



University of Fort Hare
Together in Excellence

**EXPLORING THE QUALITY OF LIFE OF SINGLE MOTHERS: THE
CASE OF MARONDERA TOWN, ZIMBABWE.**

**A DISSERTATION SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR
THE ATTAINMENT OF A MASTER OF SOCIAL SCIENCE DEGREE IN SOCIAL
WORK AT THE UNIVERSITY OF FORT HARE; REPUBLIC OF SOUTH AFRICA.**

BY

MUNZARA MEMORY

(Student Number: 200909513)

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

SUPERVISOR: MS. V. LUPUWANA

CO-SUPERVISOR: PROF S.M. KANG'ETHE

JUNE 2014

DECLARATION

I, the undersigned, Munzara Memory hereby declare that the work contained in this dissertation is my own work, except where due acknowledgement is made with full references in the text and it has not previously been submitted to any university or institution of higher learning for any qualification or certificate.

Signed

Date

DEDICATION

This dissertation is dedicated to my parents Mr. and Mrs. Munzara who have stood by me all the way and also to my daughter Tariro Cayleigh Makoni.

ACKNOWLEDGEMENTS

At the completion of this dissertation, I would firstly like to thank my God Almighty the Creator for giving me inspiration, courage, strength and wisdom to make this work possible. I wish to express my sincere appreciation and thanks to my supervisors, Ms. V. Lupuwana and Professor S.M. Kang'ethe for their constant guidance and advice during the writing of the dissertation. I am grateful to them for being readily available for consultation and for their criticism, which helped me to improve my quality of work.

Special thanks to my parents, for extending helping hands when things were tough and also for taking care of my daughter whilst I pursued my studies. Your guidance and unwavering support financially, spiritually and emotionally made me stronger and your love and faith in me made me want to make you proud. Special mention also goes to my friend Itai Mafa for being by my side always and encouraging me, always seeing the best in me and making sure I soldiered on, great thanks to you my friend. Finally, appreciation goes to all my siblings for being there for me in every way they could, Beatrice, Happymore, Melody, Lisa and Munashe.

I wish to acknowledge with gratitude to the financial assistance received during my studies from GMDRC of the University of Fort Hare.

To my fellow colleagues and friends, thank you for the constant encouragement and the happy times we shared. It helped me in accomplishing the work. To everyone who participated in my study (who remain anonymous for confidentiality purposes), thank you for making time to answer my questionnaire.

ABSTRACT

The aim of the study was to explore the quality of life of single mothers in Marondera town. The study intended to achieve the following objectives: (i) determine the extent to which single mothers were satisfied with their lives (ii) investigate the challenges that single mothers' experience (iii) examine the coping mechanisms adopted by single mothers in the face of challenges (iv) investigate any form of support that single mothers' access from any quarter/stakeholder. Using the quantitative method, one hundred and ninety-nine questionnaires were administered to single mothers in Marondera town and 186 were returned fully answered. The major findings of this study outlined that financial challenge is one of the greatest problems that single mothers face, which in turn affects other areas of their lives and that of their children. As a result of lack of adequate finances single mothers in Marondera have indicated that they struggle to meet their daily basic needs, hence they are affected by poverty as well as lack of social support. These all affected their well-being and quality of life was lowered due to stresses related issues of being a sole breadwinner for the family and they were generally not satisfied with their lives.

It can be concluded that single motherhood affects the quality of life of these families in Zimbabwe which has been heightened by the economic crisis that has hit the country for the past two decades. Single mothers face the brunt effects of the economic meltdown that affected the nation as a whole, hence their quality of life is lower than that of a normal family where both spouses are present, in taking care of the family and sharing the burden.

The study therefore recommends that the government and other stakeholders take initiatives to help out these families and also improve salary wages of the people since in the study it has been shown that most people are underpaid despite being educated. Failure to do so is likely to lead to feminization of poverty as well as child poverty which will affect the future generation of the country.

