58(53)	132(15)	

Table 4: Pearson correlation between different variables related to social support of single mothers and mother-child relationship – Bojnourd-Iran 2011

Correlations

		Mother-child Relation	Rank of birth of the child	Family support	Friend's support	VIP support	Total social support	Income	No. of Children	Mother's education
Rank of birth of the child	Pearson Correlation	-.217*	1							
	Sig. (2-tailed)	.023								
	N	110	137							
Family support	Pearson Correlation	.181	-.105	1						
	Sig. (2-tailed)	.058	.224							
	N	110	137	137						
Friend's support	Pearson Correlation	.001	.001	.267**	1					
	Sig. (2-tailed)	.989	.991	.002						
	N	110	137	137	137					
VIP support	Pearson Correlation	-.041	.004	.133	.041	1				
	Sig. (2-tailed)	.671	.964	.121	.637					
	N	110	137	137	137	137				
Total social support	Pearson Correlation	.047	-.041	.628**	.569**	.737**	1			
	Sig. (2-tailed)	.627	.630	.000	.000	.000				
	N	110	137	137	137	137	137			
Income	Pearson Correlation	.076	-.066	.158	.050	.139	.181*	1		
	Sig. (2-tailed)	.428	.445	.066	.560	.106	.035			
	N	110	137	137	137	137	137	137		
No. of Children	Pearson Correlation	-.127	.696**	-.079	-.005	-.101	-.102	-.223**	1	
	Sig. (2-tailed)	.187	.000	.358	.956	.243	.234	.009		
	N	110	137	137	137	137	137	137	137	
Mother's education	Pearson Correlation	.178	-.379**	.010	.044	.015	.034	.536**	-.499**	1
	Sig. (2-tailed)	.062	.000	.905	.607	.858	.696	.000	.000	
	N	110	137	137	137	137	137	137	137	137
Mother's age	Pearson Correlation	-.161	.444**	.063	.090	-.037	.041	-.058	.519**	-.404**
	Sig. (2-tailed)	.093	.000	.463	.294	.672	.631	.498	.000	.000
	N	110	137	137	137	137	137	137	137	137

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).