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DEMOGRAPHIC FEATURES AND PSYCHOSOCIAL PROBLEMS IN SINGLE – PARENT FAMILIES: 1985 TO 1995*

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SUMMARY: Öktem F. (Department of Child and Adolescent Psychiatry, Hacettepe University Faculty of Medicine, Ankara, Turkey). Demographic features and psychosocial problems in single-parent families: 1985 to 1995. Turk J Pediatr 1998; 40: 159-166.

Single-parent families and children seen in Hacettepe University's Department of Child and Adolescent Psychiatry in 1985 and 1995 were evaluated. Divorce was the most frequent reason for single parenthood. Children of divorced families experienced a higher number and severity of symptoms, and a longer delay before applying for medical help. Oppositional defiant behavior was at equal frequency in all groups, but suicide attempts, school failure due to psychological causes, conduct disorder, and somatoform disorders were more frequent in divorced families. Divorced mothers were more likely to have a higher level of education and were more likely to work. From 1985 to 1995, mothers' age and educational level increased; the number and age of children decreased. Studies on such families are indicated to determine risk factors for psychosocial problems and to develop preventive measures. *Key words: single parent, divorce, separation.*

Most studies on children living with a single parent concentrate on divorced families. However, many single-parent situations also result from death or separation due to various causes, including work. Loss of a parent, due to any reason, is traumatic for a child[1].

Many factors affect the adjustment of the child to the new situation and his/her coping with this stress: relationship with the missing and remaining parents, interaction and harmony between parents, and financial situation[1,2]. The presence of a stepparent as a factor is controversial: some reports indicate a detrimental effect on the child-parent relationship while others suggest that the formation of a healthy couple might benefit the child's identification problem and also biring financial security[2,3]. In divorce or separation, the frequency of visits with the other parent also has an impact on the adjustment of the child.

Children raised by a single parent are more likely to show psychological problems in the future[4]. They are less successful at school than children with two parents[5]. Children of divorced families have lower self-esteem and weaker skills for self-sufficiency and coping[6].

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The reason for the single-parent status seems important in determining the nature of the problems. Single parenthood resulting from separation or divorce creates important psychosoial problems[7,8]. Although symptoms may disappear after the status is over[1], they increase progressively in divorced families where interparental agreement is lacking[9].

Turkey is a country of rapid scoial changes due to various reasons, among them: migratilon, moving to other countries for work, military service, and the very high rate of traffic accidents. We planned to investigate changes in the demographic profiles of children and families seen in the Department of Child and Adolescent Psychiatry of Hacettepe University over a ten-year period. The present study concentrates on the features and symptoms of single-parent families.

Material and Methods

Patients: All records of patients seen in the Department of Child and Adolescent Psychiatry of Hacettepe University for their first visit in 1985 (1155 children) and 1995 (1556 children) were examined for single parenthood. The study group consisted of 89 children (47 male, 42 female) from 1985 and 66 children (32 male, 34 female) from 1995, all living with only one parent. The distribution of the study group according to the reason for single parenthood is shown in Table I.

Table I: Sex Ratios According to Years and Reasons of Single Parenthood

	1985		1995	
Reason of Single Parenthood	F	M	F	M
Separation	3	12	11	5
Divorce	29	21	18	19
Death	10	14	5	8

Method: The following features were recorded for each patient: age; sex; parents' ages, educational status and profession; number and order of siblings; the parent with whom the patient is living; visiting frequency of the other parent; duration of the present family status; and any symptoms reported.

Results

Results are examined from two aspects: time trends according to the year of evaluation and cause of single parenthood.

I. Time Trends

The rate of single parenthood among our patients' families was 7.7 percent in 1985 and 4.24 percent in 1995. Patients' sex ratio was similar in both years, with close to equal sex distribution ($p > 0.05$, Table I).

Mothers' education level changed significantly in time (p = 0.00058). In particular, fewer mothers with primary education and more with higher education were seen in 1995 (Table II). A similar but less pronounced trend was observed in fathers' education level (Table II). Mothers' working status also changed in time: while 58.4 percent of mothers were homemakers in 1985, this rate was 30.3 percent in 1995 (p = .01).

Table II: Mothers' and Fathers' Education According to Years (Percentage)

	Years	Illiterate	Literate	Primary	Middle	High School	Faculty	Missing Value
Mothers	1985	11.24	4.49	37.08	12.36	20.22	13.48	1.13
	1995	1.5	1.5	15.15	10.61	37.88	30.3	3.06
p = .00058								
Fathers	1985	4.49	1.12	30.34	14.61	15.73	33.71	0
	1995	1.52	–	12.12	6.06	33.33	43.94	3.03
p = .00048								

Mean parental age in 1985 was 31.2 for mothers, 32.5 for fathers; in 1995, 35.1 and 37.0, respectively. On the other hand, childrens' mean age decreased from 119.1 months in 1985 to 108.4 months in 1995. The interval between the beginning of single parenthood and the first hospital visit was 61.4 months in 1985 and 45.5 months in 1995.

