

Being a woman is hard work: the policy implications of poor health among lone mothers

Maya Angelou¹ writes that “Being a woman is... not without joy and even ecstasy, but still relentless, unending work...”. For no other group of women is this comment more apt than for lone mothers. Of course, it is not necessarily the case that mothers without male partners are bringing children up “alone” or that they have special needs. Take my case, for example. My son and I live with my sister. My mother lives close, I have a strong network of friends and a well paid, flexible job. Research and (well informed) common sense suggest that women in my position have as much support as the majority of women with male partners. It isn't lone motherhood in itself that is the problem but rather mothering in the context of poverty and social isolation—experiences that are more common among lone than other mothers.

The proportions of lone mothers have been increasing in most Western nations, although figures vary, for around 6% of all mothers in Italy to over 20% in the UK and Norway in the mid 1990s. The composition of the group has also changed, although again there are variations. In the past, and still today in Southern European countries, lone parenthood normally resulted from the death of a parent. Today, in most countries, lone motherhood more frequently results from divorce, separation and extra-marital childbearing. In Europe as a whole these three groups accounted for around 70% of all lone mothers.² There are also important variations by ethnic background and in patterns of economic activity among lone mothers in different countries.

Despite this diversity, a growing body of international research has documented the disadvantaged economic position of lone women and their children.³ Even in France, where public financial support for low income families is comparatively generous, research suggests that in the early 1990s a couple with two children would have received the equivalent of £153 per month compared with average male wages of £955 per month.⁴ Research has also highlighted a strong and enduring relation between lone mothers health status and their experience of poverty and social exclusion and a gradient of poor health among lone mothers in different marital status groups.⁵ The paper by Burstrom and colleagues in this issue adds important new Swedish data to this overall picture, including a much needed longitudinal element.⁶ This paper, and other research also suggests that the material circumstances of lone parent families are worsening. Additionally, we know that children living in poverty and those whose mothers are in poor health, are at greater risk of experiencing ill health and that this will “cast long shadows forward”.⁷

The poor health of lone mothers and the strong and enduring link to poverty and social exclusion, pose major challenges for the new public health agenda internationally. As the Swedish study and other research indicate, employment and welfare policies have an important part to play. However, historically, neither have prevented lone mothers and their children from being disproportionately represented among the “poorest of the poor” and arguably, as a consequence, among the “unhealthiest of the unhealthy”.

Policies aimed at improving the circumstances of lone mother households have always been politically sensitive. In most western countries, lone, particularly never married, mothers have been prominent in public discourses about the “undeserving” poor over several centuries and concerns about their dependent status have fuelled moral panics and lead to retrograde policy initiatives.⁸ In the 1970s, New Zealand introduced the Domestic Purposes Benefit to improve the living standard of lone mother households but soon backtracked when this benefit was argued to be leading to an increase in unmarried motherhood.⁹ In the UK even more recently, high levels of welfare dependency among lone mothers lead to the Child Support Act in 1991, which attempted (unsuccessfully) to reverse what the then Secretary of State for Social Security called “the inadvertent nationalisation of fatherhood”.¹⁰

Today, many governments are developing USA style welfare to work programmes in an attempt to encourage greater independence among lone mothers and improve their living conditions. In the UK there is also to be a national childcare strategy. However, on their own such programmes will not be sufficient. Fundamental questions of values remain to be answered—questions at the heart of current debates about welfare reform in western economies.¹¹ How, for example, are responsibilities for maintaining children and their carers to be shared between women and men and between parents and the state? How are the continuing wage and status discrepancies between women and men in employment to be tackled? Above all there is a need to resolve the unequal status given to paid and unpaid work. It is this artificial but enduring distinction between “work” and “care” that makes lone motherhood damagingly hard work—and it is a distinction that is highly resistant to change.

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