TABLE OF CONTENTS

Contents	
DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
TABLE OF CONTENTS	vi
LIST OF TABLES	xi
LIST OF FIGURES	xii
LIST OF ACRONYMS	xiii
CHAPTER 1	1
1.1 Introduction and background	1
1.2 Problem statement	5
1.3. Aim and objectives of the study.....	5
1.4 Research questions.....	6
1.5 Significance of the study.....	6
1.6 Definition of concepts.....	7
1.7 Structure of the dissertation	7
CHAPTER 2	9
LITERATURE REVIEW	9
2.0 Introduction.....	9
2.1 Single motherhood	10
2.2 Causes of the increase in single motherhood	11
2.2.1 Divorce	12
2.2.2 Widowed	13
2.2.3 Premarital pregnancy.....	14
2.2.4 Being a single mother by Choice	15
2.3 Defining the concept quality of life (QOL)	16
2.3.1 Single Mothers and QOL.....	18

2.4 Capability approach on single motherhood and quality of life	19
2.5 Challenges of single motherhood that affects their Quality of Life.....	21
2.5.1 Single mothers and the problem of feminization of poverty in Zimbabwe	21
2.5.2 Women in the labour markets	25
2.5.3 Psychological distress of single mothers.....	26
2.5.4 Economic challenges associated with single mothers	28
2.5.5 Physical health of single mothers	29
2.5.6 Social support to single mothers in Zimbabwe	31
2.5.7 Parenting pressure of the single mothers.....	34
2.5.8 Relationships problems associated with single motherhood.....	35
2.5.9 Neighborhood poverty effects on QOL for single mother families	38
2.6 How single motherhood may affect children’s outcomes	40
2.6.1 Child poverty in single mother families	41
2.6.2 Loss of parental support and supervision.....	42
2.7 Single mother families and the community.....	43
2.7.1 The traditional family.....	44
2.7.2 Single motherhood effects on society	45
2.7.3 Decreased community ties.....	46
2.7.4 The phenomenon of fatherlessness and single mothers	46
2.8 Coping strategies employed by single mothers	48
2.8.1 Formal employment	48
2.8.2 Informal employment	49
2.8.3 Co-operative/ projects for single mothers.....	51
2.8.4 Joining faith-based groups.....	52
2.9 Support mechanisms available for single mothers.....	53
2.10 Conclusion.....	55
CHAPTER 3.....	56
RESEARCH METHODOLOGY.....	56
3.1 Introduction.....	56
3.2 Research methodology.....	56

3.3 Research design.....	57
3.4 Methods of data collection	58
3.5 Research instruments.....	59
3.6 Research Domain and Justification of Choice	60
3.7.1 Population under study.....	62
3.7.2 Sampling frame.....	62
3.7.3 Sample size.....	62
3.7.4 Sampling method	63
3.7.5 Sampling technique	63
3.7.6 Research procedure	64
3.7.7 Data analysis.....	64
3.7.8 Reliability and validity of the data	65
3.8 Ethical considerations.....	67
3.8.1 Confidentiality	68
3.8.2 Informed consent.....	68
3.8.3 Actions and competences of the researcher.....	69
3.8.4 Vulnerability of single mothers	69
3.9 Conclusion.....	70
CHAPTER 4.....	71
DATA INTERPRETATION, ANALYSIS AND PRESENTATION	71
4.1 Introduction.....	71
4.2 Response rate.....	72
4.3 Profile of single mothers in Marondera	72
4.3.1 Age of the respondents	72
4.3.2 Causes of divorce.....	74
4.3.3 Educational level	75
4.3.4 Employment status.....	77
4.3.5 Income status.....	78
4.4 Family structure	80
4.4.1 Number of children in single mother families.....	80

4.4.2 Age of the youngest child.....	81
4.5 Residential satisfaction for single mothers	84
4.6 Social support.....	86
4.7 Health issues.....	91
4.7.1 Last time one visited the doctor.	91
4.7.2 Access to contraceptives	93
4.7.3 Medical insurance details of single mothers	95
4.7.4 Access to medical facilities	96
4.7.5 General health	97
4.8 Single mothers' psychological and emotional well-being.....	99
4.9 Financial challenges faced by single mothers in Marondera town	100
4.10 General Life satisfaction.....	105
4.11 Challenges faced by single mothers	110
4.12 Strategies used by single mothers to overcome their challenges	111
4.12.1 Involvement in business.....	113
4.12.2 Prostitution and illegal dealings	113
4.12.3 Having support system.....	114
4.12.4 Informal employment.....	114
4.12.5 Other strategies employed by single mothers	115
4.15 Summary.....	115
CHAPTER 5.....	117
DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS.....	117
5.1 Introduction.....	117
5.2 Profile of single mothers in Marondera town	117
5.2.1 Age	117
5.2.2 Causes of single motherhood.....	118
5.2.3 Education.....	119
5.2.4 Employment status.....	120
5.2.5 Income status.....	121
5.3 Number of children and the age of the youngest child	123

