



A STUDY ON SOCIAL STATUS OF INSTITUTIONALIZED SINGLE MOTHERS – SOCIAL WORK PERSPECTIVE

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ABSTRACT

Single mother's family is the most familiar type of single parent family in India. Single mother is a woman who is taking care and raising her children without support of her husband. Single mothers are heading 4.5% of all Indian households, 13 million drawing attention to the significant number of single parent family in India. Data exhibit that compared to the other states of India, Karnataka had the maximum number of Widowed, Divorced and separated females that is 16.4% of which 17.6 % were found in rural areas and 14.2 % in urban areas. Descriptive research design has been adopted for the study. Institutionalized single mothers in the age group of 15 to 39 were studied. The findings of the study reveals that social status of institutional single mothers in the family, neighborhood, community and economic condition had a significant positive correlation with quality of life and single mothers are lagging behind in almost all the spheres, be it education, income, employment. Karl Pearson correlation observed for level of social status and quality of life indicated significance at the level of 0.01 ($p < 0.01$) for all the domains in totality

KEYWORDS: Single Mother, Widowed, Divorced, Separated, Unwed Mothers

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Introduction

The condition of women is one among the primary indicators of a country's progress. Since the past few decades, the status of Indian women has been continually changing. The civilization and culture of the country highlights the status of women in the society. Mahatma Gandhi envisioned that Indian women be given equal status with men. He even showed interest in framing laws in this regard. "Women should have the right to vote, and have equal status with men within the legal framework. This is not the end of the problem; it begins when Indian women take part in the politics of the country, he said.

If the woman has a sizeable income, it does not seem to be a problem, but a woman with scarce income and no social security has to face many problems. If the woman is young and beautiful, even her relatives and outsiders look for ways to exploit her. Male - dominated system looks upon a single mother with doubt. Her movements, the persons she meets and the places she visits, her dress are all observed keenly and often questioned.

Woman as a Mother

The Position of a mother is filled with mixed emotions and feelings and a large amount of love. Motherhood is a very delicate state and at times, uncertain. The experience of motherhood is not the same in all mothers. Yet, when mothers nurture their children, they come across joys and sorrows coupled with great dreams and expectations [10]

However, a single mother who manages a family will have to struggle a lot to gain respect in society and possess qualities like hard work, self-sacrifice and self- confidence. She should be free from economic dependency to be independent. She should obtain support to fight sexual harassment. It means that even without a man, a woman can efficiently manage a family and thereby live a respectful life. Laws, religion, justice, protection should be made available to them. Only then, a single mother will be able to live a dignified life in society. She will be free from all personal and social embarrassments, harassments, and troubles. Nevertheless, they can even be an inspiration to single mothers who are depressed in life.

Single Mother Family

Generally, the family of a single mother is a kind of family that consists of a single parent. The study found that single mothers heading 4.5% of all Indian households- 13 million, drawing attention to the significant number of lone-parent families in the country. In India, there are 46.7% of couples live with their children, among them over 31% are from extended families whilst single- person families are about 12.5%. Through the established data obtained from 89 countries, it had discovered that 8 out of every 10 lone parent households were led by women. This indicates about 101.3 million households were run by single mothers who live with their children. Some of these single

mothers live in extended families along with their children. Although, single mother's poverty rate is 38 % which is markedly large when compared with the dual-parent at 22.6% [21]

In order to understand the problems of single mother families, one should know the status of a woman in society [1]. Still, it is quite difficult for single mothers to take care of their children [11]. Moreover, a single mother who has to look after her parents and other members of the family will find it extremely difficult to manage if she has teenage children [14]. One more study conducted by the partners in development (2017) along with the support of the Ministry of Women and Child Development entitled 'single mothers in four metro cities of India' focus on single mothers who belong to poor or low economic strata of society in Chennai, Delhi, Kolkata and Mumbai. The study tries to infer the difficulties as well as the challenges confronted by a single mother with the objective of an accessible support system to change underprivileged single mothers in the family, society and from the Government.

Scenario in Karnataka State

In India, such estimates of the number/percentage of single mothers in the population are not available (Women and Child Welfare Department, 2011). Only information on widows, divorcees and women separated from their husbands is available. The Sample Registration System (SRS) of Registrar General and Census Commissioner of India provide the sex composition of population by their marital status. Accordingly, in 2011, 5.2% of the total population in India consisted of widows, divorcees and women separated from their husbands. When compared to men, on a national level and in large states, the number of such women was more. In Karnataka, it is 14.7%, whereas among men it is only 1.6%. In Karnataka, married women above 15 years of age are more in cities (15.8%) than in rural areas (12.9%).

