

# Going It Alone



## UNPLANNED SINGLE MOTHERHOOD IN CANADA

**Janet Ajzenstat,  
Elizabeth Cassidy  
Elise Carter  
Gerald Bierling**

**Human Life Research Institute  
1994**



# **Going It Alone**

## **UNPLANNED SINGLE MOTHERHOOD IN CANADA**

**The deVeber Institute  
for Bioethics and Social Research**

4936 Yonge St., Suite #255

Toronto, ON M2N 6S3

Tel: 416-256-0555 Fax: 416-981-3546

[www.deveber.org](http://www.deveber.org)

email: [bioethics@deveber.org](mailto:bioethics@deveber.org)



# **Going It Alone**

## **UNPLANNED SINGLE MOTHERHOOD IN CANADA**

**Janet Ajzenstat  
Elizabeth Cassidy  
Elise Carter  
Gerald Bierling**

**Human Life Research Institute**

**Human Life Research Institute**

**© 1994 by the Human Life Research Institute**

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the publisher.

**First published in 1994 by  
The Human Life Research Institute  
Suite 303  
2057 Danforth Avenue  
Toronto Ontario M4C 1J8  
Canada**

**ISBN 0-920453-20-1**

**Printed by Trade Offset Printing Ltd.  
Printed and bound in Canada  
Typesetting by Palmerston Press**

**Cover drawing by Arjan Bafa**

**Other Publications available  
through the Human Life Research Institute**

- ❑ *Public Policy, Private Voices: The Euthanasia Debate.* by L.L. de Veber, Frank Henry, Robert Nadeau, Elizabeth Cassidy, Ian Gentles and Gerald Bierling. \$15.00
- ❑ *Abortion's Aftermath: The Psychological Effects of Induced Abortion,* by Mary Parthun and Anne Kiss, and *The Physical Complications of Abortion,* by Heather Morris and Lorraine Williams (revised and updated 1987; new revision available soon). \$6.00
- ❑ *The Law and Abortion: An International Study,* by Ian Gentles (revised 1986). \$6.00
- ❑ *Is the Human Embryo A Person?,* by John Gallagher, C.S.B. \$4.00
- ❑ *Heroin vs. Morphine,* by L.L. de Veber and Jessica Pegis. \$5.00
- ❑ *Evaluating the Evaluators: Child Sexual Abuse Prevention - Do We Know It Works?,* by Ian Gentles and Elizabeth Cassidy. \$16.00
- ❑ *A Time to Choose Life: Women, Abortion and Human Rights,* edited by Ian Gentles. \$16.95

## ***Acknowledgements***

---

The authors are grateful to the agencies who took the time to answer lengthy questionnaires which gave us the benefit of their years of commitment and experience.

We are grateful to the mothers, who have earned our appreciation and respect. Their observations and comments were inspiring, provocative, and without exception, insightful.

We thank Lorraine McCallum and Martha Crean for their skill in editing and perserverance in the face of deadlines.

### **About the Authors**

Janet Ajzenstat teaches in the Department of Political Science at McMaster University in Hamilton, Ontario as does Gerald Bierling. Elizabeth Cassidy is a psychometrist living in Guelph, Ontario. Elise Carter, a researcher, also lives in Guelph



The Human Life Research Institute was founded in 1982 for the purpose of conducting research and publications in the area of contemporary bioethics. The Institute is funded by grants, private donations, and proceeds from the sale of its publications. It is a registered charitable organization and donations are tax deductible.

A Board of Directors conducts the activities of the HLRI and a national Advisory Council of legal, medical and academic professionals is maintained. The Institute operates an office with a small administrative staff at:

**2057 Danforth Avenue, Suite 303,  
Toronto, Ontario, Canada  
M4C 1J8  
(416) 693-7030**



# CONTENTS

<b>THE STUDY .....</b>	<b>1</b>
<b>THE MOTHERS:</b>	
Socio-Economic Background .....	11
<b>DECISION-MAKING IN CRISIS PREGNANCY:</b>	
Choosing to Parent/Rejecting Abortion .....	21
<b>DECISION-MAKING IN CRISIS PREGNANCY</b>	
Reasons/Determining Factors .....	27
<b>THE SUPPORT NETWORK</b>	
The Importance of Family and Friends .....	37
<b>THE BABY'S FATHER.....</b>	<b>63</b>
<b>CHOICE, and RESPONSIBILITY:</b>	
Agencies, Mothers and Women Who Have Had Abortions .....	69
<b>SATISFACTION WITH THE DECISION .....</b>	<b>73</b>
<b>HARD FACTS:</b>	
The Single Mother's Problems .....	85
<b>CONCLUSION .....</b>	<b>91</b>
<b>Appendixes .....</b>	<b>99</b>
<b>Bibliography.....</b>	<b>125</b>



---

## Chapter 1

# THE STUDY

*“Public awareness [is needed] around single mothers and their position in society since women are low-paid and invalidated in society.”*

*“Make people aware about the life of a single parent, especially their needs which aren't being met, i.e. daycare, housing, financial support. The more people who are aware, the better chance of new resources becoming available.”*

*Going It Alone* is a study of unwed mothers. It describes the woman's decision to carry an unplanned pregnancy to term, and her response to the challenge of life as a single parent.

---

Note: Quotations are from the comments of the mothers who responded to our study unless otherwise noted.

## Going It Alone

---

Single mothers have been the focus of considerable attention in recent years, both in scholarly circles and in the media. But researchers seldom distinguish between women who are single when their children are born (not living in a common-law relationship, and not married) and women who become single following the birth of their children, through divorce or desertion.

This report discusses only mothers who were single when the child was born. Unwed mothers share the experiences and problems of other women who live alone with their children, but in a number of ways their lives are more difficult, at least during the pregnancy and the child's early years. They can seldom count on the emotional and financial support of the baby's father, and they sometimes - even in Canada today - encounter prejudice against unmarried mothers.

***They are happy with their children, they feel in control of their lives, and they are proud of the way they have overcome problems.***

The most striking finding of this report is that although their life seems in bare outline so difficult - more difficult than the life of most single parents - the mothers in this study are overwhelmingly satisfied with the fact that they kept their child. These women are happy with their children, they feel in control of their lives, and they are proud of the way they have overcome problems.

Many of them take the opportunity offered by the study to suggest ways in which society and government could improve the lot of single mothers. Nevertheless, almost without exception, they also say that carrying an unplanned pregnancy to term and raising the child is a better choice than aborting the pregnancy or placing the child for adoption.

The information is obtained from two sources. The first is a sample of 81 single women raising children from Manitoba, Ontario and Nova Scotia who volunteered to be in our study. The second is comprised of 66 social service agencies in the three provinces, serving single mothers and women with an unplanned pregnancy.

### **1. Summary of Findings**

Analysis of the mothers' and agencies' responses shows that:

- Carrying the child to term is the most likely outcome of a change of mind during crisis pregnancy. The woman who is originally in favour of carrying to term and raising the child, seldom aborts. But the woman who is originally in favour of abortion, may very well decide to carry the child to term.
- According to the perceptions of both agencies and mothers, carrying the child to term and parenting is the most satisfying choice in a crisis pregnancy. Abortion is the least satisfying choice.
- Presence of a supportive network of family and friends makes the decision to abort much less likely.
- Religion is seldom an important influence on the mother's decision to carry the child to term.
- The kindness, approval and material support of parents, friends and other family members are crucial to the mother's well-being after the baby is born. The emotional and financial support of the woman's parents is especially important.

## **Going It Alone**

---

- The baby's father seldom offers either financial or emotional support.
- Government programs are not necessarily the single mother's sole or primary source of financial support.
- The most helpful source of financial support for most mothers during the child's infancy is the woman's parental family.

This study also tried to carry out a comparison of the mothers in our sample and women who have had abortions. The second sample of women are from David Reardon's study in 1987 of 252 women who had terminated a pregnancy. These women were also self-selected.

- The mothers are far more likely than the women who have had an abortion to be satisfied with their decision, and with their life.
- The women who both carried the child to term and parent, feel in control of the decision and their life. The women who choose abortion felt less in control of the decision and feel less in control of their life.

## **2. Method**

**The Mothers:** The mothers answered a five-page questionnaire drawn up by the Human Life Research Institute, and mailed to them directly, or provided them by a social service agency. The Mothers' Questionnaire can be found in Appendix I.

The Institute mailed 90 questionnaires to women who answered advertisements in national and local newspapers in town and cities in Manitoba, Ontario and Nova Scotia, requesting information from unwed mothers about their experiences during the pregnancy and after their child's birth. Fifty-two women returned completed questionnaires in response to the advertisements. Appendix II includes a list of the newspapers and the wording of the advertisement.

Twenty-nine women returned a completed questionnaire supplied by an agency. These 29 women differ from the total sample of mothers in only minor ways. They are younger, somewhat less likely to be employed, and more likely to live in urban areas (where most agencies are found). But with respect to education, ethnicity, and religious affiliation, the sample of "agency mothers" and the total sample of 81 mothers are very similar. Nor do the responses of the 29 agency mothers to questions about crisis pregnancy and child-rearing differ in important ways from the responses of the total sample. *Going It Alone* describes the sample of 81 mothers. The responses of the agency mothers are not singled out.

**The Agencies.** The agencies answered an eleven-page questionnaire on their clients, and on the services they provide. This questionnaire was sent to 300 agencies, the complete list of agencies in the three provinces, Manitoba, Ontario and Nova Scotia, that are mandated to provide counselling or program support for single, pregnant women and single mothers. The Agency Questionnaire is found in Appendix I.

To the best of the authors' knowledge, this is the first Canadian study of this kind to contact all public and private agencies in these provinces.

## **Going It Alone**

---

Ninety-six agencies responded. Thirty of these were unable to provide the information the Institute was seeking because they do not collect statistics on clients, or for some other reason. Thirty-three of the 66 agencies that completed the questionnaire describe themselves as private agencies, accepting no government funding. Thirty-three describe themselves as public agencies, funded fully or in part by governments. Appendix III lists the participating agencies by type of service they provide.

The participating agencies serve a total of 8,225 women, 5,286 women with a crisis pregnancy, and 2,939 single mothers.

**The Provinces.** The three provinces, Manitoba, Ontario and Nova Scotia were chosen because they represent three major geographic regions in English Canada: mid-west, central and east. Manitoba and Nova Scotia have approximately the same population, and a similar rural/urban division. Ontario is the largest of Canada's ten provinces, and also the most affluent, cosmopolitan and ethnically diverse.

The location or place of residence of the participating agencies and mothers is shown in Table 1.



**TABLE 1**

**Agencies and Mothers:  
Location/Place of Residence**

<b>Provinces</b>	<b>Agencies (%)</b>	<b>Mothers (%)</b>
<b>Ontario</b>	<b>67</b>	<b>59</b>
<b>Manitoba</b>	<b>23</b>	<b>36</b>
<b>Nova Scotia</b>	<b>10</b>	<b>5</b>
<b>Urban:</b>	<b>76</b>	<b>41</b>
<b>*Rural/small town</b>	<b>24</b>	<b>60</b>

\*Rural/small town: includes native reserves and towns with population of less than 10,000

Only six per cent of the agencies in the survey are located in a small town or rural area, while close to 50 per cent of the mothers live in rural districts. The suggestion that there are few services outside the large urban areas for single mothers and women experiencing crisis pregnancy will surprise no one.

**The Comparison with Women Who Have Had Abortions.** In order to make possible a comparison of women who choose to mother and women who choose to abort, questions about decision-making and "decision-satisfaction" were drawn from Reardon's study (1987) of 252 members of the national U.S. organization, Women Exploited By Abortion. (WEBA).

The two samples — the Institute's sample of mothers and Reardon's sample of women who had an abortion — are comparable in that both are self-selected. In

## **Going It Alone**

---

each case the researchers accepted only responses that were volunteered (and all responses that were volunteered). In both studies the women participating are vitally interested in putting their story on record. The methodology compares well with Polakow's (1993). Polakow says of her sample of six adolescent mothers that, "The women were selected because of their willingness to tell their stories and their interest in the topic."

An important difference between Reardon's study and the Institute's comes to light when it is noted that Reardon does not claim to be describing the full range of opinion among women who have had abortions. WEBA, from which Reardon took his sample, draws its membership from the ranks of those who have had an unhappy experience with abortion. Reardon's sample consequently includes few women who are neutral about the abortion experience, or satisfied with it. At the same time it must be said that Reardon's sample is not unrepresentative of the national pattern of aborting women in the United States with respect to age, marital status, family size, race, and number of previous abortions.

The Institute, in contrast, made every effort to solicit the full range of opinion among its target group, unwed mothers, by requesting agencies to distribute questionnaires to clients and by advertising in the national and local press.

A last point of comparison deserves remark: in the Institute's study the women were not canvassed for their views on abortion as a social and political issue. What is being described in the Institute's study is the women's responses to questions about the particular circum-

stances of their own lives. This was equally the case in Reardon's study.

### 3. Recommendations

Recommendations for governments, schools and families are described in Chapter 10. In brief, it is strongly urged:

- i) that governments recognize the role of the single mother's parents in providing financial and emotional support, and underwrite measures to strengthen the intergenerational family;
- ii) that governments mount a program of public advocacy to encourage a positive attitude toward single mothers among employers, and among the public at large;
- iii) that schools revise their sex education and family education programs to address the problem of the absent father, by including in courses on sexual responsibility the idea that a responsible male cares for children he engenders;
- iv) that families acknowledge their role in the life of the single mothers, and be prepared to offer their daughters acceptance and financial assistance.

*"Women are strongly influenced by society and family in their decision. Every crisis pregnancy I have counselled has said that if it were just them and the baby they would not abort, but..."* (Ontario Agency)



---

## Chapter 2

# THE MOTHERS:

## Socio-Economic Background

*"If a girl really wants to keep her baby, none of these issues tend to stand in the way."*

(Ontario Agency)

Stereotypes of unwed single mothers abound. Even a cursory glance at the popular press and policy documents reveals a myriad of primarily negative images. This stereotypical woman is very young, lacking in self-esteem, poorly educated, ill-equipped to compete in the job market, and dependent on the financial assistance of government to raise her child or children, a woman, in short, who is in no position to give her children a good start in life.

## **Going It Alone**

---

The mothers in *Going It Alone* could not be farther from the stereotype. They represent all ages. They are well educated and ready to compete in the job market. Many are employed. As a group, they are not primarily dependent on welfare or mother's allowance for financial support. It will be shown in Chapters 7 and 8, that they are also a self-confident group, proud of their mothering skills, and happy with the way their children are turning out.

### **1. Age**

It is an unfortunate fact that the academic literature has contributed to the demeaning picture of the single mother. Miller (1993) argues that studies of decision-making in crisis pregnancy, and the mother-led family, are often "highly value-laden and controversial," reflecting the researcher's disapproval of unwed motherhood rather than social and economic facts. It was only toward the end of the 1980s, according to Miller, that the negative rhetoric began to subside.

The literature is responsible above all for two unfortunate ideas. The first is that the single mother is likely to be a very young woman. The second is that the very young mother is less likely to be able to cope with the responsibilities of motherhood. This study found that neither stood up.

Researchers have preferred overwhelmingly to study mothers in their teens and early teens [Scambler (1980); Krishnamoni and Jain (1983); Borowski et al (1982); Bergman (1989); Moore 1990); Stiffman et al (1990)]. Of the approximately 175 articles and books on single

## **Chapter 2: The Mothers: Socio-Economic Background**

motherhood and decision-making in crisis pregnancy consulted by the authors in preparing *Going It Alone*, all but five focus exclusively on adolescent motherhood [Lewis (1980); Smetana(1983); Letts (1983); Barret (1988); Franz (1989)]. Lewis matched her sample of pregnant adolescents with a group of older pregnant women.

The prevailing assumption is that problems are bound to follow from “children having children.” Researchers focus on medical conditions such as low birth weight in the child and psychological consequences like postpartum depression, both known to be associated with younger mothers [Turner et al (1990)].

Recent data from the Vanier Institute suggests a very different picture. It is argued that in 1990 only 20 per cent of babies born to unmarried mothers were born to women in their teens (Mitchell 1994). Robert Glossop, the Vanier Institute’s director of programs and research, says that it is entirely wrong to suppose that Canada is in the midst of an “epidemic of children having children.”

***The Vanier Institute says that it is entirely wrong to suppose that Canada is in the midst of an “epidemic of children having children.”***

The present study confirms the idea that crisis pregnancy is not confined to the early teen years. Few of the agencies (6 per cent) report a clientele of 12 to 15 years of age. Few of the women in the mothers sample (5 per cent) were 12 to 15 when the baby was born.

Sixty per cent of the mothers were over 21 years of age. Twenty-four per cent were over 26. More than 50 per cent of the agencies report serving a “wide range” of ages.