5.4 Environmental, neighborhood and housing conditions	125
5.5 Social support.....	127
5.6 Health issues.....	130
5.7 Psychological and emotional well-being	133
5.8 Financial strain	134
5.9 General life satisfaction	136
5.10 challenges faced by single mothers	138
5.11 Strategies implemented by single mothers to overcome challenges	139
5.12 General conclusions	141
5.13 Recommendations	143
5.13.1 Recommendations for single mothers	143
5.13.2 Recommendations to the government, community and NGOs	145
5.13.3 Implications for social work practice.....	147
5.13.4 Recommendations for further research	148
5.14 Conclusion.....	148
BIBLIOGRAPHY	150
APPENDIX A: QUESTIONNAIRE FOR SINGLE MOTHERS.....	ii
APPENDIX B- CONSENT FORM	vi
APPENDIX C- ETHICAL CLEARANCE CERTIFICATE.....	viii

LIST OF TABLES

Table 4.1	Age of respondents	72
Table 4.2	Causes of single motherhood	74
Table 4.3	Educational level of single mothers	75
Table 4.4	Employment status	77
Table 4.5	Income status	78
Table 4.6	Number of children	80
Table 4.7	Youngest age of a child	82
Table 4.8	Housing and neighborhood stress	84
Table 4.9	social support	87
Table 4.10	Last time one visited the doctor	91
Table 4.11	Access to contraceptives	93
Table 4.12	Medical insurance covers	95
Table 4.13	Access to medical facilities	97
Table 4.14	General health	98
Table 4.15	Single mothers' psychological and emotional well-being	99
Table 4.16	Financial challenges faced by single mothers	101
Table 4.17	General life satisfaction	105
Table 4.18	General life satisfaction of single mothers	107
Table 4.19	Challenges faced by single mothers	110
Table 4.20	Strategies used by single mothers	112

LIST OF FIGURES

Fig 1	Map showing research domain: Marondera	60
Fig 4.1	Age of respondents	73
Fig 4.2	Causes of single motherhood	74
Fig 4.3	Educational status of Single mothers	76
Fig 4.4	Employment status	77
Fig 4.5	Income per month	79
Fig 4.6	Number of children	80
Fig 4.7	Age of the youngest child	82
Fig 4.8	Last time doctor visit	92
Fig 4.9	Access of contraceptives	94
Fig 4.10	Medical insurance cover	95
Fig 4.11	General health	98
Fig 4.12	Financial strain of single mothers	101

LIST OF ACRONYMS

'A'Level	Advanced Level
AIDS	Acquired Immunodeficiency Syndrome
ESAP	Economic Structural Adjustment Programme
HIV	Human Immunodeficiency Virus
IRIN	Integrated Regional Information Networks
MDG	Millennium Development goals
NGOs	Non-governmental Organizations
'O'Level	Ordinary Level
PASS	Poverty Assessment Study Survey
QOL	Quality of Life
SAMP	South African Migration Project
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
WHO	World Health Organisation
ZIMVAC	Zimbabwe Vulnerability Assessment Committee

CHAPTER 1

1.1 Introduction and background

The ligament that once sacredly held males and females in marriages is melting away as a new family composition is emerging. A noticeable rise in single motherhood has been recorded worldwide as most of the families are experiencing a changeover from two-parent families to single-parent families (Landau and Griffiths, 2007). The increase of conjugal instability and declining rates of marriage has resulted in a substantial increase in the number of single mother families (Clarke and Hamplová, 2010). Observably, the rising divorce rates and the number of children born outside marriage have escalated the phenomenon of single mother households in the last two decades worldwide. There is evidence in literature on the growing number of divorce rates and the increase in non-marital fertility in many industrialized countries as well as developing countries which has affected the well-being of women and children (Amato, 2005).

Woman and children are critically important in every community development agenda because they are the most deprived groups in terms of access to resources and authoritative command. Hence the increasing global trend of single mothers has been worsening the state and quality of life of single mothers as they have to play double roles of being a father and mother respectively. This has resulted in adverse effects across a number of developmental domains of individuals' lives (Heard, Gorman and Kapinus, 2008). Research suggests that family structures have a direct influence on children's well-being and also that it can be accountable for the intergenerational transmission of racial and economic inequalities (McLanahan and Percheski, 2008). The increase of single mother families present a worrying situation in terms of the