When compared to other states, Karnataka has the maximum number of widows, divorcees and women separated from their husbands (16.4%). It is observed that 17.6% of them reside in rural areas whereas 14.2% are in cities. This shows that Rural Karnataka has more number of widows, divorcees and women separated from their husbands than that in urban areas. In the US, 80% of single parents are women [19]. According to the 2001 census of India, the number of widows and divorcees/single mothers is 34.8 million and 2.34 million, respectively. Another way is to find out the number of families managed by women.

Quality of Life / Well-Being

The concept "Quality of life" describes the satisfaction level of an individual in his/her life. The WHO defines the Quality of Life (QOL) as a broad concept affected in a complex way by the person's physical health, mental health, psychological state, person's

beliefs, social relationships, and their relationship to the salient features of their environment. QOL is the general well-being of individuals and societies. It raises life satisfaction affected by factors like family life, education, employment, wealth occupation, security, independence, religious beliefs and the environment he lives in influence the standard of living of a person.

[3] The study indicated the term, Quality of Life as the satisfaction of needs, feelings of well-being, good or bad working conditions and other indicators. In general terms, quality of life refers to how well human needs are satisfied or not and how well one's satisfaction with the different domains of life is considered [8]. Understanding quality of life has huge potential implications as improving quality of life is the main goal of policy and lifestyle [20].

Single Mothers and Quality of Life

To measure the quality of life of single mothers, we need to know the positive and negative evaluations of their social life, culture, and the environment in which they live [17]. On the other hand, this study will examine the various factors that affect the life of a single mother such as their social and economic status, mental problems, sexual and emotional abuse and facilities provided to them by the Government. Single motherhood comprises various experiences that are related to each other [5]

The inadequate treatment facilities, ailments, psychological problems and depression cause unfavorable results on them. All these stresses, coupled with physical illness may result in serious sicknesses and even death [18]. Mood disorders in single mothers are at a great level [4] and it has been proved through various studies.

Social Status of Single Mothers

The place/position given to a person in the family and society can be termed as social status. In the social sphere, the single mothers did not seem to be having many problems and they have cordial relationships with neighbors, relatives and nearby community people. Social factors like education, caste and economic factors such as occupation, salary and income and expenditure determine the status of a person [15]. But studies have shown that on single mothers, factors like life stresses and the burden of looking after the children also influence their status [9].

According to some study reports, unmarried mothers have less contact with their families; they neither has friends nor mix with their neighbors and the help they get from society is less than that obtained by married single mothers [7]. Since there is a lack of help and support from the society, the economic condition is poor and they suffer from various psychological problems [6]. Another report states that teenage girls who become pregnant face the danger of death. This is due to poverty, lack of facilities and ill [16].

Single mothers not only keep away from social gatherings and celebrations, they even change their style of dressing [13].

Method

The research design is framework for the study and it constitutes the blueprint of the entire research work. The present study, descriptive design has been used, as the researcher attempts to explore and interpret the quality of life of single mothers in Karnataka. The universe of the study is single mothers and geographical area is limited to the state of Karnataka (India). The Single Mothers (Widow, Separated and Divorced) data pertaining to Karnataka was considered. The data were filtered using the inclusion and exclusion criteria to arrive at the population of the institutionalized single mothers who are rehabilitated in Swadhargreah, Santhwana Kendra, One-stop centre were selected for the study is between 15 to 39 years and who have child or children below the age of 18.

Determining sample size is an important part of social work research. The [12] sample determination table has been adopted to determine the sample size of the present study. The sample size of 400 was then distributed between the eight districts proportionately to the population of the study pertaining to four administrative divisions of Karnataka state through cross multiplication. The researcher has used probability sampling method; all the respondents selected for the study were random samples.

Tools and Methods of Data Collection

Tools of data collection are the important techniques used for an efficient research study. The instrument used by the researcher to collect information on the present study is called tools of data collection. The WHOQOL BREF (World Health Organisation Quality of Life abbreviated instrument) was used to assess the quality of life of the respondents. The tool was developed by the WHOQOL group through World Health Organisation. The scale contains 26 questions which consist of 4 domains of the individual. 1 physical Health, 2 psychological, 3 social relationships and 4 environment.