**TABLE 2**

**Mothers and Clients: Age**

	<b>Mothers at birth of child (%)</b>	<b>Agencies: (%) Age of Clientele</b>
<b>12-15 years</b>	<b>5</b>	<b>6</b>
<b>16-20</b>	<b>34</b>	<b>40</b>
<b>over 21</b>	<b>60</b>	
<b>wide range</b>		<b>54</b>

**2. Education**

Since the literature focuses on women in their teens, it is not surprising that researchers routinely conclude that single mothers are likely to have comparatively little education. Macdonnell (1981) in Nova Scotia, and Scambler (1980) in Vancouver, both report that 80 per cent of the single mothers they surveyed had not completed high school.

The agencies in the present study report that two-thirds of their clients have not completed high school.

In contrast, the women responding to our study were a comparatively well-educated group at the time their children were born. Sixty per cent had completed high school. Thirty-one per cent had a university or college degree, or professional certificate. It is clear as well that many of them have been able to go on with their education despite the responsibilities of child-rearing.

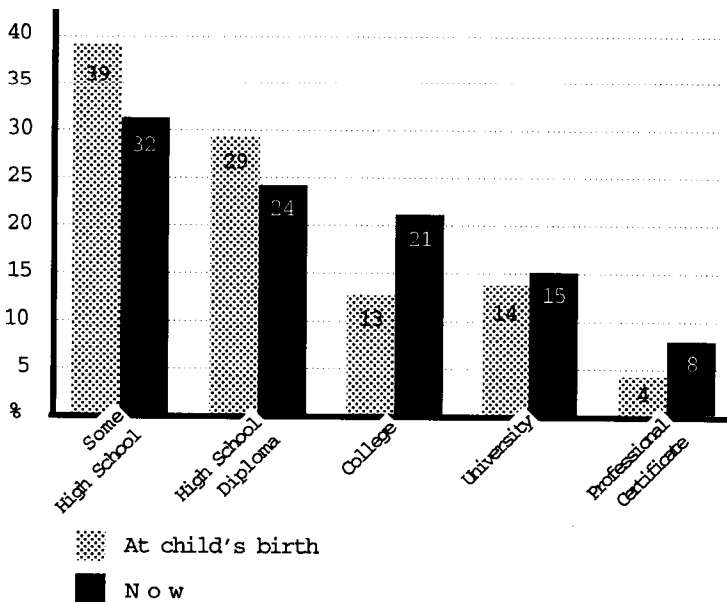


## Chapter 2: The Mothers: Socio-Economic Background

Today 44 per cent of the mothers in our study have a post-secondary degree or certificate. Moreover, as Table 4 shows, 16 per cent are continuing to pursue an education.

FIGURE 1

### Mothers: Education



**3. Employment and Financial Support**

The stereotype suggests that because they have little formal education, single mothers are unemployable, and because they are unemployable, they are necessarily dependent on welfare and mothers' allowance.

There is no doubt that single mothers with young children sometimes have trouble finding and keeping a job. It does not follow, however, that single mothers, even very young mothers and mothers with infants, are bound to depend on the government for financial assistance.

The agencies report that more than one-third of the women they serve have at least part-time employment.

Two-thirds of the mothers sample are either working, or pursuing further education. Thirty-one per cent describe themselves as full-time homemakers.

**TABLE 3**

**Mothers: Employment  
(Percentage)**

<b>Part-time outside the home</b>	<b>23</b>
<b>Full-time outside the home</b>	<b>25</b>
<b>Full-time homemaker</b>	<b>31</b>
<b>Student</b>	<b>17</b>

## **Chapter 2: The Mothers: Socio-Economic Background**

The 30 per cent who describe themselves as full-time homemakers are not necessarily being supported by welfare or mother's allowance. As their anecdotal comments testify, many of the mothers are now married.

The availability of government support had been a vital but generally temporary service for the single mothers in the survey. Sixty-eight percent report that at some point they received mother's allowance. Fifty-nine percent receive, or received, welfare support. Since some jurisdictions require women to remain on welfare for several months while their application for mother's allowance is being processed, it is likely that many or most of the 44 women who received welfare are included in the 52 who received mother's allowance.

A fuller picture of the mothers' financial support emerges in Chapter 5. It is shown that the woman's family of origin is a major source of financial support for single mothers. Indeed the support of their own parents is the source of financial assistance that the women themselves regard as the most helpful. Even during the difficult first two years after the baby's birth a sizeable percentage of the mothers were not dependent on government programs for financial support.

In short, the mothers as a group are not primarily dependent on government for financial assistance.

### **4. Religion and Ethnicity**

It is sometimes argued that the woman who decides to carry an unwanted pregnancy to term has been influ-

## Going It Alone

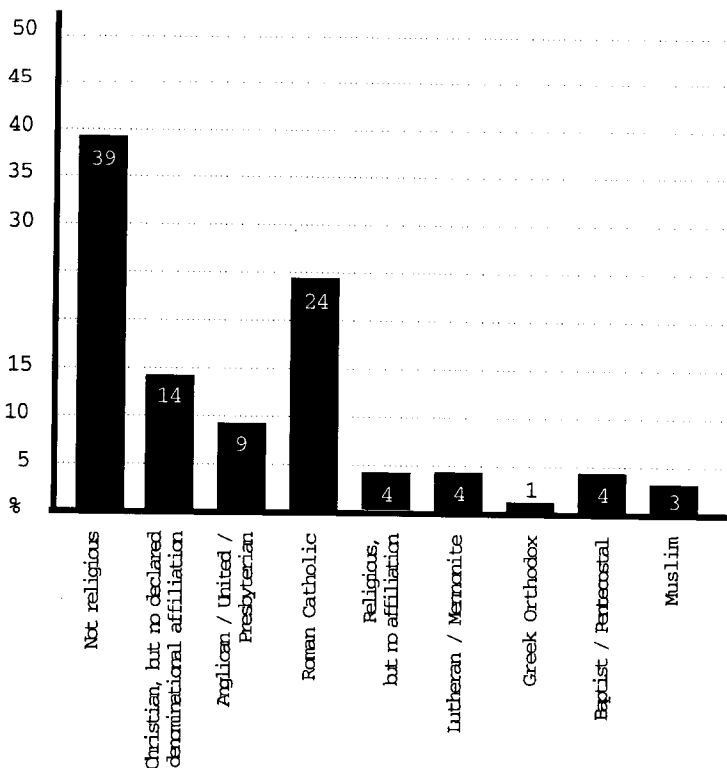
---

enced by conservative religious beliefs. Chilman (1988) argues, for example, that high religiosity is an important factor in the decision to parent rather than have an abortion. The present study finds no evidence to support this hypothesis.

Forty per cent of the mothers declare no affiliation with a religious denomination. It appears that the mothers are less inclined to be religious than the Canadian populace at large.

**FIGURE 2**

### Mothers: Religious Affiliation



## **Chapter 2: The Mothers: Socio-Economic Background**

Evidence that religious affiliation is not a strong influence on a woman's decision to carry an unplanned pregnancy to term is given in Chapters 3 and 4. It will be seen that the agencies do not regard either religious affiliation or ethnic identification as important factors in the decision-making process during crisis pregnancy.

The ethnic identity of the mothers reveals that as a group they are fairly representative of the Canadian population. Thirty-six per cent of the mothers say that they are of British or Irish background. Close to 20 per cent are of French heritage; two per cent are African Canadian, and one percent, South-East Asian. Five percent identify themselves as aboriginal Canadians.

For understandable reasons the agencies keep no statistics on the ethnicity of their clients. It was not possible to compare the mothers and the agencies' clients with respect to ethnic identity.

### **Summary**

The mothers in this study represent a wide range of ages. Very few were in their early teens when the baby was born.

Many continued their education after the child's birth, and they are today a well-educated group of women. Two-thirds are employed, or going to school, college or university.

Mother's allowance and welfare has not been their main on-going source of financial support.

## **Going It Alone**

---

With respect to ethnicity and religious affiliation the sample is diverse and fairly reflective of Canada's multicultural society.

---

## Chapter 3

# DECISION-MAKING IN CRISIS PREGNANCY:

## Choosing to Parent/Rejecting Abortion

*"They [mothers] feel more settled, they have made the right decision." (Ontario Agency)*

*"Many [women] realize what they would have given up if they had chosen to abort, and they are able to see a viable resolution to their previous crisis. They feel stronger for making the decision to parent." (Ontario Agency)*

*"With a support network in place, the 'natural' decision is to parent" [Joyce (1988)]*

## Going It Alone

---

### 1. Choosing to Parent

The woman with an unplanned pregnancy faces two major decisions. She must consider first whether to have an abortion. If she rejects abortion and continues with the pregnancy, she must decide whether to place the child for adoption or raise the child herself. The first decision must be made as early as possible in the pregnancy. The second can be postponed until the time of birth.

The data on decision-making in this study points to one conclusion: the woman who changes her mind during the course of the pregnancy about the pregnancy outcome is likely to choose to carry the child to term and go on to parent.

A woman who was originally in favour of parenting or adoption very seldom changes her mind in favour of abortion. But the woman who originally considered abortion may very well decide to continue the pregnancy. And the woman who carries the baby to term almost always decides to parent.

In short, women who change their minds tend to make a greater investment in the life of the child and the mother-child bond. They move in the direction of parenting.

*"My decision moved from abortion to adoption to keeping my baby," says one mother.*

*"It was not a conscious decision. I wanted one [an abortion] terribly and I made an appointment to talk to someone at a hospital and then didn't*



### **Chapter 3: Choosing to Parent/Rejecting Abortion**

---

*go. Then I realized I would never be able to do it, even though I still wanted one."*

That the decision to parent is overwhelmingly the most likely result of a change of mind about pregnancy outcome is one of the most striking findings of the agency survey. Fifty-one per cent of the agencies report that a change of mind, or "decision-shift," from abortion to parenting is likely. Fifty per cent report that a decision-shift from adoption to parenting is likely.

In contrast only 7 per cent of the agencies say that clients are likely to choose abortion after first deciding to parent. Only two per cent report that clients are likely to choose abortion after first deciding on adoption. Seven per cent say women are likely to choose adoption after considering parenting.

Table 4 compares agencies and mothers on decision-shifts. It was a condition of participation in the study that the mother had continued the pregnancy and is raising the child. But not all the mothers in this study had decided on this course of action from the beginning of the pregnancy.

Fifty-eight per cent of the mothers say that they were "originally undecided about becoming a parent." One half of this originally undecided group had considered abortion. One half had considered adoption.

TABLE 4

Decision-shifts in Crisis Pregnancy

The decision-shift	Mothers who changed their minds (percentage of the originally undecided)	Agencies reporting such a change likely (percentage of all agencies)
Abortion to parenting	51	51
Adoption to parenting	59 *	50 *

\*Numbers do not add to 100 because respondents are describing more than the two "decision-shifts."

## 2. Rejecting Abortion and Adoption

The fact that so few women choose adoption requires explanation. Ostensibly, adoption might seem to be the best choice for the woman with an unplanned pregnancy who does not wish to abort. It preserves the baby's life at the least cost to her. She is left free to go on with her schooling or career.

But as this study shows, women who carry the child to term do not accept the argument that adoption is

### **Chapter 3: Choosing to Parent/Rejecting Abortion**

---

best for the child and mother. Even in these days of open adoption, when the mother can keep in touch with the child and adoptive parents for as long as she wishes, the pregnant woman seldom assents to adoption. Why?

One hypothesis forcibly suggests itself: what makes it so difficult for the woman to relinquish the child to adoptive parents is exactly the fact that she has considered and rejected abortion. The two decisions, to reject abortion, and to raise the child, are intimately connected.

Because abortion is readily available today and legally condoned, every woman with an unplanned pregnancy faces the abortion decision. It was possible in an earlier generation to regard an unplanned pregnancy as a burden that God or society required one to put up with until the child was born. The situation is very different today.

The pregnant woman must make "the ultimate life-death choice," as one woman puts it, and make it early in the pregnancy. Social workers encourage their clients to make a deliberate choice about abortion. Even if the social worker is convinced that continuing the pregnancy is the better choice for a woman, she will want her client to choose for herself. She wants the client to see the decision as her own choice, for which she alone is responsible (Gilligan 1982).

But facing the life-death choice teaches a powerful, and perhaps effecting lesson. It teaches that the child lives only because the mother wills it to live. The decision to continue the pregnancy is her choice and hers alone, her responsibility and no one else's.

## **Going It Alone**

---

It may be that the strength of the bond between mother and child forged by the decision to maintain or terminate the pregnancy explains why mothers find it so difficult to relinquish responsibility for the child they have carried.

### **3. Summary**

The woman who changes her mind during the course of the pregnancy about the pregnancy outcome is likely to choose to carry the child term and go on to parent. If she was originally in favour of parenting or adoption she is very unlikely to change her mind in favour of abortion. If she was originally in favour of abortion she may very well decide to continue the pregnancy. The woman who carries the baby to term almost always decides to parent.

Fifty-one per cent of the agencies report that a "decision-shift," from abortion to parenting is likely. Fifty per cent report that a shift from adoption to parenting is likely.

Seven per cent of the agencies say that clients are likely to choose abortion after first deciding to parent. Only two per cent report that clients are likely to choose abortion after first deciding on adoption.

---

## Chapter 4

# DECISION-MAKING IN CRISIS PREGNANCY:

## Reasons/Determining Factors

*"Society has great influence on decisions. 'Freedom of choice' has been well entrenched - usually freedom to abort without regret...? Those most influenced seem to be high school, college, university age. Results really cannot be tabulated until this generation has lived life a little longer... long term effects? Many women seem to have more control - or have they exploited themselves by buying into society's image of freedom?" (Ontario Agency)*

The agencies and the mothers agree that the woman who changes her mind during a crisis pregnancy moves toward parenting. But when it comes to describing the factors that influence the decision to parent, agencies and mothers part company.

## **Going It Alone**

---

The agencies favour a determinist model of decision making. They expect to find an explanation of the woman's choices in her family background and social circumstances. Seventy-five per cent of the agencies say that the decision to parent is determined by the woman's social environment.

The mothers, in contrast, believe that they are able to overcome adverse social circumstances. They see themselves as subjects, rather than objects pushed around by "determining factors." Seventy per cent of the mothers say that they were in control of their life when they made the decision to carry the child to term.

### **1. The Agencies' Perspective**

It may seem paradoxical that social agencies endorse a determinist explanation of decision-making while also recommending freedom of choice with respect to pregnancy resolution. In the religious thought of the West, and in much ethical thought before the modern period, the doctrines of free choice and determinism are said to be difficult or impossible to reconcile.

But the prevailing tradition in the social sciences today has little trouble juggling "free choice" and "determinism." It is argued that a client has freely chosen a course of action when she has assented to it, even if her choice was made under the influence of determining factors in her social and economic background. The social worker's knowledge of statistics and experience with many clients gives her a good idea what decision about resolution of the pregnancy a particular client is likely to make. But the social worker will probably

## **Chapter 4: Reasonings/Determining Factors**

---

believe at the same time that she must not urge that decision on the client. She must allow the client to come to see it as her own "choice."

The determinist model is dominant in the literature on decision-making in crisis pregnancy. The prevailing assumption is that the woman's decisions reflect her social, psychological and economic environment [Miller (1993)]. Burns (1986), for example, argues that crisis pregnancy is "an accident of lifestyle encouraged by a troubled family." See also Festinger (1971); Braken (1978); Rosen (1980); Lewis (1980); Blum (1982); Resnick (1984); Hanson (1987); Joyce (1988). As Polyani and Prosch (1975) argue, the social sciences "have developed a program for explaining human affairs without making distinctions between good and evil."

The agencies were asked whether the woman's social environment (family background, socio-economic status, age, self-esteem, education, religion, ethnicity) determines the likelihood of crisis pregnancy, and, given crisis pregnancy, the likelihood that a woman will continue the pregnancy and raise the child herself. The majority of the agencies say that both the likelihood of pregnancy and the decision to parent are determined by social factors.

**TABLE 5**

**Percentage of Agencies  
Saying that Pregnancy and Parenting  
Are Determined by Social Environment**

	<b>Pregnancy</b>	<b>Parenting</b>
<b>YES</b>	<b>68</b>	<b>75</b>
<b>NO</b>	<b>28</b>	<b>23</b>
<b>UNSURE</b>	<b>4</b>	<b>2</b>

A private agency in Ontario describes unwed mothers in the following terms: “maybe very young, has no definite goals for herself, no career goals - a dysfunctional family in the background. She usually sees welfare as an appropriate income.” A private agency in Manitoba says: “The younger seem more eager to parent. They cling to unrealistic fantasies of parenting.”