quality of life they may be leading hence this has motivated this researcher to embark on this research to investigate how single motherhood affects the quality of their lives. Understandably, quality of life refers to the general well-being of individuals and society and it goes beyond wealth and income. It also includes environment, physical and mental health, education, recreation and leisure time as well as social belonging (Gregory and Watts, 2009). The researcher used quantitative variables to assess the quality of life for single mothers and these include; income, basic needs (food, shelter, warmth and sleep), happiness/satisfaction, education, psychological and physical well-being. Kalil, Delerie, Jayakody and Chin (2001) suggest that single motherhood tends to be related with poverty and undesirable consequences for children. The increase of single motherhood in Zimbabwe is occurring within a climate of intensified deficit, which underpins the state of the feminization of poverty (Moyo and Kawewe, 2009). This trend does not go unnoticed as it affects the already vulnerable group of the population. The increase of single mother households makes it worse for women involved, especially those who do not become single mothers by choice.

Literature suggests that there is a significant increase of single motherhood due to the rise of divorce rates in Zimbabwe as well as pre-marital pregnancy among teenagers, and thereby increasing single mother households which face different challenges in their day to day lives. Divorce rates in Zimbabwe have continued to heighten with High Court data indicating a phenomenal upsurge in the number of divorce cases in the country. In 2011, for example, the High Court received a total of 1 551 divorce cases, a 21% increase from the 1216 cases received in 2010 (Nyoni, 2012).

There are many reasons which may account for the increase in divorce rate. This includes the migration of breadwinner usually the male to other countries such as South Africa, Botswana, and Namibia in search of greener pastures (Pasura, 2009). For example, there has been a mass exodus of men from Zimbabwe to South Africa, mainly to work in the South African mines (Heuveline, Jeffrey and Furstenberg, 2003). This phenomenon has been caused by the fact that Zimbabwe went through an economic meltdown that turned one of Africa's most prosperous country into a country with one of the lowest life expectancies in the world (Coltart, 2008). The economic meltdown experienced in the country exposed many people to poverty. Since women were mostly affected, this also negatively impacted on single mothers extensively. Other factors such as pre-marital reproduction, illnesses and death of husbands lead to an increase in single mother households in developing countries (Mbaheno, 2013).

However, due to the burgeoning cases of single motherhood in Zimbabwe as in many other countries of the world, single family system is increasingly being recognized and accepted as a normal type of a family (Kangeth'e and Mafa, 2014a). Since the family is the primary agent for socialization of children (Haralambos and Holborn, 2004), it is important to understand these families to see if they provide adequate support, financially, psychologically, spiritually and physically for the development and well-being of people involved especially children. Research suggests that approximately 12 million children in the United States below the age of 18 now live with only one parent, with almost 95% of these children living in single mother families (Bilarz and Goittanier, 2004). Although there is a rapid increase of single mother families, studies have suggested that they are characterized by poverty and negative outcomes (Biblarz and

Gottainer, 2004) and this can be true especially in developing countries like Zimbabwe which is already struggling with poverty that has been prevalent for the past two decades (Mpofu, 2010). Due to the problem of poverty in Zimbabwe, it is imperative to study single mother households because they are regarded as more susceptible to poverty than their married counterparts or male headed households. This is so because they are low income earners and cannot provide financial support within the household adequately (Chant, 2006). It then lowers their children's opportunities for decent education and nourishment. Low income is a consequence of the social bias women face in trying to obtain formal employment, which in turn deepens their cycle of poverty. Poverty is a multidimensional phenomenon with; economic, demographic, and socio-cultural factors, all overlapping to contribute to the establishment of poverty (Skalli, 2001). It is a phenomenon with multiple root causes and manifestations (Skalli, 2001). Due to the empirical evidence on feminization of poverty among single mother households, this study seeks to explore the quality of life these families live under in Marondera town.

The motivation to conduct this research emanated from this researcher's personal interest in how single motherhood could be affecting their quality of life. This is also borne from the fact that the researcher, herself a single mother has interacted with many single mothers. She has been disturbed by the fact that so many women are increasingly becoming single mothers at a very tender age. The research focused on Marondera town in the Mashonaland East Province of Zimbabwe. The researcher grew up in this part of Zimbabwe and noticed that most women below the age of 35 are already single mothers. As a result of being part of the community and being able to see

the life of single mothers and their families, it prompted the researcher to study their quality of life and experiences.