Reliability Test

Quality of Life BREF, the standardized scale was tested for reliability for the Physical Domain, Psychological Domain, Social Relations Domain and the Environment Domain Which as 26 items reveals the Cronbach's Alpha as 0.898 when tested against 30 Units. The domain scores are scaled in a positive direction wherein higher scores indicate a higher quality of life.

Results and Discussion

Measuring the Quality of Life of Single Mothers

The study aims to understand measure and analyse the quality of life of sample population. To measure the quality of life, a standardized WHOQOL BREF scale is used. The scale measures the quality of life in four domains having 26 related questions. The domains are physical, psychological, social relations, and environmental domain. In that two individually scored questions enquire about overall quality of life and overall health of the respondents.

After collecting the data, reliability of the scale was measured by Cronbach's Alpha. Reliability of the physical health domain was 0.812, psychological health was 0.798, social relationship was 0.765 and environmental was 0.865; the overall reliability of Cronbach's Alpha was 0.898. So, all the domains and overall reliability sufficiently measure the quality of life of the single mother. Item wise analysis is given below. Assessment of each item was done based on the mean value. If mean value is 1 to 2, then assessment is very poor, mean value of 2.01 to 3 is considered poor, mean value of 3.01 to 4 is good and if the mean value is 4.01 to 5 then it is taken to be excellent. Analysis is given below.

Table 1. Percentage distribution of respondents based on overall quality of life and health.

Questions about overall QOL and Health	Response	Total*	Mean	SD
Q.1 Self-assessment of quality of life	Very Poor	16.5%	2.45	.96
	Poor	37.5%		
	Neither poor nor good	31.3%		
	Good	13.8%		
	Very Good	1.0%		
	Total	100.0%		
Q.2 Self-satisfaction level with current status of health	Very dissatisfied	7.0%	2.62	.84
	Dissatisfied	41.0%		
	Neither satisfied nor dissatisfied	35.5%		
	Satisfied	16.5%		
	Very satisfied	-		
Total	100.0%			

The table shows that for majority of the respondents (54%) quality of life is 'poor' whereas only for 14.8% of the respondents quality of life is 'good'. In case of 31.3% of

the respondents, quality of life is under moderate level. Mean score of the respondents was 2.45 with ± 0.96 which shows poor quality of life among the respondents.

Facet number two seeks to know the respondents level of satisfaction with their health. It depicts that 48% of the respondents are dissatisfied with their health and only 16.5% of the respondents are satisfied with their health. Mean score of the respondents was 2.62 with a standard deviation of 0.84 showing poor level of health satisfaction among respondents.

Table No 2. Percentage distribution of respondents in quality of life domains

QOL Domains	Very Poor (24-48)	Poor (49-72)	Good (73-96)	Very Good (97-120)	Total	Mean	SD	Mean (%)	Assessment
Physical	8.0% (32)	73.0% (292)	18.3% (73)	0.8% (3)	100% (400)	18.8	3.3	53.8	Poor
Psychological	4.8% (19)	66.0% (264)	27.8% (111)	1.5% (6)	100% (400)	17.0	3.0	56.6	Poor
Social	25.5% (102)	56.5% (226)	15.8% (63)	2.3% (9)	100% (400)	7.9	1.9	52.4	Poor
Environment	7.5% (30)	65.0% (260)	25.8% (103)	1.8% (7)	100% (400)	22.1	4.3	55.2	Poor
QOL Score	2.0% (8)	75.5% (302)	21.3% (85)	1.3% (5)	100% (400)	65.8	10.8	54.8	Poor

The social domain of the QOL scale in the study indicates that 25.5% had very poor, 56.5% had poor, were as 15.8% had good and 2.3% had very good quality of life. On an average the mean score was 7.9 ± 1.9 which shows social relationship of single The above table provides the score categories of the quality of life of single mothers. It can be observed from the table that there are four QOL domains namely physical, psychological,

social and environmental. The data reveals that the quality of life with regards to physical domain, 8% had very poor quality of life (QOL), 73% had poor QOL, were as 18.3% had good QOL and 0.8% had very good QOL. On an average the mean score was 18.8 ± 3.3 which shows that the physical health of single mothers was poor.