A public agency in Ontario says: “Many are young parents, and see parenting as the only option. They have poor self-esteem and education and little or no employment history. Parenting provides a focus for them.”

Asked to rank the importance of determining factors with respect to a) the likelihood of crisis pregnancy, b) the decision to abort, and c) the decision to parent (raise the child rather than place it with adopting parents), the agencies describe family background, and the client’s age as the significant factors.



**TABLE 6**

**Agencies' Ranking  
of Determining Factors**

<b>Factors</b>	<b>Parenting</b>	<b>Pregnancy</b>	<b>Abortion</b>
<b>Family</b>	<b>1</b>	<b>1</b>	<b>3</b>
<b>Socio-economic</b>	<b>2</b>	<b>5</b>	<b>5</b>
<b>Age</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Self-esteem</b>	<b>4</b>	<b>2</b>	<b>4</b>
<b>Education</b>	<b>5</b>	<b>4</b>	<b>2</b>
<b>Religion</b>	<b>6</b>	<b>6</b>	<b>6</b>
<b>Ethnicity</b>	<b>7</b>	<b>7</b>	<b>7</b>

In the agencies' view, the woman's family background is paramount in determining the likelihood of pregnancy, and the decision to parent. Age is the most important determinant of the decision to abort.

Low self-esteem is another factor that disposes a woman to crisis pregnancy, according to the agencies. Indeed the agencies contend that over seventy-five per cent of their clients have low self-esteem.

The suggestion that ethnicity is a relatively unimportant factor is noteworthy. It appears that the American image of the inner-city minority adolescent as the stereotypical single mother [Dore et al (1990); Joyce (1988)] is not directly applicable in the Canadian context.

## **Going It Alone**

---

It is noteworthy, too, that the agencies do not regard religion as a factor of importance in any of the three decisions in question, the likelihood of pregnancy, the abortion decision, and the parenting decision. This finding supports Krishnamoni and Jain (1983), and with respect to the parenting decision, Voydanoff and Donnelly (1991). Voydanoff and Donnelly hypothesize that emancipation from "traditional values," including religious beliefs, would be associated with a preference for abortion, and for parenting. Their hypothesis was borne out in the case of abortion. However Voydanoff and Donnelly found nothing to enable them to say that adherence to tradition and religion fosters the decision to parent.

## **2. Mothers' Reasons for Parenting**

The mothers were asked to rate the importance of the following factors in the decision to parent: their personal views on abortion, their personal views on adoption, an emotionally supportive environment, the availability of school programs for single mothers, the availability of housing, the availability of financial support, the desire to leave home, and the desire to become a mother.

TABLE 7

**Mother's Ranking of Factors  
Influencing Decision to Parent**

	percentage of mothers saying important	ranking
presence of emotional support	73	1
desire to be a mother	69	2
personal views on abortion	58	3
availability of housing	50	4
availability of financial support	42	5
personal views on adoption	38	6
availability of school programs	30	7
desire to leave home	14	8

By far the most salient factors, according to the mothers, are the availability of emotional support and the desire to be a mother.

The woman's personal views on abortion are important in her decision to carry the child to term. However, given that this is a group of women who explicitly rejected abortion, it is interesting that fewer than 60 per cent say that their views on abortion were an important consideration in the decision.

One woman writes: "from the moment I became pregnant I felt that abortion was/is murder." Prior to the pregnancy she had not been able to make up her mind on the issue. "I was both for and against it for various reasons."

## Going It Alone

---

*"I was thinking about two years from now I would have had a kid and not even know what he/she looks like."*

*"I thought that this was an honour, a blessing."*

*"I never really considered abortion as an option in spite of pressure to have one by my doctor. That left only adoption, which I did not consider, or parenting. If I had been younger (than 19) or unemployed I may have chosen adoption."*

*"Because some of the best things in life aren't planned."*

*"Abortion was unacceptable; there was an instinctive, immediate and profound love and acceptance of my child."*

*"There was no doubt in my mind that I was going to have my baby, it was just like an instinct."*

Few mothers cite religious beliefs, knowledge of prenatal life, or the experience of previous abortions as their reason to reject the abortion alternative. One mother who acknowledges religion as an influence says: "At 16 years old my values were shaped by the church which taught that abortion was a sin. They also taught that my pregnancy was a sin. Sort of a Catch 22. I would still choose against abortion but for more informed reasons." Another says:

*"I would describe my experience as a very rewarding experience and I give God the glory for 'being a Father to the Fatherless' as He has promised in his word."*

## **Chapter 4: Reasonings/Determining Factors**

---

A few say that they were swayed by the fact that their "biological clock" was ticking. A very few note that they left the decision too late to have an abortion. One mother says that she was not able to have an abortion because her daughter was born in 1969 when abortions were hard to get. Another says that she was uninformed about how to get an abortion, and "too shy to ask around and too ashamed to admit I had made a mistake."

It is interesting that the mothers do not rank the availability of financial support higher than fifth place. Describing mothers in the U.S. Joyce (1988) notes that availability of welfare benefits "significantly lowered the incidence of abortion."

### **3. Summary**

The mothers say that the presence of emotional support and the desire to be a mother are the factors most likely to influence a woman to reject abortion, carry the pregnancy to term and parent.

Although 58 per cent of the mothers say that their personal views on abortion were an important factor in the decision to parent, few suggest that religious beliefs were salient. It must be concluded that for many of these women opposition to abortion is not grounded in religious belief or religious affiliation.

The mothers say that they are in control of their lives. They believe themselves able to surmount adverse circumstances. The agencies, in contrast, describe the pregnant woman's decisions in terms of a determinist model. They may even regard the woman as a victim of

## **Going It Alone**

---

circumstances. The agencies report that many of their clients have a low sense of self esteem.

Fifty-eight per cent of the agencies say that pregnancy is determined by the woman's social environment. Seventy-five per cent say that the decision to parent is determined. In the agencies's view the woman's family is the most salient factor with respect to the likelihood of crisis pregnancy, and the decision to parent. Age is the most important factor determining the decision to abort.

According to the agencies, neither religion nor ethnicity figure as important determining factors .

---

## Chapter 5

# THE SUPPORT NETWORK:

## The Importance of Family and Friends

*“My family was a major support system. Fortunately, I did not need to turn to an outside support system but more important was my belief that I was making the right choice for me.”*

*“I had strong supportive people around me who were willing to help.”*

During pregnancy and the first months and years after the child is born, the single mother is at her most vulnerable, dependent on others for financial and emotional support. Family and friends are her first line of defence.

## **Going It Alone**

---

The public debate in this country on the needs of single mothers focuses primarily on the role of government funding. It is presumed that the important questions concern the amount of money that governments must find, and the kinds of programs necessary. But the emphasis on financial support, and the assumption that it is the responsibility of governments to provide it, fails to take into account elements of their situation that the mothers themselves believe crucial.

The mothers in this study do not regard government programs as their most helpful source of financial support. The most helpful source is the parental family.

Nor do they regard financial support as the key factor in their lives. Emotional support and approval are more important than financial support.

The message that stands out most clearly in the mothers' responses is that emotional support is the all-important element in the decision to continue the pregnancy, and remains vital during the child's first two years. For support of this kind, the single mother turns to her friends, her parents, and to a lesser extent, professional advisers.

### **1. Who Influences the Decision to Parent?**

Family, friends and professionals are the core of the support network, a strong presence in the mother's life both before and after the baby's birth. As Halpen (1979) argues, individuals facing a personal crisis are peculiarly susceptible to the influence of others.



## **Chapter 5: The Support Network**

---

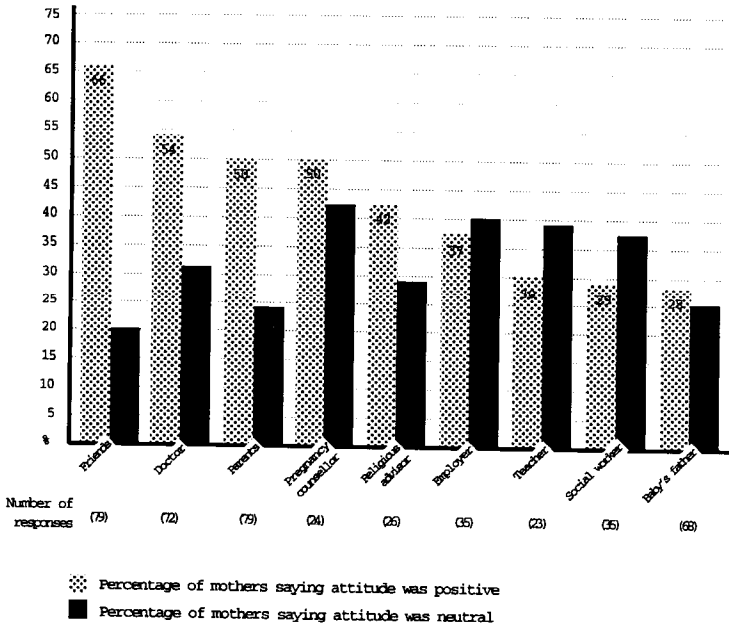
The agencies were asked to rank the importance of the woman's mother, father, her peers, the father of the child, doctors, school counsellors and clergy in the decision-making process.

The mothers were asked whether parents, friends, another family member, the baby's father, the doctor, pregnancy counsellor, social worker, priest, minister or religious adviser, teacher, influenced the decision to parent. Table 9 gives the responses of agencies and mothers.

By way of contrast, Figure 3 adds the responses of women who have had abortions, taken from Reardon's study (1987). The 252 U.S. women in Reardon's sample were asked, "Were you encouraged to have an abortion by ..."

*...see Figure 3 on page 40*

**FIGURE 3**  
**Ranking of**  
**Influences on Pregnancy Decisions**



The mothers' ranking of the influences on the decision to parent in Figure 3 corresponds very closely to those of the agencies.' Agencies and mothers agree that parents and friends are by far the most likely to influ-

## Chapter 5: The Support Network

ence a woman's decisions about pregnancy resolution. Friends rank only just behind family.

*I found the biggest problems to be only in the beginning to middle of pregnancy when the father left the situation, and once I resolved my feelings for him, and my parents supported me emotionally, I have just lived life as a given."*

*"I could not and would not have kept my child [over adoption] without family help and support."*

*"My family forgave me and promised to help me for raising my child to adulthood. I felt I could do it with their help. I had always wanted children."*

***The importance of family and friends in the pregnant woman's life is well-established in the literature.***

The importance of family and friends in the pregnant woman's life is well-established in the literature. Lewis (1980) argues that most decisions about pregnancy made by adolescents are "externally based," reflecting "what the parents thought," as well as the attitude of peers. Rosen (1980) found that of 432 women with a crisis pregnancy, more than half involved their mothers in the pregnancy-resolution decision.

Mothers and agencies agree that the baby's father and the doctor have considerably less influence. Other professionals occupy an even lower position.

In contrast, women who terminate the pregnancy according to both Fulton and Reardon, offer a sharply

## Going It Alone

---

different picture of the influences on decision-making in pregnancy. In their case the baby's father, abortion counsellor and medical and school personnel are the primary influences. Friends and family count for less.

The Fulton study of single young mothers in Metro Toronto states "many young mothers have experienced extreme pressure to choose abortion from boyfriends, family and professionals...The pressure to choose abortion was experienced from school personnel and to the greatest extent from doctors and nurses."

One mother wrote of her own experience with a physician:

*"I had such a strong negative reaction by the first doctor I saw that I spent years hiding from the agencies that could have helped me, thinking I'd get the same reaction from them."*

The role of the father in the mother's decisions and the part he plays in the life of mother and child afterwards will be discussed in Chapter 6.

The one point on which the three groups agree - mothers, agencies, and women who have had abortions - is that the clergy, including priests, ministers and other religious advisers, have the least influence of all on the woman's decision to abort or to carry the child to term. That the agencies consider religious belief an unimportant determinant in the decision-making process was noted above in Chapter 3. Thus the low ranking of religious advisers is not surprising. What the table adds is evidence that women themselves do not often turn to the clergy for advice about the course to take in crisis pregnancy.

### 2. Independence and Dependency

Another noticeable feature of Figure 3 is that it suggests the greater readiness of the agencies to explain the pregnant woman's choices in terms of external determining factors. Ninety-three per cent of the agencies say that the woman's parents are an important influence. Although the mothers too rank parents as the most important influence, only 40 per cent suggest that they themselves were influenced by their parents' wishes.

Ninety-two per cent of the agencies say that peers are an important influence. Thirty-seven per cent of the mothers cite friends as an influence.

In short, the agencies are indeed inclined to regard the woman's choice as the outcome of a number of factors in her environment. The mothers, in contrast, see themselves as free agents, making the parenting decision for themselves, with only "a little help from their friends." In their responses to open-ended questions the mothers frequently use phrases that convey the idea of being in charge:

*"I am a responsible adult."*

*"I felt I was old enough to take a more responsible response to the situation."*

*"I'm mature enough to do it."*

*"I thought it was a positive way of starting over my life."*

## **Going It Alone**

---

*"I am/was convinced that I could handle parenting and had all the skills required. I felt I was entitled as a member of society, to have a family, and I felt that since women did most of the work anyway, that I could handle it."*

Taking into account the responses of both agencies and mothers it appears that the pregnant woman's independence is limited. It is not necessary to suppose that her decisions are solely the product of a determining socio-economic environment. But it is clear that she does not make her choices alone. She is surrounded by a network of family, friends and advisers whose approval she ardently desires, and whose opinions she must consider even when they conflict with her own preferences.

According to Reardon's study (1987), women who have had an abortion are far more likely than women who carry the child to term to attribute their decision to the influence of other people, and to the circumstances of their lives. Sixty-four per cent of the women in Reardon's study say that they were forced by outside circumstances to have the abortion.

### **3. Emotional Support After Parenting Decision**

The mothers were asked: "Once you had made the decision to parent, how did you perceive the attitude of the following people to that decision: your friends, your priest, minister, or religious adviser, your parents, your teachers, baby's father, your doctor, social worker, pregnancy counsellor, employer?"

FIGURE 4

**Mothers' Evaluation  
of Attitudes Towards Parenting Decision**

	Agencies ranking	% of agencies saying influence	Mothers ranking	% of mothers saying influence	Aborted women ranking	% of aborted women saying influence
Mothers / parents	1	93	1	40	4	23
Peers / friends	3	92	2	37	3	24
Another family member			3	36		
Baby's father	4	56	4	25	1	57
Doctor	5	30	5	17	4	23
School counsellors / teacher / abortion counsellor	6	23	9	4	2	35
Pregnancy counsellor			6	11		
Social worker			7	8	6	14
Religious advisor	7	22	8	7	6	14

## Going It Alone

---

Friends, the doctor, the woman's parents, and the pregnancy counsellor are the most likely to express a positive attitude to the woman's decision to parent.

Forty-two per cent of the mothers say that their religious adviser took a positive attitude to the decision to carry the child to term. Seldom an influence while the woman is wrestling with the question of carrying the pregnancy to term, the clergy can nevertheless manage to show a degree of approval after she has made the decision on her own.

Teachers and social workers were less likely to provide emotional support. Thirty-seven per cent of the mothers say that their employer was positive about their decision to carry the child to term.

*"I want to point out that family, churches and often the professional community can't seem to get past that a pregnant unmarried girl is immoral. All are so pre-occupied with the beforehand sexual act which led to the pregnancy, that no attention is given to the real issue at hand, i.e. how to deal with PREGNANCY AND SINGLE PARENTHOOD. I was given so much advice on how to hide my obvious "promiscuity" by either abortion, adoption, or marriage, that the actual merits of rising to the responsibility of parenthood was never commended, encouraged, nor explained. I was provided no information that I might at least begin my journey as mother with a measure of self-esteem and confidence."*

The least likely person of all to express positive views about the woman's decision to parent is the baby's fa-



## Chapter 5: The Support Network

---

ther. Close to half the women report that the baby's father expressed disapproval. Only 28 per cent found the father supportive.

A different perspective on the professionals' attitude emerges when we single out the responses indicating a neutral attitude. An even-handed, neutral approach is expected of social service professionals. Their professional ethic requires them to refrain from approving the decisions of some clients while frowning on the decisions of others. Thus a high "neutral" rating can be interpreted to mean either that the mother found the professional disappointingly cool in approach, or that the professional was successfully living up to his or her ethic.

The pregnancy counsellor is the most likely of the professionals to be described as neutral. But the pregnancy counsellor also scores well in terms of support. Pregnancy counsellors are usually volunteers, without professional training, in crisis pregnancy centres. It would appear that the mandate of the crisis pregnancy centre, to provide positive yet non-judgmental support to pregnant women, is being met.

Employers, teachers and social workers live up to the neutrality ethic when they are not disapproving. Doctors and religious advisers are more judgmental, but inclined to approval.