1.2 Problem statement

Globally, single-mother families are significantly surfacing, at an alarming rate, replacing the two-parent family. As such, the Sub-Saharan African countries such as Zimbabwe are not immune to this topical development. It is the irrefutable connection between single motherhood and poor living conditions that have propelled the researcher to undertake the current research. In towns, the effects of urban poverty, high costs of living and unemployment have been associated with the quality of single mother's lives. Since feminization of poverty shadows into child poverty, the quality of life for these children is also a cause of concern as their future is doomed due to hopelessness and helplessness. Failure to curb and address this phenomenon may raise crime and teenage pregnancies as these children will be attempting to surmount the effects of poverty. Hence, the researcher has deemed it eminent to disinter such factors associated with single motherhood, delving beneath their presenting problems. The main question is what kind of life are single mothers in Zimbabwe subjected to and how they are coping with life challenges that come with being single in the economic harsh climate of Zimbabwe.

1.3. Aim and objectives of the study

The broad objective of this study is to determine the quality of life of single mothers in Marondera town with the following specific or subsidiary objectives;

To determine the extent to which single mothers are satisfied with their life.

To investigate the challenges that single mothers' experience.

To examine the coping mechanisms adopted by single mothers in the face of challenges.

To investigate any form of support that single mothers' access from any quarter/stakeholder.

1.4 Research questions

Are single mothers satisfied with their life in general?

What are the challenges that single mothers face?

What are the coping mechanisms that single mothers adopt to overcome their challenges?

Are single mothers getting any form of support from various society structures?

1.5 Significance of the study

This study aimed at contributing to the limited work on single mother households in Zimbabwe. Specifically, it unveiled the challenges that affect single mother households in Zimbabwe with particular reference to Marondera town. The exploration of these challenges will enable the implementation of necessary assistance from different stakeholders that help single mothers. Understanding the challenges that are associated with single mother families may be a first step in developing programs that can be used to address the challenges facing these women and their children. Hence, the results of this research will assist the departments working directly with mothers in developing strategies as well as models, programs and interventions that may assist other

stakeholders working towards the reduction of poverty among single mother families. Therefore, information could help them to re-visit and add or change the strategies that will empower and protect single mothers in particular and women in general. This research will then broaden the scope of literature on the quality of life led by single mother households, thereby providing a firm ground for further research in this domain.

1.6 Definition of concepts

Quality of life is the general well-being of individuals and society and it goes beyond wealth and income. It also includes environment, physical and mental health, education, recreation and leisure time as well as social belonging.

Feminization of poverty has been documented to mean that women have a higher incidence of poverty than men, that their deficiency is more severe than that of men, that there is a trend to greater poverty among women, particularly associated with female family headed households which is part of single mother households (Chant, 2006).

Single motherhood is a term used to describe a non-cohabitating, never married, separated, divorced or widowed woman that lives with and supports at least one child under 18 years of age (Carbonari, 2013)

1.7 Structure of the dissertation

Chapter 1: Introduction

This chapter included background of the study, problem statement, objectives and significance of the study.

Chapter 2: Literature review on single mothers and their challenges and experiences.

This chapter focused on the review of related literature where theoretical frameworks and other related literature were reviewed in accordance with the demands of the research topic.

Chapter 3: Research methodology

This chapter outlined the research design which was used and justified the selected method. It also includes the entire process of research methodology that is, the research paradigm, population, sampling techniques, data collection instruments and data analysis methods.

Chapter 4: Research findings

This chapter outlined the research findings, interpretation and data analysis of quantitative data.

Chapter 5: Summary of findings, Conclusions and Recommendations

This chapter contains discussion of findings of the research and also presenting the conclusions and recommendations of the study. This final chapter also suggests areas for further research.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

This chapter briefly discusses/explores the concept of quality of life associated with single motherhood and why it is a problem globally and in Zimbabwe in particular. Recent extraordinary variations to family structures have presented more and more multifaceted roles for women in the context of family life and nurturing of children. Presently, single parent families headed by women are a significant demographic factor. This study has documented high levels of worry on the part of single mothers with regards to rearing children, HIV and AIDS, poverty, widowhood and inadequate financial resources as some of the contributing factors towards reduced quality of life in most single mother families.

Although single parent families have become a common phenomenon in contemporary life, little has been written about how single mothers manage to cope with the responsibilities of being parents and providers (O'Neil, 2002). Furthermore, little is known about what resources women have found useful to combat the inevitable stresses associated with being single mothers and the quality of life they embrace. The significance of each of these factors has relevance for both single mothers whose numbers continue to grow, and the future of their children (O'Neil, 2002).