The data also reveals that the quality of life in the psychological domain, 4.8% had very poor, 66.0% had poor, were as 27.8% had good and 1.5% had very good quality of life. The mean score was 17.0 ± 3.0 which shows psychological health of single mothers was poor.

Mother was poor.

The environment domain of the QOL, as shown in the study, indicates that 7.5% had very poor quality of life and were as 65.0% had poor, 25.8% good and 1.8% had very good quality of life. The mean score was 22.1 ± 4.3 which shows quality of environment of single mothers was poor.

The overall quality of life is based on the scoring of these domains. Through the above table it can be noted that 2.0% had very poor, 75.5% had poor, 21.3% had good and 1.3% had very good quality of life. The mean score of all the four domains of QOL is 65.8 ± 10.8 . It should be noted that all the four domains of QOL of the respondents was poor. Hence there is a scope and need to improve the quality of life of the rural single mothers.

Table 3. Percentage distribution of respondents based on overall quality of life and health

Questions about overall QOL and Health	Response	Total		Mean	SD	Mean %	Assessment
		N	%				
Self-assessment of quality of life	Very poor	216	54.0	2.5	1.0	50	Poor
	Poor	125	31.3				
	Good	55	13.8				
	Very good	4	1.0				
	Total	400	100.0				
Self-assessment of health	Very poor	192	48.0	2.6	0.8	52	Poor
	Poor	142	35.5				
	Good	66	16.5				
	Very good	0	0.0				
	Total	400	100.0				

The data from the above table 3 depicts the clear response of the respondents for two questions in the WHOQOL BREF scale. These two questions are likely to reveal about the overall quality of life and overall health of the respondents. It should be understood that these two questions are not calculated in the score in the domain scale. So henceforth the study needs to be presented separately.

The above table depicts that about 85.3% of the respondents have rated their quality of life as poor whereas only 14.8 % of the total respondents have rated their quality of life as good. The result shows that the mean score was 2.5 with a standard deviation of 1.0 which shows the poor quality of life of single mothers.

The above data also investigates the respondent’s level of satisfaction with regards to their health. It clearly shows that a majority of the respondents (83.5%) are not satisfied with their health and only 16.5 % of the respondents are satisfied with their health. Thus result clearly depicts the mean score as 2.6 ± 0.8 which shows poor satisfaction regarding the health condition of the single mothers.

Social Status of Single Mothers within Family

Social status of single mothers was measured by the score obtained after aggregating the responses of respondents on these six items. The total score ranges from 6 to 30. Assessment of the data regarding social status of single mothers was done based on the quartile. If the score is between 6 to 12 social status of single mother is very poor, 13 to 18 means poor, 19 to 24 is good and 25 to 30 is excellent. Analysis is given below.

Table No 4. Level of social status of single mothers within family.

Level of social status	Total Frequency (N)	Percentage (%)	Mean	SD	Min.-Max.
Very Poor	49	12.3			
Poor	225	56.3			
Good	96	24.0	17.03	4.44	13-18
Very Good	30	7.5			
Total	400	100.0			

The data analyzed from the above table 4 it is clear that majority of the respondents (68.6%), their social status in the family was poor. Only a considerable percent of the respondents (31.5%) had good social status within the family. The analysis shows that the scores obtained in this domain ranged from 13 to 18 with a mean score of 17.03 ± 4.44 . The result indicates that the status of single mothers in families was ‘poor’. The study found that poverty and economic instability are not the only source of stress in single

mothers. Some of the other reasons involve loss of social status as well as social support and loss of important social network. Majority of the respondents expressed that seemingly low level of social status within family and neighborhood and financial hardship were the most important factors contributing to overall social status of single mothers.

From the above table following hypotheses related to the social status of single mothers in the family and their quality of life were drawn.

The assumption being that:

As the level of social status increases, the quality of life of single mothers also increases.

H₀: There is no relationship between the social status of single mothers in the family and their quality of life.

H₁: The alternative hypothesizes for the above assumptions considering the null hypothesizes would be Higher the level of social status in the family, higher is the quality of life.

Table No 5. Correlation between respondents' quality of life and the level of social status within family.