*"Single mothers need assurance they made a good decision, as they also need to know of all those obstacles that will be set before them. Otherwise, it is only luck and perhaps sheer determination that a single mother comes through ignorance, poverty*

## **Going It Alone**

---

*and prejudice relatively unscathed. Tragically however, many don't get it.*

*"I consult with social workers on occasion. I find them to be (though they try) not much help. They have to keep in (my?) mind their position."*

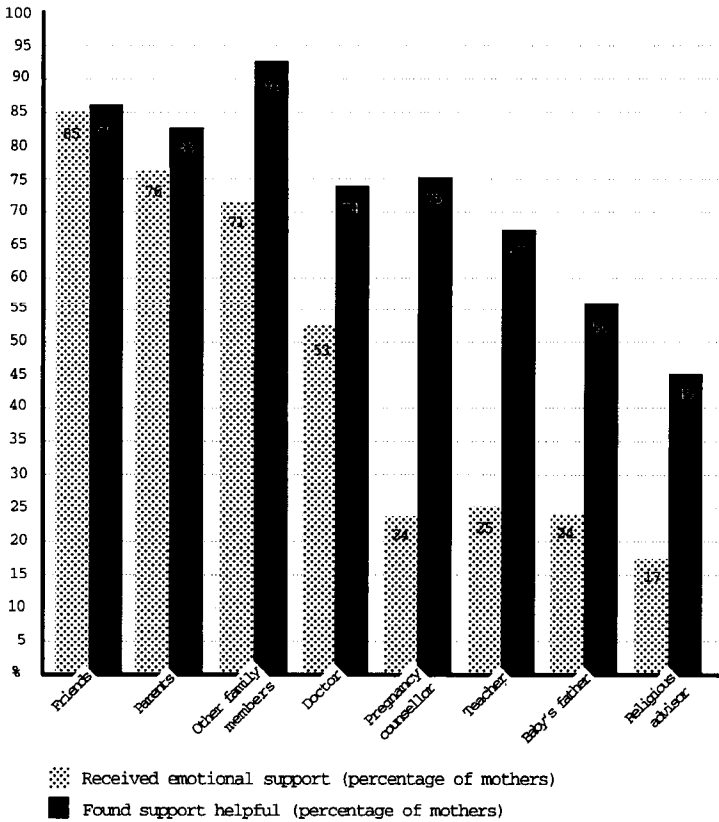
It is clear that what these vulnerable women desire as much as professional advice and information, is emotional support. They may welcome a non-judgmental attitude in employers and professionals. But they also need assurance, and love. It is not surprising that they turn so often to friends and family in hope of finding it. It is a tragedy that the baby's father is so seldom able to offer the emotional support his partner needs.

### **3. Emotional Support After Baby's Birth**

How did friends, family and professionals react after the child's birth? Who is emotionally supportive during child's infancy?

FIGURE 5

**Mothers' Evaluation of Emotional Support  
During Child's Infancy**



## Going It Alone

---

During the child's first two years friends, parents, and other family members are again the core of the support network.

Eighty-five per cent of the mothers turned to their friends for emotional support during this period. Eighty-six per cent of those who relied on friends found them supportive.

*"I had a lot of support from my friends and my parents (to some extent). When I met my future husband he gave me more support than I would ever have expected. I'm certainly glad I decided to keep my daughter because I was never able to have any more kids. That is the one regret of my life. If I had let my daughter go I would be childless."*

Seventy-six per cent of the women say that they relied on their parents for emotional support, and 83 per cent describe that support as helpful.

*"My mother wasn't much help - she's always been a bit flighty and any help she did offer always had strings attached. My brother, although two years younger, was my main source of [emotional] support and we are still very close."*

**Whole stories are hidden in the bare statistics of a study like this.**

It will be remembered that only 50 per cent of the women say that their parents took a positive attitude to the decision to carry the pregnancy to term and raise the child (Figure 3). Yet after the child's birth three-quarters of the women turn to their parents for approval, and most find that their parents do indeed provide it. What causes the change of heart on the part of the older generation? Is

## Chapter 5: The Support Network

---

it the fact that they can now see the grandchild? Whole stories are hidden in the bare statistics of a study like this.

Of all the professionals in the woman's life after the baby is born, doctors are the most supportive. Fifty-three per cent of the women say that their doctor was emotionally supportive. Twenty-four per cent report that they were still in touch with their pregnancy counsellor, and 75 per cent describe her support as helpful.

Only 24 per cent of the mothers turned to the baby's father for emotional support after the child's birth; just over half of these women say that he was helpful. In other words, only 13 per cent of the fathers were able to offer the mother of their child even a token of appreciation or approval.

Priests, ministers and religious advisers were seldom a source of emotional support. A comparison of Figure 3 and Figure 4 is instructive. Forty-two per cent of the women report that once they had decided to parent their religious adviser expressed positive views. But only 17 per cent report that the religious adviser offered emotional support after the baby was born. Once the baby arrived the clergy's support melted away.

### 4. Financial Support During Child's Infancy

*"Social services can be a very real trap - you feel safe to some extent and can become unwilling to risk it 'out there.'"*

*"There should be more incentives. I do intend to somehow become self-sufficient."*

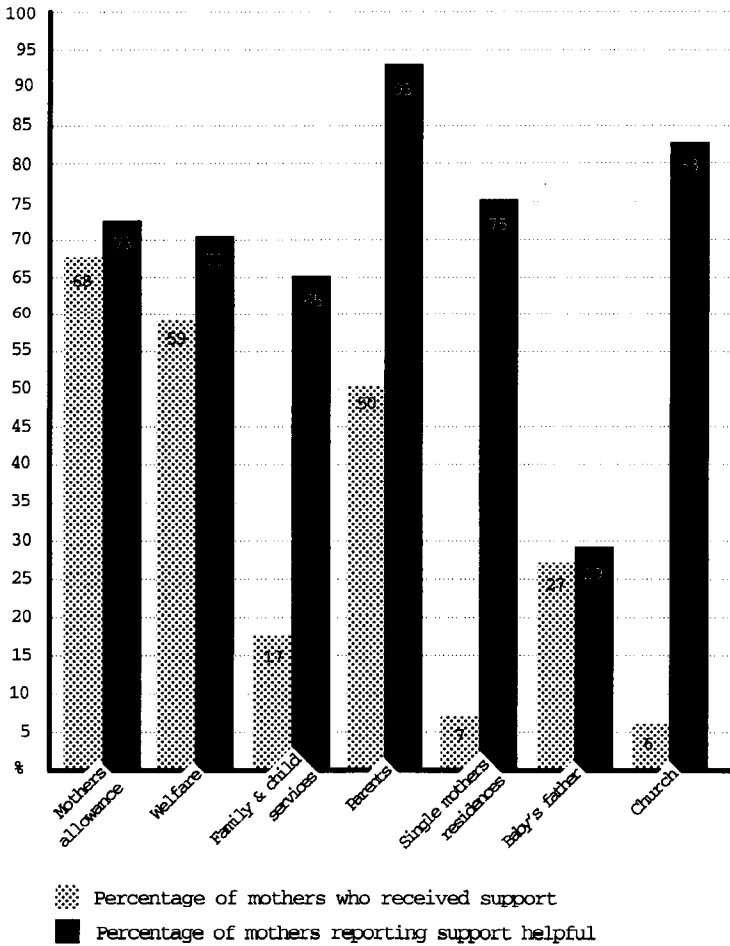
## **Going It Alone**

---

This is not a group of women who are primarily dependent on the government for financial support. Only 68 per cent of the mothers have ever received mother's allowance. Only 59 per cent have received welfare support at any time. It has already been noted that the group of mothers who report receiving mother's allowance includes many of those who report receiving welfare. A number of jurisdictions require women to apply for welfare before receiving mother's allowance.

FIGURE 6

Mothers Evaluation of Financial Support



## **Going It Alone**

---

It is clear that the mother's parental family is extraordinarily important when it comes to both emotional and financial support. For emotional support, the single mother turns to friends as often as family. But friends and the intra-generational circle of support cannot supply financial assistance. For financial support, and for the emotional security that comes when this assistance is provided because mother and child are accepted and loved, the single mother must count on her parents.

Fifty per cent of the mothers received financial support from their parents. Ninety-three per cent of those supported by their parents describe it as helpful.

Fulton (1993) refers to an American study by Miller and Moore in 1990. "This article points out that very few teenage mothers live alone with their child. Many live with their parents and other relatives. It is advantageous in providing informal support both emotionally and practically. The economic burden is also diminished when living with family members.

It has been noted that the political debate seldom considers the fact that the single unwed mother often relies on her own mother and father for financial assistance. The assumption is that the single mother turns primarily to government sources for support.

***What is required is a fuller appreciation of the role of the parental family.***

The data in this study suggest that social and governmental measures of support for the intergenerational family would benefit the single mother and her children. There is no question of the need for state support to single mothers. What is required is a



## **Chapter 5: The Support Network**

---

fuller appreciation of the role of the parental family. Recognition of the vital role played by the intergenerational family in providing financial support, and the role of the family and friends in providing emotional support, can only enhance the well-being of single mothers and their children.

Religious institutions seldom provided financial help. However when financial assistance was forthcoming from this source it was well received. Although only a small number of mothers report receiving financial support from a religious institution, those who did described it as helpful.

It will be recalled from Chapter 2 that two-thirds of the mothers sample are at present working or continuing their education. Some employers offered essential help:

“I have always had to make do on whatever job I could find and family allowance. My employer recognized better than I, I think, that I would need more skills to be able to raise my daughter and had the secretaries take me under their wings and give on-the-job secretarial training that ensured that while I may not have always had well-paying jobs, I've always been able to find a job. If not for him, things may have been much rougher for us.”

### **5. Is the Support Adequate?**

Eighty-six per cent of the agencies say their community provides adequate medical support for single mothers. Fifty-two per cent say that educational programs are adequate.

## **Going It Alone**

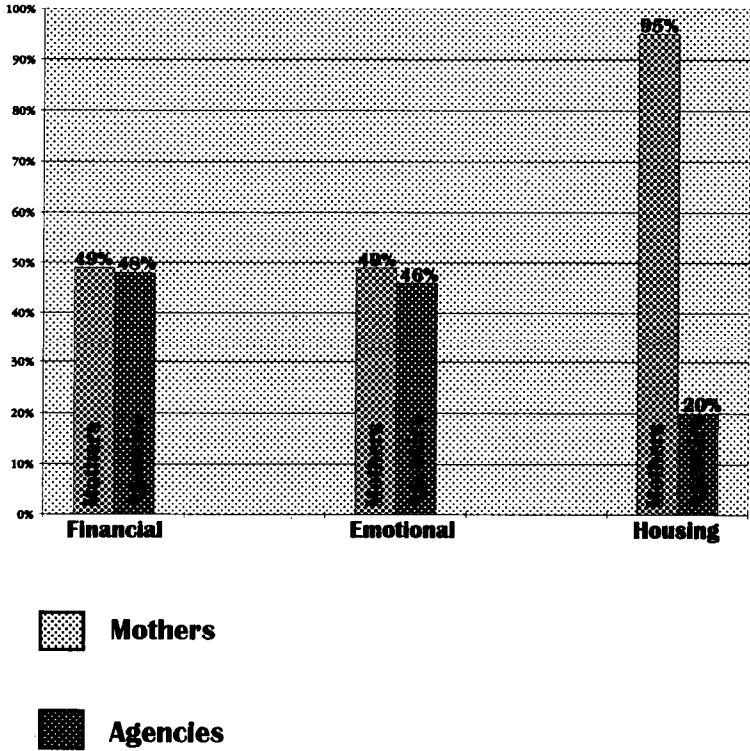
---

Forty-eight per cent of the agencies believe that their community provides sufficient financial support. Forty-six per cent say that their community offers single mothers adequate emotional support.

Fifty per cent of the mothers say that there has been adequate financial and emotional support for them and for their children.

FIGURE 7

**Agencies and Mothers on Adequacy of Support for Single Mothers**



## Going It Alone

---

***Approximately, 50 per cent of the mothers say that lack of money is often or always a problem.***

Additional data on the mothers' opinion about the adequacy of financial support are given in Chapter 9. Asked to rate a number of problems in their life as a single mother, including lack of money, approximately 50 per cent say that lack of money is often or always a problem.

The mothers (50 per cent) who say that financial and emotional support has not been adequate remain an optimistic group. Seventy-four per cent of those who say that support is inadequate, believe nevertheless that they themselves could take steps to better their situation. Asked to describe in a sentence or two the steps they could take, the women say:

**They can go after support:** Twenty-four per cent of the women who think that they can change their situation for the better, say that they can "go after higher support." Another 20 per cent say that they need more information about programs. Seven per cent say that they hope to improve themselves through higher education.

**They think public attitudes must be changed:** One-third of the women who think that they can better their situation say that things would go better for them if the Canadian public knew more about the needs of single mothers.

On educating the public, one woman says: "there is a real tendency to keep women stuck in perpetual poverty." She recommends lobbying employers "to educate them on the skills women can still bring to the work place even if they can't work forty hour weeks like men, and other single women without children."

## Chapter 5: The Support Network

---

Only 5 per cent of the group who think that they could take steps to improve their situation say that they need day care. Five per cent list housing as a problem. Another 5 per cent say that more programs are needed, but do not describe the programs.

The fact that so few mothers in our study (less than 5 per cent of the total sample) say that they need daycare and housing is noteworthy. It is commonly supposed that improving the lot of single mothers requires higher levels of government support above all in the area of daycare and housing. The agency respondents are overwhelmingly of the opinion that lack of housing is a serious problem for the single mother. Eighty per cent of the agencies say that their community does not provide adequate housing for the mother-led family.

The mothers in contrast, suggest that it is more important to provide better information about the programs that are already available, and much more important to encourage a favourable attitude toward unplanned single motherhood among the general public.

*"The 'system' should provide more information on what is available to help."*

*"There are programs available but nobody's telling the people who need to know."*

*"Something like a list of resources (e.g. where to get counselling, daycare, financial help, housing...) given at birth would be very helpful."*

The fact that so few mothers mention housing as a problem may stem from the fact that they see housing

## Going It Alone

---

as a short-term problem. Public prejudice, in contrast, is a long-term concern.

*"There are some very ignorant people in the country. They feel sorry for you or your children and often make things a lot more difficult."*

*"I would like to change people's minds about their perceptions about single mothers and the colour of my skin". (Mother in Fulton 1993)*

It would be interesting to make conjectures about the kind of public-awareness program that could be mounted to combat prejudice against unwed motherhood and mother-led families. Would a society that took a more favourable attitude to the very idea of motherhood and was more indulgent toward all children be more hospitable to unwed mothers? It is ironic in the extreme that in Canada today, a society that boasts of tolerating the widest diversity of lifestyles, single mothers and their children feel the sting of social disapproval.

***Single mothers and their children feel the sting of social disapproval.***

### 3. Summary

The woman's circle of family and friends forms a network of support that is vital to her well-being both before and after the baby's birth. The strength, kindness and approval of the individuals in the network is crucial.

Parents, friends, the baby's father and the doctor are the important influences on the decision to continue

## Chapter 5: The Support Network

---

the pregnancy. Other professionals are less influential. Religious advisers are the least influential.

Friends, the doctor, and parents are the most likely to express approval of the decision to carry the child to term and parent. The baby's father is the least likely to approve.

During the child's first two years, friends, parents, other family members, and the doctor are a source of emotional strength. The emotional and financial assistance of the woman's parents is all-important.

Teachers, social workers and employers maintain professional neutrality during the child's early years, or are inclined to disapproval.

The clergy are less likely than other professionals to be emotionally supportive. Moreover, very few of the mothers received financial assistance from religious institutions during the baby's infancy. However, those who did describe it as helpful.

The baby's father seldom contributes in any meaningful fashion after the baby's birth. He offers neither emotional support nor financial help.

As a group, the mothers are not primarily dependent on government. Surprisingly few mothers say that what they most need is more funding for government-sponsored programs. Few suggest that daycare and housing are among their needs. Achieving financial independence is an important goal for these women.