The ratio of single children in this group changed over time: 22.2 percent in 1985 to 45.5 percent in 1995 (p = 0.05). The majority of children brought to hospital were the first or the only child of the family. The family size decreased over time: average 3.25 children in 1985 and 1.85 in 1995 (p = 0.05). In both years, the parent in charge was also the parent bringing the child to hospital, and was the mother in 70 percent of the cases.

The average frequency of symptoms, calculated by dividing the sum of the symptoms by the number of children, was not different in the two years: 1.21 in 1985 and 1.24 in 1995.

II. Findings Related to the Cause of Single Parenthood

Demographic features of the families with a single parent due to divorce, separation, or death were examined. Divorced mothers tended to have a higher education; however, the difference was not statistically significant (Table III). The ratio of mothers who were homemakers was 65 percent in the separated or widowed group, while it was only 31.4 percent among divorced mothers. More mothers in the divorced group worked as civil servants: 44.1 percent compared to the widowed (23.6%) or separated (19.3%) groups (p = 0.028).

Table III: Mothers' Education According to Reason of Single Parenthood

	Illiterate	Literate	Primary	Middle	High School	Faculty	Missing Value
Separation	6.45	6.45	35.48	9.67	19.35	19.35	3.25
Divorce	2.3	2.3	22.98	11.49	34.48	24.14	2.31
Death	18.92	2.7	32.43	13.51	18.92	13.51	0

Mothers' average age was 27.2 in separated, 33.7 in divorced, and 37.9 in widowed group ($p = 0.00004$), and fathers', 34.9, 38.5, and 36.4, respectively ($p = 0.000$).

Mean number of children was highest in widowed families with an average of 3.24 children. Divorced families had 1.93 and separated families 2.26 ($p = 0.05$) children on average. It was more common for divorced parents to have only one child: 40.2 percent when compared to separated (33.3%) or widowed families (13.1%) ($p = 0.05$). In all three groups, the majority of children who were brought to the clinic were the first children.

The cause of single parenthood appeared to influence the delay of the hospital visit: a higher number of separated or widowed parents and fewer divorced parents brought their child within the first six months of the event. Intervals longer than three years were more frequent in the divorced group (Table IV).

Table IV: Duration of Single Parenthood

	Up to 6 Months	6 Months-2 Years	3 Years and More	Missing Value
Separation	29	22.58	32.26	16.16
Divorce	6.9	18.39	71.26	3.45
Death	21.62	18.92	59.46	

The frequency of visits with the non-residing parent was evaluated in the divorced and separated groups. Although the ratio of parents having regular and frequent visits was similar in both groups (17% and 16%), 12.6 percent of divorced parents were never seeing their children. The difference between the frequency of the visits was significant ($p = 0.00$, Table V).

Table V: Frequency of Visits

	Regular		Irregular						
	Frequent	Weekly	Monthly	Once Every Few Months	Twice a Year	Once a Year	No Attach for a Long Period	Unclassified	Never
Separation	4	1	–	2	1	2	1	20	–
	12.9	3.23	–	6.45	3.23	6.45	3.23	64.52	–
Divorce	6	9	4	10	3	8	7	29	11
	6.9	10.34	4.6	11.49	3.45	9.19	8.05	33.33	12.64

A stepmother was present in 22 percent of the divorced families and a stepfather in 14 percent. These ratios, especially that of a stepfather, were lower in widowed families: 15.7 and 5.2 percent, respectively ($p = 0.0029$).

Table VI summarizes the distrubiton of the symptoms. Children of divorced parents were more often brought to the clinic and had more symptoms. The mean number of symptoms was 1.13 in separation, 1.32 in divorce, and 1.05 in death ($p = 0.0023$). Regarding the nature of the symptoms, mood disorders and depression were common among divorced parents' children (13.9%). Depression was also frequent in the death group (15%). Oppositional defiant behavior was common in all three groups. Somatoform disorders, adjustment disorders, and suicide attempts were seen in children of divorced families.