Quality of life domains	Pearson Correlation	P value	Result
Physical domain	.331	.000	Sig
Psychological domain	.177	.000	Sig
Social relationship domain	.357	.000	Sig
Environment domain	.349	.000	Sig
Quality of life score	.351	.000	Sig

Karl Pearson correlation observed for level of social status and quality of life indicated significance at the level of 0.01 ($p < 0.01$) for all the domains in totality. Physical health has significant and positive correlation with social status of the respondents, $r = .331$, $p = .000 < 0.01$. Another domain, psychological health has significant and positive correlation with social status of the respondents, $r = .177$, $p = .000 < 0.01$. Social relationship domain has significant and positive correlation with social status of the respondents, $r = .357$, $p = .000 < 0.01$, which showed stronger positive correlation compared to all other domains in the group. Environmental domain has significant and positive correlation with social status of the respondents, $r = .349$, $p = .000 < 0.01$.

Social status of the respondents in the family has shown significant and positive relationship with the overall quality of life, $r = .351$, $p = .000 < 0.01$. So the hypothesis H_1 : Which states that “Higher the level of social status in the family, higher will be the quality of life” is accepted.

1. Social Work Implications

Social work has a role in varied agencies to work for the welfare of single mothers as social work deals with human beings, it has got a vast scope so as dealing with individuals, groups, communities, social action, social welfare administration and research these varied social work methods can be used to build the capacity within the individual to help him or herself and enhance their quality of life.

Social workers work with individuals in various settings like rehabilitation services, skill development agencies, programs eradicating social problems, welfare of children of single mothers, public residential facilities, the count of service provided by social workers go on as we discuss. It is very important to remember that social work plays a very vital role in welfare of single mothers as we discuss different aspects. Social work deals with all the aspects relating to the different spectrum of human life.

The client here in the study is women that is single mothers and their access to social work service is vast and dynamic, the word dynamic tells us “every day there is a new challenge for vulnerable groups and somewhere or somehow it effects the cohesion of the society”, as we discuss about single mothers we should not forget that every person and every problem are interrelated like a cob-web in society, so everything has to be considered especially the deprived, side-lined people, whom we call the vulnerable people- people who are more prone to the ill effects of society and the way the society functions has an effect on it.

In this study on Quality of life among single mothers the social work researchers found out various aspects covering the life of single mothers like social status of single mothers in the family, neighborhood, community, psychological condition, emotional and sexual exploitation caused to them by various external forces in the community by in large the same in society. In this study application of social work plays a very vital role to helping the vulnerable and downtrodden society such as single mothers.

Further social work can also be practiced while addressing various challenges of single mothers. Social work can also be seen as tool of social empowerment as we study the history of social group work and its practice in the community. The social work practitioners come up with various beautiful contemporary examples such as economic empowerment of Bangladeshi women in the year 1975 by Dr. Mohamed Yunus led to economic empowerment of vulnerable / side-lined / poor women.

2. Ethical Consideration

The Indian Council of Social Science Research (ICSSR) emphasizes strict adherence to ethical standards in the research it supports, ensuring honesty, integrity and the protection of participants rights. Upholding ethical principles is essential to preserving the dignity and welfare of research subjects. Researcher prioritize obtaining informed consent from participants, offering them comprehensive details about the study's goals methods and any potential risks involved.

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4. Limitations

The findings of the study are limited to institutionalized single mothers of Karnataka state. The study was conducted only on single mothers who are widows, separated, divorced and unwed mothers residing in the rehabilitative institutions like swadhargreah, santhwana Kendra,one-stop centre etc. The study is also limited to the single mothers of the age group of 15 to 39 years who are currently having children below the age of 18 years. The study does not focus on the single mothers above the age group of 39 years; hence their perspective is not reflected in the study.

Conclusion

The research on factors influencing quality of life among Institutionalized single mothers revealed that single mothers experience with quality of life are closely affected by poor social status of single mothers in the family and neighbourhood, poor psychological condition and economic hardship was the main stressor for majority of the single mothers. Most of the single mothers had difficulties in rearing as well as up-bringing of children, thinking about their uncertain future and settling down in life. Institutionalized single mothers with children who do not become employed will lose financial support for housing, food, clothing, health care and safety and it effects the quality of life of the single mothers. Numerous measures need to be taken to increase the level of mental health. More research needs to be conducted to assess and analyse the symptoms of depression including feeling of dysphoria, hopelessness, helplessness, low-self-esteem, apathy, fatigue, low level of concentration, insomnia and guilt. Voluntary organisations should promote collaboration among community health and mental health services providers and facilitate to promptly suggest ways to decrease psychological problems prevent depression in this vulnerable population.

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