---

## Chapter 6

# THE BABY'S FATHER

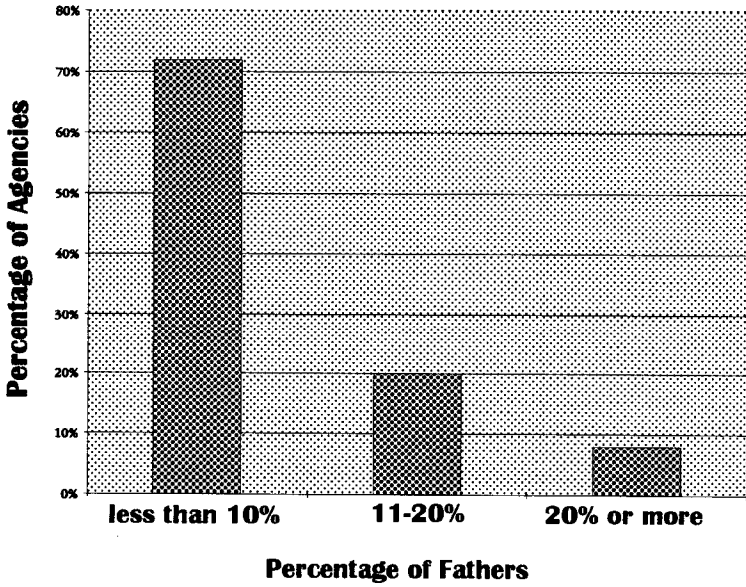
*"Go after support from 'dead-beat dads' that don't live up to their responsibilities. I didn't get pregnant by myself."*

### 1. Agencies' and Mothers' View

The agencies present a dismal picture of feckless fathers. They report that the men give their partners little emotional and financial support, and have relatively little impact on their decisions during the pregnancy and after. Some agencies apparently see more fathers now than they did ten years ago, but it is generally the case that the agency has little contact with the baby's male parent.

FIGURE 8

Fathers Seen by Agencies



## Chapter 6: The Baby's Father

---

It might be argued that the agency staff are simply unaware of communications between the father and mother since they so seldom see the fathers. But the sad tale of the fathers' non-involvement is confirmed by the mothers' responses.

Less than 20 per cent of the mothers say that the father provides financial support for the child.

*"The baby's father only saw her a couple of times and never offered any financial assistance at all, once even telling me that money was only 'a state of mind.'"*

Not surprisingly the women are often angry about these "dead beat dads."

*"The media and the government have to get the point across to these men, that they can't walk away from their responsibility."*

*"Go after them. I didn't get pregnant on my own."*

Almost half the fathers took a negative, or very negative attitude to the mother's decision to parent. Only 13 per cent of the fathers were emotionally supportive after the baby's birth and during the child's first two years.

**Only 13 per cent of the fathers were emotionally supportive after the baby's birth**

That young mothers may want the male parent's emotional support as much as his financial assistance is suggested in many comments.

*"Before my daughter's father found his new girlfriend his taking us places was a happy experience"*

## Going It Alone

---

*and his assistance immeasurable. But alone, by the time I pack, get ready, watch my daughter, feed, change, make food to take, run for the bus, I'm so exhausted, as soon as I get out, I'm ready to go home."*

Only 29 per cent of the mothers say that the child's father has continued to be involved in his son's or daughter's life. Moreover 23 per cent of the mothers who say the father is still involved describe his influence as negative.

The irresponsibility of "unwed" fathers is well documented in the literature [Lindsay (1992); Baker (1994)]. A few studies strike a more hopeful note. The fathers in Redmond's study (1985), whether casual partners or involved in a serious dating relationship with the woman, expressed the wish that the woman carry the pregnancy to term. Moreover 98 per cent of the women in this study were willing to discuss the abortion decision with the father. Nevertheless Redmond notes that few of the fathers believed that they could "exert any real control in the decision-making process."

## **2. Society's Impact on Fathers' Attitudes: Hypotheses**

The fact that the child's father is so much less supportive than almost any other person in the woman's circle of family and friends may reflect his situation in Canadian society.

## **Chapter 6: The Baby's Father**

---

It is clear that courses in sex education in the schools have done little to encourage males to take a responsible attitude toward parenting (Ajzenstat and Gentles 1985). School courses focus on prevention of pregnancy. Responsible behaviour in sexual matters is defined in terms of contraceptive use. The result is that pregnancy and the birth of a child appear as a failure of responsibility. If his partner becomes pregnant, it is assumed that the young man has failed to live up to the program's teaching on responsible sexual behaviour. Nothing in the typical school course promotes the idea that a new kind of responsibility is expected of the male once a baby arrives.

The general expectation in Canadian society is that the father will not become involved in the child's upbringing, and cannot be expected to. And all too often, it appears, fathers live up to society's expectation.

### **3. Summary**

Both mothers and agencies view the father's emotional and financial support as inadequate, with good reason.

According to the women in our study, if a father participates in the decision to parent, it is usually with the intention of dissuading the woman from carrying the pregnancy to term. Few fathers remain involved with their children after birth. Fewer than one in five provides on-going support for the child.

Perhaps the most discouraging statistic is that almost one in four of the women who report that the father continues to be involved in the baby's life, describe his influence as negative.

## Going It Alone

---

It is very clear that the absence of the fathers' support harms single mothers and the children. The question that is less often asked is why these fathers appear to be so irresponsible.

*"I find it lonely and sad that I don't share the joy with the father, as I take so much pride in my son's accomplishments."*

---

## **Chapter 7**

# **CHOICE, and RESPONSIBILITY:**

## **Agencies, Mothers and Women who have had Abortions**

*“Many seem in control of their decisions today,  
probably today more influenced by peers, while ten  
years ago parents... had slightly more influence.”*  
(Nova Scotia Agency)

### **1. Being “In Control:” Agencies and Mothers**

Seventy per cent of the mothers say that they felt in control of their decision and their life when they decided to parent. In response to open-ended questions, the women repeatedly used phrases that suggest their sense of themselves as moral agents: “I will;” “I am strong-willed;” “I can take control;” “I work hard.”

## **Going It Alone**

---

*"I have a plan and it is working."*

It has already been suggested that the mothers' confidence in their decisions and their abilities is at variance with prevailing assumptions in the literature. The usual argument is that women who carry a crisis pregnancy to term have little control over events and the factors influencing their lives.

Seventy per cent of the agencies say that the woman is **not** likely to be in control of her choices during crisis pregnancy.

"Age, education and family beliefs" determine the woman's choices, according to a public agency in Manitoba. "Age, level of education and family background," says a public agency in Nova Scotia.

### **2. Being "In Control:" Woman Who Have Had Abortions**

In Table 8 the mothers' and agencies' views on the woman's control of her decision and life are compared to responses of the 252 women who have had abortions studied by Reardon (1987). Reardon asked: "Did you feel in control of your life when making your decision?"

Seventy-three per cent of Reardon's sample report that they did not feel in control of their life when making the abortion decision. Sixty-four per cent of the women who have had abortions said explicitly that they had been "forced" to abort by circumstances.



TABLE 8

**Women' Control of  
Decision and Life**

	Mothers (%)	Agencies (%)	Women who have had abortions (%)
Say Women are in Control When Making the Decision	70	30	27

There is an interesting similarity between the agencies' perceptions and the views of the women who have had abortions. Both the agencies and the women who have had abortions suggest that women are seldom in control. Both are ready to attribute the woman's choice to external determining circumstances.

In short, the women who have had abortions do not claim the decision as their own, and do not take responsibility for it. They regard their unhappy experience with abortion as something that was done to them.

The mothers, in contrast, were "in control." They assented to the pregnancy. They have taken on an obligation, are doing their best to live up to it, and are confident that they will succeed.

*"The first year was definitely the hardest emotionally. Once I was on my own I realized my responsibility and am now trying to make the best of it."*

## Going It Alone

---

*"I assumed FULL responsibility within 9 months after my son was born, went to work and had my own apartment and babysitter on \$275.00/mo (in 1967)."*

***Their high regard for themselves is striking.***

Ninety-six per cent of the mothers say they have confidence in themselves as parents. Many say that they went on with the pregnancy because they knew they could be good mothers. Their high regard for themselves is striking. It is sad that society gives these women so little credit for their determination and their achievements.

### 3. Summary

The majority of the mothers (70 per cent) say that they were in control of the decision and of their life when they chose to parent.

In sharp contrast, the majority of women who terminated a pregnancy (73 per cent) say they were not in control. They were forced by other people, or by circumstances, to make a decision for which they do not feel responsible.

Ninety-six per cent of the mothers have confidence in their skills as a parent.

---

## Chapter 8

# SATISFACTION WITH THE DECISION

*I am doing what brings me great satisfaction."*

*"It has been the only life I have known. It has been rewarding and has made me very proud. It's been great."*

*"Reading this questionnaire has made me realize how lucky I am."*

It is perhaps the most notable finding of this study that the agencies report overwhelmingly that their clients derive most satisfaction from the decision to parent, and the least satisfaction from the decision to abort the child.

## Going It Alone

---

The mothers' responses complete the picture. Ninety-seven per cent of the mothers are satisfied with their decision to carry the pregnancy to term and raise the child. Ninety-three per cent say that they have "always been satisfied" with the decision.

"I wouldn't change anything or any decisions I have made."

### 1. Agency Perceptions

It was shown above that women who change their mind about pregnancy resolution are likely to move in the direction of parenting (Chapter 3). The most probable outcome of a change of mind is that the woman rejects abortion, carries the child to term, and raises the child herself.

Asked to rank the satisfaction of their clients with respect to the decision to abort, the decision to place the child for adoption, and the decision to parent, agencies associate the highest "decision satisfaction" with parenting, and the lowest satisfaction with abortion.

**Table 9**

### Agencies' Rating of Decision Satisfaction

Decision	Number of Agencies Reporting (%)		
	(most)1	2	3(least)
Parenting	70	25	15
Adoption	27	57	15
Abortion	10	13	76

## **Chapter 8: Satisfaction with the Decision**

---

The agencies that associate highest satisfaction with the decision to abort the pregnancy are all located in Southern Ontario. No agency in either Manitoba or Nova Scotia associates the decision to abort with the highest satisfaction.

In informal comments, agencies tend to attribute the abortion decision to negative influences. One agency argues, for example, that the woman who is abandoned "...will most often choose abortion even though she may desire to carry to term." At least one woman who terminated her pregnancy agrees. She says: "As I look back, if I had love and support and above all the true facts, I would never, ever have considered abortion" (Reardon 1987).

Agencies interpret the adoption choice in terms of positive influences: "Women who are older or in good jobs, coming from a stable and functioning family of the middle class are most likely to proceed with adoption."

Agencies dealing with aboriginal communities report that the norm on reserves is to keep all children regardless of origin. One First Nation agency from Nova Scotia says that all their people are opposed to abortion. Native opposition to abortion is noted in the literature. Jankulak (1992) cites native activist and feminist Sally Gaikezheyongai: "It's very hard for me to explain to [the women's movement in Canada] that in the native women's community, and at the Native Women's Resource Centre, we embrace our traditional teachings and values, which see all life as being sacred."

## **Going It Alone**

---

### **2. Decision Satisfaction: Mothers and Women who had Abortions**

The mothers were asked: "Are you still satisfied with your decision?" and "Were you always satisfied with your decision?"

These questions on decision satisfaction are derived from Reardon's study of women who had an abortion (1987). Table 11 compares the responses of the mothers and the women who have had abortions. The contrast between the two groups of women is marked.

**TABLE 10**

**Decision Satisfaction:  
Comparison of Mothers and Women who had Abortions  
(percentage satisfied)**

	<b>Now</b>	<b>Always</b>
<b>Mothers</b>	<b>98</b>	<b>93</b>
<b>Women who had Abortions</b>	<b>2</b>	<b>37</b>

A third question derived from Reardon's study asked whether the woman's life was better or worse because of her decision. The same sharp contrast between the two groups appears.

## Chapter 8: Satisfaction with the Decision

Ninety-three per cent of the mothers say that their life is better because of their decision to parent. Sixty-six per cent of the women who have had abortions say that their life is worse because of the decision to abort. Some of the young mothers in the Fulton report have had an abortion. In comparing them to mothers who have not had abortions, they found "that young mothers who have terminated a pregnancy see the world as a much more negative place, experience more anxiety, pessimism and much more bodily pain and dysfunction as well as see themselves in a much more negative light compared to women who have never terminated a pregnancy...furthermore the young mothers who have terminated a pregnancy describe their thinking as more cloudy, describe themselves as more impulsive, and living a more unusual lifestyle...this does not mean that termination of a pregnancy leads to these problems, but simply that these problems are co-related with the termination of a pregnancy in this sample".

**TABLE 11**

**"Is Your Life Better?"  
Comparison of Mothers and Women  
Who Had an Abortion.**

Percentage

	Mothers	Women Who Had an Abortion
Better	93	13
Worse	4	66
Unsure	3	21

## Going It Alone

---

Both groups of women are self-selected. In both cases the women chose to participate in the studies because they wished to tell their story. But what is revealed by those stories could hardly be more different.

The mothers were asked: "If you were to counsel a friend in a situation similar to yours would you advise her to parent?" The women in Reardon's study were asked: "If counselling a friend who was in a situation such as yours, would you encourage her to have an abortion?" The comparison is shown in Table 13.

**TABLE 12**  
**Counselling a Friend to Make**  
**the Same Decision**

	<b>Mothers (%)</b>	<b>Women who Have Had an Abortion (%)</b>
<b>Yes</b>	<b>55</b>	<b>1</b>
<b>No</b>	<b>11</b>	<b>98</b>
<b>Unsure</b>	<b>34</b>	<b>1</b>

The mothers, in so many ways utterly positive about their own role as parents, are not completely sure that a friend will find parenting as satisfying.



## Chapter 8: Satisfaction with the Decision

---

*"I would not advise anyone to deliberately set out to bring up a child by themselves. It is very hard and lonely. Your child misses out on a lot too. But never give up a child if this is your only alternative. You have to be strong enough to handle the lonely times. But if you have any doubts about your ability to handle things don't do it. Every child deserves love and a safe home. If above all else you can't provide love and safety for your child let someone else do it. "*

Sixteen per cent of the mothers say that they would advise a friend to have an abortion. Ninety-eight per cent of the women who had an abortion in Reardon's sample say that they would not counsel a friend to have an abortion. (Twenty per cent of the mothers sample report that they had had an abortion prior to giving birth to their child.)

*"I have had one abortion. I just could not have another abortion and I look at things differently than I did when I had the one termination. I just couldn't."*

Fourteen per cent of the mothers say that they would now counsel a friend to place the child for adoption.

### 3. Satisfaction of Single Motherhood

The mothers questionnaire asked: "Are there advantages to being a single parent?" Eighty-two per cent of the mothers say "yes."

## Going It Alone

---

In response to an open-ended question ("Please tell us"), they describe a variety of advantages, stressing their satisfaction with being on their own, and the joy of their relationship with their child or children.

**TABLE 13**

**Advantages of Single Parenting  
(percentage of mothers)**

The child herself	8
Close relationship with the child	9
No parenting disagreements	52
Better on own than in an inappropriate marriage	11
Feeling of independence/achievement	8

Talking about the child and their relationship with the child, the mothers say:

*"There is nothing I wouldn't do for her."*

*"My daughter gives me hope and faith."*

*"Wonderful! She is endless pleasure. I can't imagine life without her."*

*"He'll look up at me and smile, and it's definitely worth it."*

## Chapter 8: Satisfaction with the Decision

---

*"I find that I love my son more than I ever thought possible. I take pride that he is thus far happy, cheerful and strong, and feel that I am doing a good job."*

*"My life is enriched by someone who gives me unconditional love. She never ceases to amaze me and please me with her words and action."*

*"My children have shown me the greatest life [I could have] imagined."*

Satisfaction with their ability to do a good job as mothers is evident in many comments. Respondents eagerly describe their children's accomplishments.

*"My 14 year old is now a beautiful young lady who delivers newspapers, goes camping with Pathfinders (Girl Guides) and volunteers over 100 hours each year at the old folks home down the street. I have friends with daughters born into stable marriages who haven't turned out so well."*

*"My son at age 18 and a half is a really great person, and I am so proud that he and I have done so well."*

The mothers' satisfaction with the fact that they have no partner to disagree with them on parenting decisions strikes a less happy note. It undoubtedly originates in the negative attitudes of the fathers of the babies. It may also reflect experiences of quarrels in the parental family. The agencies suggest that up to 60 per cent of their clients come from dysfunctional or broken families. But on the whole the data in this study suggests that the men in the parental generation are more

## Going It Alone

---

trustworthy, and readier to provide emotional support, than the men that fathered their daughter's babies.

One mother says that single motherhood is "extremely rewarding" because "all the choices are ours (my child and I) - masters of our own. Maybe that will change but when it does it will be time."

It should be noted that some of the mothers have had many years of experience as a parent. Their list of reasons for satisfaction with their situation has the ring of authority.

**TABLE 14**

**The Children:  
Age Today (%)**

<b>0-2 years</b>	<b>32</b>
<b>3-5</b>	<b>19</b>
<b>6-12</b>	<b>27</b>
<b>13-15</b>	<b>9</b>
<b>16-18</b>	<b>9</b>
<b>young adult</b>	<b>4</b>

The mothers' responses to a request that they describe their satisfaction over time with the parenting decision, comprise a chart reflecting the ups and down of child-rearing from year to year.