Table VI: Symptoms According to Reason of Single Parenthood

DSM-4* Classification		Separation		Divorce		Death	
		N	%	N	%	N	%
Mental Motor Retardation		3	8.57	2	1.74		
Learning Disability	School Failure			4	3.48		
Language and	Articulation Disorder	2	5.71				
Speech Disorders	Stuttering	1	2.86	2	1.74	4	10
Disruptive	Attention Deficit Hyperactive Disorder	2	5.71	3	2.61	2	5
Behavior	Hyperactivity			2	1.74		
Disorder	Oppositional Defiant Behavior	5	14.29	15	13.04	4	10
	Conduct Disorder			16	13.91		
Eating	Eating Disorder	1	2.86				
Disorder	Anorexia Nervosa			1	0.87		
Tic Disorder	Tic Disorder			2	1.74		
Elimination	Enuresis	2	5.71	10	8.7	5	12.5
Disorders	Encopresis			3	2.61		
	Delayed Control			1	0.87		
Dissociactive Disorder	Dissociative Disorder			1	0.87		
Somatoform Disorder	Pain Disorder			4	3.48		
	Conversion Disorder			2	1.74	3	7.5
Anxiety	Fears			1	0.87		
Disorders	Obsessive-Compulsive Disorder	1	2.86	1	0.87		
	Anxiety	2	5.71	4	3.48	1	2.5
Mood Disorders	Depression			16	13.91	6	15
	Nightmare	1	2.86	1	0.87	1	2.5
Sleep Disorders	Night Terror			2	1.74		
	Somnambulism					1	2.5
Personality Disorders	Personality Disorder	1	2.86			1	2.5
Adjustment Disorders				3	2.61		
Habit	Biting Nails	1	2.86	1	0.87		
Disorders	Masturbation	2	5.71	3	2.61		
Suicide				4	3.48		
Reaction to Parental Loss		5	14.29	6	5.22	7	17.5
Others		6	17.14	5	4.35	5	12.5

* Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

Discussion

The demographic changes of families observed over 10 years should be evaluated in the context of social structure. An interesting observation was that the number of hospital visits from divorced families decreased in later years while the rate of divorce went up in our country.

We think mothers' characteristics are important since children frequently live with their mother[10]. Many reports point to the hardship on a mother who is the householder: she has to work, and psychosocial problems are frequent[11]. A strong relationship exists between the presence of financial problems and the frequency of psychopathology[2, 11]. The great majority of children in our study were also living with their mother, and more divorced mothers were working compared to separated or widowed ones. However, the educational level of these mothers was also higher compared to the two other groups and to the literature, and this may have directed them into professional life. The amelioration in parents' education level in time may be taken as a beneficial sign. However, this may also indicate a bias due to changes in our hospital population and needs to be studied in more detail.

Most separations in this study were due to working abroad, especially in 1985. Military service was also a frequent reason. Therefore, the separation is seen as an obligatory but also favorable status, although the extension of the separation and the establishment of new relationships abroad sometimes complicate the situation. In the literature, less acceptable causes are encountered for single parenthood: abandonment, being in jail, going to war, or drug dependency, which may explain differences among results of studies[1, 8].

Important observations are made on the quality and the quantity of complaints bringing the child to the clinic. Symptoms were most frequent in the divorced group, with a markedly higher conduct disorder and oppositional defiant behavior. These disorders may be a sign of depression[12]. Interparental conflict continues in most divorced families, and the child is conceived as a hostage of the battle. Both parents tend not to limit the child as a bribe to obtain the child's love. The child who has difficulty with belonging and possessing is more likely to show behavioral problems. Depression and suicide attempts observed in this group point to the seriousness of this situation. In our study, 12.6 percent of divorced parents were never seeing their children. Children more readily accept the death of a parent rather than the existence of a parent who deserted them[12].

Attachment figures help to develop attachment behavior which is then generalized. Being separated from these figures causes anxiety and hostility. To reduce these negative feelings attempts are made to get together with the attachment figure. Hampering these attempts increases the hostility further[3]. On

the other hand, a parent's loss due to death, in the beginning, produces symptoms of deprivation, anger and feelings such as blaming that parent and fear of losing the remaining one. Insecurity, anxiety and later, acceptance and depression, develop. This process is longer and more intense in children of divorced families[9]. The finding that oppositional defiant behavior was one of the most frequent disorders in all three groups points to a serious discipline problem in single-parent families. In fact, many reports emphasize the need to work on reinforcing mothers' coping strategies[11, 13].

Children of divorced families are at risk for school failure[14]. In our study, all children with behavior problems had school failure. In addition, school failure due purely to psychological causes was also observed.

Poznanski et al.[15] suggest that children who live with a depressed parent fluctuate between aggression and depression, which makes their adjustment harder. Raising a child as a single parent and going through deprivation is difficult for adults too. Therefore, emphasis should be placed on parents' mental health in order to decrease risk factors.

We planned to, but could not, evaluate the role of other relatives of single-parent families, due to incomplete data in patients' charts. A traditional family style is a protective factor for children living with one parent. The involvement of grandparents and other close relatives helps alleviate the problems considerably[16]. However, disciplinary issues need to be approached with caution: returning to parents' home after divorce results in the interaction of three generations where autonomy, respective roles, and parental skills are questioned.

The role of siblings in single-parent families has not been evaluated in detail, in general, children brought to our unit are the first child of the family, followed by the second, last, and only children[17]. The present study also reflected this pattern, although the rate of single children was higher in the divorced group. Bayrakal and Kope[18] emphasize the importance of siblings in single-parent families, and also the sex of the siblings as well as the parent's. Future studies will concentrate on these factors.

In conclusion, research is needed on the risk factors and preventive measures for children living in single-parent families, particularly in countries going through transition periods.

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