TABLE 15

**Mothers:  
Satisfaction Over Time (%)**

<b>Always:</b>	<b>93</b>
<b>One month after birth:</b>	<b>94</b>
<b>Six months:</b>	<b>95</b>
<b>One year:</b>	<b>90</b>
<b>Two years:</b>	<b>95</b>
<b>Five years:</b>	<b>92</b>
<b>Ten years:</b>	<b>91</b>

It appears that the end of the first year is the point at which mothers are most likely to be discouraged. But looking back at that comparatively discouraging moment, 90 per cent of the mothers nevertheless say that they were satisfied with the fact that they had made the decision to parent.

*"I LOVE it and I HATE it, but mostly I LOVE it. I could probably write a book."*

*"I loved it and would do it all over again."*

### **3. Summary**

Among the mothers, satisfaction with the decision to parent is almost unanimous. Ninety-three per cent of the mothers say they have always been satisfied with

## **Going It Alone**

---

their decision to carry the pregnancy to term and raise the child.

The agencies agree that the parenting decision is the most satisfying course of action for the pregnant woman. They report that the clients who parent are the most satisfied with their decision, while the clients who abort are the least satisfied. Women who choose adoption are ranked in the middle.

Comparison of the mothers with a sample of women who have had abortions bears out the agencies' views. Ninety-three per cent of the mothers say that their life is better because of their decision to parent. Sixty-six per cent of the women who have had abortions say that their life is worse because of the decision to abort.

In responses to the questionnaire, and in anecdotal comments the mothers say again and again that the decision to carry the pregnancy to term and raise the child has been highly satisfying. The Fulton study (1993) of young mothers in Metro Toronto comparing mothers who never had an abortion with mothers who had at least one abortion seems to confirm this finding.

Sixteen per cent of the mothers say nevertheless, that they would advise a friend to have an abortion. In contrast, only one per cent of the women who terminated a pregnancy would advise a friend to have an abortion.

Among the reasons for satisfaction with their decision to parent, the mothers list their joy in the child, and in their close relationship with her, the fact that they have no partner to disagree with them on parenting issues, their feeling that they are better off on their own than in an inappropriate marriage, and pleasure in their independence and their achievements.

**Chapter 9**

**HARD FACTS:**

**THE SINGLE MOTHER'S  
PROBLEMS**

“Single motherhood is the easiest and hardest thing I have experienced.”

“The single mother is a champion.”

**1. Mothers' Perception of Problems**

Their very great satisfaction with their decision to parent and with their children does not mean that the mothers in this study never have problems. Among the continuing problems are lack of money, loneliness and fatigue.

**TABLE 16**

**Mothers:  
Perceptions of Problems**

<b>Always/often a problem (%)</b>	
<b>1. lack of money:</b>	<b>51</b>
<b>2. loneliness:</b>	<b>38</b>
<b>3. fatigue:</b>	<b>34</b>
<b>4. employment:</b>	<b>33</b>
<b>5. prejudice:</b>	<b>23</b>
<b>6. daycare:</b>	<b>23</b>
<b>7. time management:</b>	<b>22</b>

On the experience of loneliness one mother says: "Because I want it to work so badly the difficulties like loneliness and tiredness don't matter very much."

"Support groups [would help] ... friendship of women and children in similar situations to ease loneliness and provide support for each other."

"Meeting nice men to date would make a difference to single mothers. The bar scene really lacks. Perhaps a few more social groups for single parents, particularly within the church. More support groups with babysitting facilities, job training and effective parenting courses."

Twenty-six per cent of the mothers report that they lost a job, or were not hired, because they were preg-



## **Chapter 9: The Single Mother's Problems**

---

nant, or because they were a single mother. It was noted in Chapter 5 that a number of the mothers believe that the Canadian public should be encouraged to take a more positive attitude to unplanned motherhood and single mothers. On the list in Table 20, "prejudice" appears as a problem, but not a major one.

On the experience of prejudice one mother writes: "It seems as if all the rotten things that have happened are the result of direct prejudice against me as a single mother. Mostly it is the laws that govern us that affect me directly." She goes on: "The days that are good are very good. I have a beautiful 2-year-old boy."

"I was 25 [in 1976]. I lived and worked in a rural area as my child started school. He was the only child in this area without a father. We were alone to make it on our own."

### **2. Illness; Problems of Child-Rearing**

Asked whether they had experienced emotional or psychological problems after the birth of the child, requiring counselling or hospitalization, 47 of the 81 mothers responded. Twenty-six say that have experienced such problems.

Twenty mothers say they received counselling. Two were hospitalized and four report receiving other therapy.

**TABLE 17**

**Duration of Therapy  
(numbers of mothers)**

<b>less than 6 months</b>	<b>6</b>
<b>6-12 months</b>	<b>8</b>
<b>1-2 years</b>	<b>3</b>
<b>long term</b>	<b>9</b>

**3. Overcoming Difficulties; Goals**

Fifty-eight per cent of the mothers say that they have overcome the difficulties inherent in single motherhood.

A number of the mothers (23 per cent) report that shortly after the baby was born they felt they had already surmounted the difficulties of single motherhood. Having gone through a pregnancy that required them to confront the "life-death choice," and having made a firm commitment to the baby, they experienced a sense of accomplishment and optimism.

Ninety-two per cent of the mothers say that they have goals in life, like seeking employment or further education. Eighty-four per cent believe that their goals are attainable. "My goals are attainable because of extremely helpful and involved family members," says one woman.

## Chapter 9: The Single Mother's Problems

---

*"Because I have a lot of help from family and friends around me. It will just take longer."*

*"Many things are postponed because of parenthood but certainly not eliminated. I will still buy a house for us. I Will Still Learn to Fly."*

*"It takes continuous goal-setting, recouping, returning to review successes. Keep smiling - the rest of the world will wonder what it is you've done."*

Three women say that being a single mother means being able to do anything!

A number of the mothers say that one of their goals is to make changes in their community, and in federal and provincial laws and policies, to make life better for single mothers.

*"More and more women are getting involved in politics and making some positive changes in our society. But where will single mothers ever find the time???"*

Those who have doubts about attaining their goals say they need time for the situation to stabilize (3 responses), or they fear that their funding will be withdrawn if they make the wrong decision (3 responses). Five mothers say explicitly in responses to this question that they are handicapped by prejudices against single mothers.

Eighty-two per cent say that they are in control of their life today. Ninety-six per cent say they are confident in their abilities as a mother.

**TABLE 18**

**Mothers:  
Control of Decision and Life (%)**

<b>In control at time of decision:</b>	<b>70</b>
<b>In control at present:</b>	<b>82</b>

**4. Summary**

Fifty-eight per cent of the mothers say that they have overcome the difficulties inherent in single motherhood.

Nevertheless 50 per cent report that lack of money is often or always a problem. One third say they have difficulties at work, or have had trouble getting a job. Twenty-six per cent report that they lost a job, or were not hired because they were pregnant, or because they were a single mother.

Almost one-quarter say that prejudice against single mothers is a problem.

Twenty-six mothers (32 per cent) received counseling of one kind or another for emotional problems. Six of these women say that their condition was attributed to their parenting.

Eighty-two percent of the mothers say that they are in control of their life today. Ninety-two per cent have goals and eighty-two say their goals are attainable. Ninety-six per cent are confident in their skills as parent.

## **Chapter 10**

# **CONCLUSION**

*“Single parenthood is a horrifying, wonderful, very difficult, inspiring learning experience. I wish for emotional support and time away but wouldn’t trade parenting. The fact that I’m single is an obstacle that just like all others we accept and deal with.”*

### **1. Findings: Decision-making in Crisis Pregnancy**

**a) Carrying the child to term is the most likely outcome of a change of mind in crisis pregnancy:** The woman who changes her mind during the course of the pregnancy is likely to carry the child to term and go on to parent.

## **Going It Alone**

---

Women originally in favour of parenting or adoption are unlikely to change their minds in favour of abortion. Women originally in favour of abortion are more likely to continue the pregnancy. The woman who carries the baby to term almost always decides to parent.

Fifty per cent of the agencies report that a “decision-shift,” from abortion to parenting is likely. Fifty per cent report that a shift from adoption to parenting is likely. Only 7 per cent of the agencies say that clients are likely to choose abortion after first deciding to parent. Only two per cent report that clients are likely to choose abortion after first deciding on adoption.

**b) Presence of a supportive network of family and friends makes the decision to abort much less likely:** The mothers say that the presence of emotional support, and the desire to be a mother, are the factors most likely to influence a women to reject abortion, carry the child to term, and parent.

The agencies regard the woman’s family as the most salient factor in the decision to parent, and the woman’s age as the most salient factor in the decision to abort.

Friends, parents, the baby’s father and the doctor are likely to be involved in the decision to continue the pregnancy. The baby’s father is the most likely person to attempt to discourage the woman from carrying the child to term. Friends, the doctor, and parents are the most likely to express approval once the decision to continue the pregnancy has been made. The baby’s father is the least likely to approve.

## **Chapter 10: Conclusion**

---

Professionals other than the doctor are less influential in decision-making during the pregnancy. Religious advisers are the least influential.

**c) Religion is seldom an important influence in the mother's decision to carry the child to term:** Although almost 60 per cent of the mothers say that their personal views on abortion were an important factor in the decision to parent, few suggest that religious beliefs were salient. Forty per cent of the women in the sample are not affiliated with a religious denomination.

### **2. Decision Satisfaction: Carrying the Child to Term**

**a) Carrying the child to term and parenting is the most satisfying choice in crisis pregnancy; abortion is the least satisfying choice:** The agencies report that clients who parent are the most satisfied with their decision. Clients who abort are the least satisfied. Women who choose adoption are ranked in the middle.

Among the mothers satisfaction with the decision to parent is almost unanimous. Ninety-seven per cent of the mothers are satisfied with their decision to parent.

Ninety-three per cent of the mothers say that they have always been satisfied with their decision to carry the pregnancy to term and raise the child. Seventy per cent of the mothers say they were in control of the decision and of their life when they made the decision to parent.

**b) Women who carry the child to term and parent feel in control of the decision and their life;**

## **Going It Alone**

---

**women who choose abortion do not feel in control:** The majority of the mothers (70 per cent) say that they were in control of the decision and of their life when they chose to parent.

The majority of women who had an abortion in Reardon (73 per cent) say they were not in control. They were forced by other people, or by circumstances, to make a decision for which they do not accept responsibility.

### **3. Support after Child's Birth**

**a) The kindness, approval and material support of the people in her network are crucial to the mother's well-being after the baby is born:** During the child's first two years, parents, friends, other family members, and the doctor are a source of emotional support. The emotional and financial assistance of the woman's parents is especially important.

Teachers, social workers and employers offer comparatively little support during these early years; they maintain professional neutrality when they are not conveying disapproval.

The baby's father is seldom supportive. Few fathers remain involved with their children after birth. Fewer than one in five provides on-going financial support for the child. One in four of the women who report that the father continues to be involved in the baby's life describe his influence as negative.



The religious adviser sometimes expresses approval of the decision to parent after the decision has been announced. But once the baby is born there is little likelihood of support and help from this source. Very few of the mothers received financial assistance from a religious institution during the baby's infancy. However, those who did describe it as helpful.

**b) As a group the mothers are not primarily dependent on government programs for financial support:** The most helpful source of financial support is the woman's parental family.

Fifty per cent of the mothers have received financial support from their family. Ninety-three per cent of those who received financial help from their parents describe it as helpful. Sixty-eight per cent have received mother's allowance. Seventy-three per cent of those who have received mother's allowance describe it as helpful.

Few mothers say that what they most need is more funding for government-sponsored programs. Some say that they need more information about existing programs. Few suggest that day care and housing are among their important needs. Achieving financial independence is an important goal for these women.

Two-thirds of the mothers are employed, or going to school, college or university. Many of the mothers continued their education after the child's birth. They are today a well-educated group of women, equipped to compete in the job market.

At the same time, 50 per cent say that lack of money is often or always a problem. One third say they have

## **Going It Alone**

---

problems at work, or have had trouble getting a job. Nineteen of the 81 women (26 per cent) report that they lost a job, or were not hired because they were pregnant, or because they were a single mother.

**c) One in four mothers reports that prejudice against single mothers is a problem:** A number of mothers argue that governments could usefully provide advocacy programs promoting a friendlier environment for single mothers and children.

Twenty-six mothers (32 per cent) received counseling of one kind or another for emotional problems. Six of these women say that their condition was attributed to their parenting.

### **3. Decision-Satisfaction: Child-rearing**

**a) The great majority of the women in our study who carry a crisis pregnancy to term and raise the child remain satisfied with the decision:** Eighty-two percent of the mothers say that they are in control of their life today. Ninety-two per cent have goals and eighty-two per cent say their goals are attainable. Ninety-six per cent are confident in their skills as parent. Fifty-eight per cent say that they have overcome the difficulties inherent in single motherhood.

Among their reasons for satisfaction with the decision to parent, the mothers cite joy in the relationship with the child, the fact that they have no partner to disagree with them on parenting issues, and pleasure in their independence and their achievements.

b) According to our findings of both the agencies' perceptions and the mothers' perceptions, women who carry the child to term and parent say their life is better because of their decision: ninety-three per cent of the mothers say that their life is better because of their decision to parent. Sixty-six per cent of the women who have had abortions say that their life is worse. Both Fulton and Reardon found evidence to support this.

### 5. Recommendations:

Four recommendations emerge from the data in *Going It Alone*. None figure in the literature on single parent families (Hudson and Galaway 1993).

1) Governments should recognize the crucial role that the single mother's parents play in providing financial and emotional support. State support for single mothers is essential, but it is not true that responsibility for the well-being of the single mother and her children rests solely with the state. Social and financial measures that bolster the intergenerational family will ultimately benefit single mothers.

2) A program of public advocacy to encourage a positive attitude toward single mothers among employers, and among the public at large, would do much to help the mother-led family.

3) Sex education and family education programs in the schools must address the responsibilities of a father. Family life courses must include the idea that the responsible male cares for the children he engenders.

## Going It Alone

---

4) Parents should affirm, accept and support their daughters. What is required of the family and friends who play such a crucial role in the support network of the unwed mother is, above all, respect and kindness. Reardon reports that 87 per cent of the women who had an abortion in his U.S. sample would have kept the baby "under better circumstances." The results of *Going It Alone* suggest that the better circumstances which produce a decision to parent are i) emotional support from family and friends, and ii) financial stability. Canada provides a far higher degree of financial stability for mother-led families than the United States. It would be wrong to say that the mothers in this study can do without the financial assistance of governments. But it is surely right to say that what they need as much as government funding, is the love and material support of family and friends.

---

## Appendix 1

### Mother's Questionnaire

#### Section A

- 1) Were you at first undecided about becoming a parent?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) If you changed your mind, did you change it from:  
a) abortion to parenting \_\_\_\_\_  
b) abortion to adoption \_\_\_\_\_  
c) adoption to parenting \_\_\_\_\_
- 3) At what point in your pregnancy did you change your mind?  
a) first trimester \_\_\_\_\_  
b) second trimester \_\_\_\_\_  
c) third trimester \_\_\_\_\_  
d) at birth \_\_\_\_\_
- 4) What was your reason for choosing parenting over abortion?  
\_\_\_\_\_
- 
- 5) How would you rate the following factors in your decision to parent? Rate each answer from: 1) **Unimportant** 2) **Somewhat important** 3) **Important** 4) **Very important** 5) **Extremely important**
- a) your personal views on abortion \_\_\_\_\_  
b) your views on adoption \_\_\_\_\_  
c) emotional support \_\_\_\_\_  
d) availability of school programs for single mothers \_\_\_\_\_  
e) availability of housing \_\_\_\_\_  
f) availability of financial support \_\_\_\_\_  
g) desire to leave home \_\_\_\_\_  
h) desire to become a mother \_\_\_\_\_

---

6) When you made the decision to parent, did you feel that you were in control of your decision and your life?

yes \_\_\_\_\_ no \_\_\_\_\_

7) Did any of the following people influence your decision to parent?

- a) your friends \_\_\_\_\_
- b) your priest, minister, or religious advisor \_\_\_\_\_
- c) your parents \_\_\_\_\_
- d) your teachers \_\_\_\_\_
- e) baby's father \_\_\_\_\_
- f) your doctor \_\_\_\_\_
- g) social worker \_\_\_\_\_
- h) pregnancy counsellor \_\_\_\_\_
- i) other family member \_\_\_\_\_

8) Once you had made the decision to parent, how did you perceive the attitude of the following people to that decision? Please rate your answer from: **1) Very Positive 2) Positive 3) Neutral 4) Negative 5) Very negative**

- a) your friends \_\_\_\_\_
- b) your priest, minister, or religious advisor \_\_\_\_\_
- c) your parents \_\_\_\_\_
- d) your teachers \_\_\_\_\_
- e) baby's father \_\_\_\_\_
- f) your doctor \_\_\_\_\_
- g) social worker \_\_\_\_\_
- h) pregnancy counsellor \_\_\_\_\_
- i) employer \_\_\_\_\_

9) Are you still satisfied with your decision

Yes \_\_\_\_\_ No \_\_\_\_\_

10) If "No" to question 9, would you now consider adoption?

Yes \_\_\_\_\_ No \_\_\_\_\_

---

11) If **Yes** to question 9, were you satisfied:

Yes \_\_\_\_\_ No \_\_\_\_\_

- a) 1 month after the birth of your child \_\_\_\_\_
- b) 6 months after the birth of your child \_\_\_\_\_
- c) 1 year after the birth of your child \_\_\_\_\_
- d) 2 years after the birth of your child \_\_\_\_\_
- e) 5 years after the birth of your child \_\_\_\_\_
- f) 10 years after the birth of your child \_\_\_\_\_
- g) always \_\_\_\_\_

### Section B

12) Do you feel that there has been adequate support for you and your child? Yes \_\_\_\_\_ No \_\_\_\_\_

13 a) If "**No**", do you feel that you could take steps to change this? Yes \_\_\_\_\_ No \_\_\_\_\_

b) What would these be?

---

---

---

14) During your child's infancy (until age 2) did you receive emotional support from any of the following?

- a) your friends \_\_\_\_\_
- b) your priest, minister or religious advisor \_\_\_\_\_
- c) your parents \_\_\_\_\_
- d) your teachers \_\_\_\_\_
- e) baby's doctor \_\_\_\_\_
- f) your doctor \_\_\_\_\_
- g) social worker \_\_\_\_\_
- h) pregnancy worker \_\_\_\_\_
- i) other family members \_\_\_\_\_

---

15) If you received such support, how would you rate it from:  
**1) Essential 2) Very helpful 3) Helpful 4) Somewhat helpful 5) Not helpful**

**Rate**

- a) your friends \_\_\_\_\_
- b) your priest, minister, or religious advisor \_\_\_\_\_
- c) your parents \_\_\_\_\_
- d) baby's teachers \_\_\_\_\_
- e) baby's father \_\_\_\_\_
- f) your doctor \_\_\_\_\_
- g) social worker \_\_\_\_\_
- h) pregnancy counsellor \_\_\_\_\_
- i) other family members \_\_\_\_\_

16) During your child's infancy did you receive financial support from any of the following: (please check)

- a) Mothers Allowance \_\_\_\_\_
- b) Welfare \_\_\_\_\_
- c) Family and Children's Services \_\_\_\_\_
- d) your parents \_\_\_\_\_
- e) single mother's residence \_\_\_\_\_
- f) Church or other Religious institution \_\_\_\_\_
- g) your child's father \_\_\_\_\_
- i) other (please explain) \_\_\_\_\_

17) If you received such support how would you rate it from  
**1) Very helpful 2) Helpful 3) Somewhat helpful 4) Barely adequate 5) Inadequate**

- a) Mother's Allowance \_\_\_\_\_
- b) Welfare \_\_\_\_\_
- c) Family and Children's Services \_\_\_\_\_
- d) your parents \_\_\_\_\_
- e) single mother's residence \_\_\_\_\_
- f) Church or other religious institution \_\_\_\_\_
- g) your child's father \_\_\_\_\_



---

h) Other (please explain)

---

---

---

### Section C

18) Is your life better or worse because of your decision to parent? a) better \_\_\_\_\_ b) worse \_\_\_\_\_

19) If you were to counsel a friend in a situation similar to yours, would you advise her to parent?  
yes \_\_\_\_\_ no \_\_\_\_\_

20) If no, what would you advise her?

- a) have an abortion \_\_\_\_\_
- b) place for adoption \_\_\_\_\_

21) How would you rate the following in your life as a single mother: 1) **Not a problem** 2) **Sometimes a problem** 3) **A problem** 4) **Often a problem** 5) **Always a problem**

- a) lack of money \_\_\_\_\_
- b) fatigue \_\_\_\_\_
- c) time Management \_\_\_\_\_
- d) loneliness \_\_\_\_\_
- e) prejudice \_\_\_\_\_
- f) employment \_\_\_\_\_
- g) daycare \_\_\_\_\_
- h) other \_\_\_\_\_

22 a) Have you ever lost a job or not been hired because you were pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

---

b) Have you ever lost a job or not been hired because you were a single parent? Yes \_\_\_\_\_ No \_\_\_\_\_

23) Are there any advantages to being a single parent?  
Please tell us

---

---

---

24) Since the birth of your child have you experienced emotional, psychological difficulties requiring counselling or hospitalization?

Type of problem \_\_\_\_\_

Duration \_\_\_\_\_

Was the condition attributed to your parenting? \_\_\_\_\_

25) Have you ever tried to place your child in the care of someone other than yourself?

Yes \_\_\_\_\_ No \_\_\_\_\_

26) Do you feel that you have overcome the difficulties inherent in single motherhood? Yes \_\_\_\_\_ No \_\_\_\_\_

27) How long did it take? \_\_\_\_\_

28) Do you have goals, education or otherwise?

Yes \_\_\_\_\_ No \_\_\_\_\_

29 a) Do you feel that these goals are attainable?

Yes \_\_\_\_\_ No \_\_\_\_\_

b) Why

---

---

---

30) Do you now feel that you are in control of your life?

Yes \_\_\_\_\_ No \_\_\_\_\_

---

31) Write a sentence or two that would describe your experience as a single mother.

---

---

---

32) Are you confident in your abilities as a mother?  
Yes \_\_\_\_\_ No \_\_\_\_\_

### Section D

33) Were you using a form of birth control when you became pregnant?  
Yes \_\_\_\_\_ No \_\_\_\_\_

34) If yes, what type? \_\_\_\_\_

35) Was this a planned pregnancy?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

36) Did you ever had an induced abortion prior to the birth of your child/children?  
Yes \_\_\_\_\_ No \_\_\_\_\_

37) Why did you decide not to have an abortion?

---

---

---

### Section E

38) Has your child's father continued to be involved in his son's/daughter's life?  
Yes \_\_\_\_\_ No \_\_\_\_\_

39) If Yes, how would you describe his involvement.

---

---

---

**Section F**

40) Background Information:

- Your present age \_\_\_\_\_
- Your age at birth of child \_\_\_\_\_
- Education level now \_\_\_\_\_
- Education level at time of birth \_\_\_\_\_
- Province of residence \_\_\_\_\_
- Province of time of birth \_\_\_\_\_
- Ethnic background \_\_\_\_\_
- Religious affiliation            Yes \_\_\_\_\_ No \_\_\_\_\_
- If Yes, what type \_\_\_\_\_

41) Employment

- a) part time outside the home \_\_\_\_\_
- b) full time outside the home \_\_\_\_\_
- c) full time homemaker \_\_\_\_\_

42) Are there any questions you would have included in this questionnaire?

---

---

---

43) Is there anything else you would like to add?

---

---

---

**THANK YOU!**

---

## Agency Questionnaire

This questionnaire is being mailed to agencies that help single mothers as well as to agencies that help women experiencing a crisis pregnancy. Please ignore all questions that are not appropriate to your organization.

"Crisis mothers" are defined as unmarried women or girls who carry an unplanned pregnancy to term.

### A. GENERAL

AGENCY: \_\_\_\_\_  
PROVINCE: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_

1. Is your agency public (government funded)? \_\_\_\_\_  
private (not for profit)? \_\_\_\_\_
  
2. Who are your clients? Please check:  
Single (including crisis) mothers \_\_\_\_\_  
Women experiencing a crisis pregnancy \_\_\_\_\_  
Both \_\_\_\_\_
  
- 3a. Approximately how many clients with a crisis pregnancy  
did your agency service in the past year? \_\_\_\_\_  
How many did your agency service  
per year ten years ago? \_\_\_\_\_
  
- 3b. How many crisis mothers now? \_\_\_\_\_  
How many crisis mothers ten years ago? \_\_\_\_\_

---

4. How would you describe your clients experiencing a crisis pregnancy with respect to the following demographic characteristics?

a. Age: \_\_\_\_\_

b. Socioeconomic factors: \_\_\_\_\_

---

c. Average level of education: \_\_\_\_\_

d. Family background (evidence of family dysfunction, single-parent family etc.): \_\_\_\_\_

---

e. Employment history: \_\_\_\_\_

---

f. Religion: \_\_\_\_\_

---

g. Ethnicity: \_\_\_\_\_

---

h. Level of self-esteem: \_\_\_\_\_

---

i. Other: \_\_\_\_\_

---

5a. Given the above factors, would you say that there is a generalizable profile of women with crisis pregnancies today?

Yes \_\_\_\_\_

No \_\_\_\_\_

If YES, what is this profile? \_\_\_\_\_

---

---

---

- 
- b. Of these demographic factors, would you describe any as “determinants” (i.e., a woman displaying these is more likely to experience a crisis pregnancy than other women)?

Yes \_\_\_\_\_

No \_\_\_\_\_

If YES, which of the above would you describe as “determinants?” \_\_\_\_\_

---

---

6. Has the profile of the women with a Crisis Pregnancy changed in the last ten years?

Yes \_\_\_\_\_

No \_\_\_\_\_

If YES, how has it changed?

## **B. DECISION MAKING**

### **I. Types of Decisions**

7. When does a women with a crisis pregnancy make the decision on how to resolve that pregnancy? Please divide your crisis pregnant clients by percentage:

Group a: Those who come to your agency already decided on a resolution for the pregnancy: \_\_\_\_\_ %

Group b: Those who come to your agency with a preference for a resolution method, but who are unsure or need more information: \_\_\_\_\_ %

Group c: Those who are completely unsure about what they can do or should do: \_\_\_\_\_ %

---

8. Of those **already decided** (group a) what percentage have chosen:

Abortion \_\_\_\_\_ %

Adoption \_\_\_\_\_ %

Parenting \_\_\_\_\_ %

9a. Of the undecided who express preference (group b), what percentage prefer:

Abortion \_\_\_\_\_ %

Adoption \_\_\_\_\_ %

Parenting \_\_\_\_\_ %

b. What percentage of these women eventually do follow the course they originally preferred? \_\_\_\_\_ %

c. When they do **not** follow the course they originally preferred, in which direction do they move? Please check:

	Likely	Occasional	Rare
Abortion to Adoption	_____	_____	_____
Abortion to Parenting	_____	_____	_____
Adoption to Abortion	_____	_____	_____
Adoption to Parenting	_____	_____	_____
Parenting to Abortion	_____	_____	_____
Parenting to Adoption	_____	_____	_____

d. In your experience, what are the most salient reasons for such a change? At what stage of the pregnancy do the women come to their final resolution decision?

---

---

---

---



---

10a. Of the women who are completely undecided (group c), what percentage eventually decide on:

Abortion \_\_\_\_\_ %

Adoption \_\_\_\_\_ %

Parenting \_\_\_\_\_ %

b. At what stage do these women make their decision?

---

---

**II. Reasons for decisions** (include all Crisis Pregnancies):

11. What sorts of influence or advise (from outside your agency) affect a woman's decision? Please rate the following advice — sources either "A" (very important), "B" (important) or "C" (unimportant) depending on how they impact on the woman's final decision.

	Of those who Abort	Of those who Place	Of those who Parent
Woman's mother	_____	_____	_____
Woman's father	_____	_____	_____
Putative father	_____	_____	_____
Peers	_____	_____	_____
Doctor	_____	_____	_____
Clergy	_____	_____	_____
School counsellors	_____	_____	_____
_____	_____	_____	_____

---

12. How important would your clients rate the following as affecting their decision? Please rate the following "A," "B" or "C" as above, on the basis of what the clients themselves express.

	Abortion	Adoption	Keeping child
Financial	_____	_____	_____
Housing	_____	_____	_____
Educational goals	_____	_____	_____
Career goals	_____	_____	_____
Social life	_____	_____	_____
Religion/beliefs	_____	_____	_____
Putative father's absence of presence	_____	_____	_____
Mental health	_____	_____	_____
Her own health	_____	_____	_____
Health of child	_____	_____	_____
Welfare of child	_____	_____	_____

13. Which has more effect on the woman's decision? The reasons listed in #2 or the advice or pressure sources listed in #1?

Advice (#1) \_\_\_\_\_  
 Reasons (#2) \_\_\_\_\_  
 Both \_\_\_\_\_

14. In your own opinion how important are the following demographic factors as they affect the decision on how to resolve the pregnancy?

a. Age: \_\_\_\_\_

b. Socioeconomic factors: \_\_\_\_\_

---

c. Level of education: \_\_\_\_\_

d. Family background (dysfunction, etc.): \_\_\_\_\_

---

- 
- e. Employment: \_\_\_\_\_
  - f. Religion: \_\_\_\_\_
  - g. Ethnicity: \_\_\_\_\_
  - h. Personal Esteem: \_\_\_\_\_
  - i. Other: \_\_\_\_\_

15. Of these demographic factors would you describe any as "determinants," (i.e., a woman displaying them is more likely to make one decision than another)?

Yes \_\_\_\_\_

No \_\_\_\_\_

If YES, which of the above determine:

Abortion: \_\_\_\_\_

Adoption: \_\_\_\_\_

Parenting: \_\_\_\_\_

16. Do you feel that women are strongly influenced by society in making the decision on how to resolve their pregnancy, or do you feel that women are in control of their decision and their lives? Has this changed in the last ten years?

17a. In your opinion who is most likely to be satisfied with their pregnancy-resolution decision? Please rank these in order of satisfaction:

Women who abort \_\_\_\_\_

Women who place for adoption \_\_\_\_\_

Women who parent \_\_\_\_\_

b. Why? \_\_\_\_\_

---

**C. SERVICE USE**

18a. Do you feel there is sufficient support service in your community to accommodate the needs of women with a crisis pregnancy? Please check areas where you think support is inadequate.

- Decision-making \_\_\_\_\_
- Financial \_\_\_\_\_
- Medical \_\_\_\_\_
- Educational \_\_\_\_\_
- Emotional \_\_\_\_\_
- Housing \_\_\_\_\_

b. What is the most important specific recommendation you would like to make to improve the services you checked as inadequate?

---

---

---

19. Is there sufficient support services for Crisis Mothers? Please check areas where support is inadequate.

- Parenting classes \_\_\_\_\_
  - Financial \_\_\_\_\_
  - Medical \_\_\_\_\_
  - Educational \_\_\_\_\_
  - Emotional \_\_\_\_\_
  - Housing \_\_\_\_\_
-



---

23. Do you think women with strong family ties are less likely to seek help in a crisis situation?

Yes \_\_\_\_\_

No \_\_\_\_\_

If YES, why? \_\_\_\_\_

---

24. Among those who do *not* seek help from an agency: To the best of your knowledge, what might be the main reason they do not seek help? If you list more than one reason, please rank them in order.

---

---

---

---

25. Are women who experience a crisis pregnancy in general likely or unlikely to seek agency services?

Likely \_\_\_\_\_

Unlikely \_\_\_\_\_

Why? \_\_\_\_\_

---

---

---

#### **D. EXPERIENCE OF CRISIS MOTHERHOOD**

26. Are the goals of the crisis mothers who come to your agency similar to those of other women in their age group or segment of the population? Yes \_\_\_\_\_

No \_\_\_\_\_

If NO, what are the differences?

---

---

---

27. Do these mothers, before the birth of the child, think they can attain these goals? Do they modify their expectations after the child is born?

---

---

---

28. How do the Crisis Mothers feel about their decision:

a. Before the birth of the child:

Satisfied: \_\_\_\_\_ %

Dissatisfied \_\_\_\_\_ %

b. After the birth:

Satisfied \_\_\_\_\_ %

Dissatisfied \_\_\_\_\_ %

c. A year later:

Satisfied \_\_\_\_\_ %

Dissatisfied \_\_\_\_\_ %

d. Five years later:

Satisfied \_\_\_\_\_ %

Dissatisfied \_\_\_\_\_ %

e. Ten years later:

Satisfied \_\_\_\_\_ %

Dissatisfied \_\_\_\_\_ %

29. Is the woman's status as a crisis-mother permanent? In your experience, does the woman stop being a "crisis" mother at a certain point and fit into the population of mothers or single mothers in general? When?

---

---

---

---

---

30. How would you describe the changes in your client's lives as a result of their parenting experiences?

Positive \_\_\_\_\_ %

Negative \_\_\_\_\_ %

Why? \_\_\_\_\_

---

### E. INTERACTION WITH CHILDREN

31. What percentage of mothers in general, married or unmarried, would you estimate neglect or abuse their children? \_\_\_\_\_ %

b. Of the crisis mothers you see, what percentage do you estimate might eventually neglect or abuse their children? \_\_\_\_\_ %

c. What characteristics are likely to be present in single mothers who abuse or neglect their child? Please rate the following factors "A" (**important**), "B" (**less important**), or "C" (**unimportant**).

Abuse in family history \_\_\_\_\_

Own family dysfunctional \_\_\_\_\_

Socioeconomic status \_\_\_\_\_

Education level attained \_\_\_\_\_

Emotional stability \_\_\_\_\_

Substance abuse \_\_\_\_\_

Relationships with peers \_\_\_\_\_

Relationships with partner(s) \_\_\_\_\_

Relationships with parents \_\_\_\_\_

Denied abortion \_\_\_\_\_



- 
- 32a. To the best of your knowledge, what percentage of the children of crisis-mothers become temporary wards:
- |                         |         |
|-------------------------|---------|
| for one to six months   | _____ % |
| six to twelve months    | _____ % |
| more than twelve months | _____ % |
- b. What percentage become crown wards? \_\_\_\_\_ %
- c. What percentage of crisis mothers decide themselves to give their child up for adoption after having attempted to raise the child themselves? \_\_\_\_\_ %

### F. FATHERS

- 33a. What percentage of putative crisis-fathers come in to your agency for counselling of any kind? \_\_\_\_\_ %
- b. Of those crisis-fathers you do **not** see, what percentage is still in contact with the woman during their pregnancies? \_\_\_\_\_ %
- What percentage maintains this contact after the birth of the child? \_\_\_\_\_ %
- For how long? \_\_\_\_\_
- 34a. What percentage of the crisis-fathers offer adequate support to a crisis mother and her child?
- |                          | Fathers you<br><b>do</b> see | Fathers you do<br><b>not</b> see |
|--------------------------|------------------------------|----------------------------------|
| Financial                | _____ %                      | _____ %                          |
| Emotional                | _____ %                      | _____ %                          |
| Marriage or cohabitation | _____ %                      | _____ %                          |
| Decision-making          | _____ %                      | _____ %                          |
- b. Do the support levels change over time? If so, for which group and in what way? \_\_\_\_\_
-

---

35a. Does your agency see more crisis-fathers than ten years ago?

Yes \_\_\_\_\_

No \_\_\_\_\_

b. Are today's fathers more or less supportive than fathers of ten years ago?

More \_\_\_\_\_

Less \_\_\_\_\_

In what ways? \_\_\_\_\_

---

### **G. REFLECTIONS**

The Human Life Research Institute welcomes your further thoughts and comments on unplanned single parenthood and crisis months, and on points raised by this questionnaire:

If you know of crisis mothers who would like to talk about their experience have them phone collect to:

Elise, (xxx) xxx-xxxx

Betty, (xxx) xxx-xxxx

---

## **Appendix II: The Advertisement**

The advertisement inviting unwed mothers to participate in the study appeared during the first two weeks of July 1992 in: The Globe and Mail, The Canadian Jewish News, Catholic New Times, Calvinist Contact, Catholic Register, The Casket, the Winnipeg Free Press, Winnipeg Sun, Daily Graphic (Portage la Prairie), Brandon Sun, Flinflon Reminder, the Hamilton Spectator, The Nugget (North Bay), Sault Star, Times-News and Chronicle-Journal (Thunder Bay), Toronto Sun, Kitchener-Waterloo Record, Ottawa Citizen, Sudbury Star, Windsor Star, the Halifax Chronicle, Amherst Daily News, Chronicle Herald and Mail-Star (Halifax), Truro Daily News, Cape Breton Post and the Evening News (New Glasgow).

It read: **Single Mothers** - Were you a single mother when your baby was born? Help us to help other single mothers by participating in our research. The Human Life Research Institute was founded in 1982 to provide scholarly research on ethical issues in health care, and we would like to hear from you. Please call collect, Elise or Betty [phone numbers given], Tuesdays and Thursdays.

---

## Appendix III: The Agencies

### Table of Agencies

Public	Private
Children's Aid Society	Crisis Pregnancy Centre
Public Health *	Maternity Home
Maternity Home	Planned Parenthood
Single Mothers Program	Private Adoption Agency

\* Few Public Health Departments kept statistics

---

## Appendix IV: Response Rate to Mailings

### MOTHERS QUESTIONNAIRE

- a) Questionnaires mailed directly to mothers in response to inquires:

Mailed	Returned	Response Rate
90	54	60%

- b) Questionnaires mailed to agencies for distribution to clients:

Mailed	Returned	Response Rate
60	27	45%

---

Total:	150	81	52.5%
--------	-----	----	-------

---

---

## AGENCY QUESTIONNAIRE

### Questionnaires Returned:

---

	<b>Completed</b>	<b>Incomplete (do not keep data)</b>	<b>Incomplete (refused to complete)</b>	<b>Total</b>
<b>Children's Aid</b>				
<b>Societies</b>	13	6	8	17
<b>Public Health</b>	16	12	0	28
<b>Crisis Pregnancy</b>				
<b>Centres</b>	22	2	0	24
<b>Maternity Homes</b>	5	1	0	6
<b>Single Mothers</b>				
<b>Program</b>	7	1	0	8
<b>Planned Parenthood</b>	1	0	0	1
<b>Adoption Agencies</b>	2	0	0	2
<b>Total:</b>	<b>66</b>	<b>22</b>	<b>8</b>	<b>96</b>

---

Total mailed: 300  
Total Responses: 96  
Response rate: 30%

---

## **Bibliography**

Ajzenstat, J. & Gentles, I. (1985) *Sex Education in Canada*. Toronto: Human Life Research Institute.

Avison, W. & Thorpe, C. (1993) Summary of preliminary findings from project entitled "Mental and Physical Health of Mothers and Children in Single-Parent Families." Unpublished manuscript.

Baker, M. (1994) "Thinking About Families: Trends and Policies" in M. Baker ed. *Canada's Changing Families: Challenges to Public Policy* Ottawa: Vanier Institute of the Family.

Balcombe, M. (1987) "Risk-taking and Decision-making in Teenage-Pregnancy." Ph.D. Dissertation, University of Edinburgh.

Barrett, R. S. (1988) "The Care of the Unmarried Mother" in Rothm, D. J. & Rothman, S. M. eds. *Women and Children First Series*. Pittsburgh: Garland.

Bergman, A. H. (1987) "Determinants of the Use of Nonmedical Prenatal Services for Adolescents." Ph.D. Dissertation, University of Toronto.

Bergman, A. H. (1989) "Informal Support Systems for Pregnant Teenagers". *Social Casework*. 10:9.

Blum, R. W. & Resnick, M. D. (1982) "Adolescent Decision-Making: Contraception, Abortion, Motherhood". *Paediatric Annals*, 11:797-805.

Borowski, H. & Macdonald, J. G. (1982) "The Adolescent Mother and Her Child: Issues & Trends." Ph.D. Dissertation, University of Toronto.

Bracken (1978) "Abortion, Adoption or Motherhood: An Empirical Study of Decision-Making During Pregnancy". *American Journal of Obstetrics & Gynaecology*, 130:251.

---

Brazzell, J. F. & Alcock, A. C. (1988) "Influence of Attitudes and Significant Others and Aspirations on How Adolescents Intend to Resolve a Premarital Pregnancy". *Journal of Marriage and the Family*, 50:413-425.

Burns, S. (1986) "Comparison of Individual and Family Profiles in Teenage Mothers and their Nonmother Peers." M.A. Thesis, University of Guelph.

Chilman, C. S. (1988) "Never-Married, Single, Adolescent Parents" in C. S. Chilman, E. W. Nunnally & F. A. Cox (eds.) *Variet Family Forms*. Newbury Park, California: Sages.

*Community Task Force on Material and Child Health, Adolescent Pregnancy in Manitoba: Current Status, Future Alternatives*. (1982) Winnipeg. Canada.

Daly, K. & Sobol, M. (1994) "Public and Private Adoption: A Comparison of Service and Accessibility". *Family Relations*, 43-1:86-94.

Dore M. A. & Dumois, A. (1990) "Cultural Differences in Meaning of Adolescent Pregnancy". *Families in Society*, 77/2:93-101.

Dumas, J. & Preon, Y. (1992) *Marriage and Conjugal Life in Canada: Current Demographic Analysis* Ottawa: Statistics Canada.

East, P. L. & Felice, M. E. (1989) "The Long Term Psychosocial consequences of Children born to Adolescent Mothers" *Journal of Developmental and Behavioural Pediatrics* 10, 5, 272-2.

Eisen, M.; Sellman, G. L.; Leibowitz, A.; Choir, W. K. & Evans, J. R. (1983) "Factors Discriminating Pregnancy Resolution Decisions of Unmarried Adolescents". *Genetic Psychology Monographs*, 108: 69-75.



---

Festinger, T. B. (1971) "Unwed Mothers and their Decisions to Keep or Surrender Children". *Child Welfare*, 10:253-263.

Franz, W. (1989) "Characteristics of Women Seeking Services at an Independent Pregnancy Center". *Association for Interdisciplinary Research in Values and Social Change*, Vol. 2 No. 2.

Franz, W. & Reardon, D. (1992) "Differential Impact of Abortion on Adolescents and Adults". *Adolescence*, 105:161-172.

Fulton, R. & Factor, D. (1993) *A Study of Young Mothers in Metro Toronto*. Young Mothers Resource group. Toronto.

Furby, L. & beejthmarom (1992) "Risk Taking in Adolescence - A Decision-Making Perspective". *Developmental Review*, 12/1:1-44.

Furstenburg, F. F. (1991) "As the Pendulum Swings: Teenage Child-Bearing and Social Concern". *Family Relations*, 40:127-138.

Gsellman, L. E. (1993) "Physical and Psychological Injury in Women Following Abortion: Akron Pregnancy Services Survey" *Association for Interdisciplinary Research in Values and Social Change* Vol. 5 No. 4.

Gilligan, C. (1982) *In A Different Voice, Psychological Theory and Women's Development*. Cambridge, Massachusetts: Harvard University Press.

Halpern, H. (1973) "Crisis Theory: A Definitional Study". *Community Mental Health Journal*, 9/4:342-349.

Hanson, S. L.; Myers, D. E. & Gensburg, A. L. (1987) "The Role of Responsibility and Knowledge in Reducing Teenage Out-of-Wedlock Childbearing" *Journal of Marriage and the Family* 49, 241-256.

---

Hudson, J. & Galaway, B. eds. (1993) *Single Parent Families*. Toronto: Thompson.

*Inventory of Family-Supporting Policies and Programs in Federal, Provincial and Territorial Jurisdictions* (1993) Ottawa: Vanier Institute of the Family.

Jankulak, M. (1992) "Hearing the Unheard; an Interview with Sally Gaikezheyongai". *This Magazine*, 29/5.

Johnson, L. C. & Barnhorst, D. (1991) *Children, Families and Public Policy in the 90s*. Toronto: Thompson Educational Publishing.

Jones, L. (1985) "Teenage Pregnancy in Developed Countries: Determinates & Policy Implications". *z* 17:53.

Joyce, T. (1988) "The Social-Economic Correlates of Pregnancy Resolution Among Adolescents in New York City by Race and Ethnicity". *Multivariate Analysis*, 6(626):207.

Krishnamoni & Jain (1983) "Pregnancy in Teenagers: A Comparative Study". *Psychiatric Journal of the University of Ottawa*, 8/4:202-207.

Landy, S. E. (1982) "An Investigation of Teenage Mothers, Their Infants and the Resulting Mother-Infant Dyads." Ph.D. Dissertation, University of Regina.

Letts, I. (1983) *Double Struggle: Sex Discrimination and One-Parent Families*. London, England: National Council for One Parent Families.

Lewis, C. (1980) "Comparison of Minors' and Adults' Pregnancy Decisions". *American Journal of Orthopsychiatry*, 50/3:446-452.

Lindsay, C. (1992) *Lone Parent Families in Canada*. Ottawa: Government of Canada.

---

Macdonell, S. (1981) *Vulnerable Children: A Follow Up Study of the Unmarried Mother Who Keeps Her Child*. Social Research and Planning Division, Department of Social Services: Halifax.

McCullough, M. & Scherman, A. (1991) "Adolescent Pregnancy Contributing Factors and Strategies for Prevention". *Adolescence*, 6(104):809-816.

Miller, B. C. (1993) "Families, Science, Values: Alternative Views of Parenting Effects & Adolescent Pregnancy". *Journal of Marriage and Family*, 55:7-21.

Mitchell, A. (1994) "Why single moms should not be singled out." *The Globe and Mail*, 5 Jan A7.

Moore, K. A. (1998) "Teenage Childbearing: Unresolved Issues in the Research/Policy Debate". *Family Relations*, 40/4:411-420.

Nath, R. S.; Borowski, J. G.; Whilman, T. L; & Shellenbach, C. J. (1990) "Understanding Adolescent Parenting - The Dimensions and Functions of Social Support". *Family Relations*, 40/4:411-420.

Polakow, V. (1993) *Lives on the Edge* Chicago: University of Chicago Press.

Polyani, M. & Prosch, H. (1975) *Meaning*. Chicago: University of Chicago Press.

Poszony, J. A. (1973) *A Longitudinal Study of Unmarried Mothers Who Kept Their Children*. London, Canada: Family and Children's Services.

*Profiling Canada's Families* (1994) Ottawa: Vanier Institute of the Family.

- 
- Reardon, D. (1987) *Aborted Women, Silent No More*. Chicago: Loyala University Press. Chicago.
- Redmond, M. A. (1985) "Attitudes of Adolescent Males Toward Adolescent Pregnancy and Fatherhood". *Family Relations*, 34/3:337-342.
- Reis, J. S. & Hez, E. J. (1987) "Correlates of Adolescent Parenting". *Adolescence*, 87: 599-609.
- Remez, R. (1992) "Adoption vs Parenting - No Difference in Short-Term Effects on Young Mothers". *Family Planning Perspectives*, 155:238-239.
- Resnick, M. D. (1984) "Studying Adolescent Mothers' Decision-Making About Adoption and Parenting". *Social Work*, 29:5-10.
- Rosen, R. (1980) "Adolescent Pregnancy Decision-Making: Are Parents Important?" in *Adolescence*, 57:43-54.
- Scambler, N. R. (1980) *An Overview of Teenage Pregnancy and Parenthood in British Columbia*. Vancouver, Canada: Social Planning and Review Council of British Columbia.
- Smetana, J. G. (1979) "Beliefs About the Permissibility of Abortion and Their Relationship to Decisions Regarding Abortion" *Journal of Population* 2:294-305.
- Stiffman, A.; Powell, J.; Eales, F.; & Lee, N. (1990) "Pregnancies, Childbearing, and Mental Health Problems in Adolescents". *Youth and Society*, 21/4:493-495.
- Turner, R. J.; Gundstaff, C. F. & Phillips, N. (1990) "Social Support and Outcome in Teenage Pregnancy". *Journal of Health & Social Behaviour*, 31/1:43-57.
- Ursel, Jane (1992) *Private Lives, Public Policy: 100 Years of State Intervention in the Family*. Toronto: Women's Press.

---

Voydanoff & Donnelly (1991) "Attitudes Toward Pregnancy Resolutions Among Adolescent Women". *Family Perspectives*, 25/3:163-178.

*Women in Canada, A Statistical Report (2nd Edition)* (1990)  
Ottawa: Government of Canada.





*Single parenthood is a horrifying, wonderful, very difficult, inspiring learning experience. I wish for emotional support and time away but wouldn't trade parenting. The fact that I'm single is an obstacle that just like all the others we accept and deal with.*

*I have felt like a total outsider. Since my child has never had a father, I have always been alone and have never been able to "legitimize" my parenthood. I have always felt second class because I have never been married. On the other hand, I am a great mother and have a wonderful relationship with my 16 year old daughter. She is the love of my life.*

Single mothers from the report speaking about their experience.

---

When the Human Life Research Institute set out on this study, it chose to focus specifically on mothers who were single when the child was born. These women share the experiences and problems of other women who live alone with their children but in a number of ways, their lives are more difficult, at least during the pregnancy and the child's early years. They are truly the ones "going it alone". They can seldom count on the emotional and financial support of the baby's father, and they sometimes — even in Canada today — encounter prejudice against unmarried mothers.

What emerges in the research is sometimes surprising. But this report is formed out of the words of these women and the agencies that serve them, and it will be of great interest to anyone personally or professionally connected to single mothers.

**Based in Toronto, the Human Life Research Institute carries on a program of research and publication on contemporary bioethical and social issues. *Going It Alone: Unplanned Single Motherhood in Canada* is the eleventh in a series of publications.**