Undeniably, an individual's place of residence or lack thereof, is essential in defining their quality of life. In Zimbabwe, housing, food and social security are by far the largest expenditure category for average families. The millions of families and individuals deemed financially burdened by the national poverty threshold are hard-pressed to find

decent, affordable housing that meets their economic, environmental and social needs (Malaba, 2006). Apparently, single motherhood is susceptible to the economic hardship of providing for a family and caring for children. This disadvantage has financially isolated single mothers and made them vulnerable to the cycle of poverty.

Although single mother families are becoming largely a predominant feature in both developing and developed countries, they are still regarded as a deviant population and typically social policies and programs have focused on discouraging out of wedlock births and encouraging marriage and patriarchal engagement (Garfinkel and McLanahan, 2003; Demo and Acock, 1996) as a solution to increasing overall quality of life (QOL). Social norms or ideation on the typical family structure, i.e. two parent household, has excluded single mothers' needs when discussing social policies for improving life of the families.

While the alarmingly high rate of single mothers in poverty has increased, there is still a great void in the extent of research and its integration of findings into development of policy. Studies show that single mothers are an underserved population who experience a disproportionately high rate of depression and stress, economic hardship, and a society largely adverse to their needs (Carbonari, 2013).

2.1 Single motherhood

Single motherhood is a term used to describe a non-cohabitating, never married, separated, divorced or widowed woman that lives with and supports at least one child under 18 years of age (Cairney, Boyle, Offord and Racine, 2003) cited in Carbonari (2013). Single mother families began to increase during the latter decades of the

twentieth century and are made up of divorced mothers, widows and mothers who never got married. Although single sole supporting mother families reflect a modern and more liberal view about what constitutes a family along with celebrating a more independent role for women, ironically single mother families are a modern concern because of the stresses associated with the dual nature of their role. Inevitably, combining work and family life for single mothers places unusual stress on single mother families (Carbonari, 2013).

2.2 Causes of the increase in single motherhood

There are different factors that can be taken into account for the escalation of the number of single mother households. These include divorce/separation, death of a spouse, pre-marital reproduction, and being a single mother by choice. Previous studies assumed that the growth in single mother families in Sub-Saharan Africa was due to the following factors: increase in age of marriage, increased economic opportunities for women, labour migration, and lack of marriageable men (Heuveline et al., 2003; Tabutin and Schoumaker, 2004) which have shown to have antagonistic effects on the lives of women and children.

Despite the minimal research on single motherhood, research on divorce, widowhood and premarital child bearing suggest that rates of single motherhood may be relatively high and possibly rising throughout Southern African region. In South Africa, for example, never-married women contribute nearly 50% of births amongst women of ages 12 to 26 (Garenne, Tollman and Kahn, 2000). Main causes of single motherhood will be explained in detail in the context of Zimbabwe.

2.2.1 Divorce

Observably, divorce rates across the globe have escalated due to different factors. In Zimbabwe, for instance, this phenomenon has increased due to the economic hardship that the country has gone through especially in the last decade (Pasura, 2009). Sociologists believe that the major cause of divorce in Zimbabwe is ‘forced’ separation of married couples due to circumstances beyond their control (South African Migration Project (SAMP) 2005). The economic hardships that struck Zimbabweans in the past two decades drove them away to other countries like UK, South Africa, and Botswana in search of greener pastures and thereby leaving their families behind (SAMP, 2005). The phenomenon of migration has caused a lot of strife on families especially the young couples. This is very detrimental when a young couple marries and shortly afterwards one of the spouses leaves the country for the Diaspora in the hope that the other spouse will follow in due course, and if this does not happen as intended due to maybe denial of visa to the other partner, this can inevitably increase chances of divorce. According to a report by SAMP (2005), divorce rate in Zimbabwe has been mainly attributed to labour migration of a partner who may never return home or may return home at a much later period to find his or her partner married to someone else. It is also attributed to women empowerment. Women gain power through education and careers and may no longer depend on men for their livelihood which makes it easier for them to consider divorce when frustrated with the conditions of the marriage. Modernization and urbanization have brought about increasing levels of women’s autonomy and greater participation in the labour market which also contribute to the rise in divorce rates (Takyi, 2001).

A growing culture of divorce can also be the cause of the increased divorce rate. The liberalization of divorce laws may have also contributed to high divorce rates. American studies have shown that married couples who adopt favourable attitudes towards divorce end up experiencing reductions in the quality of their marriages which can then lead to divorce (O'neil, 2002). This means that more often, the acceptance of divorce as an option precedes erosion of marital quality, rather than following it as a response. People quickly resort to divorce if there is some kind of discomfort and the marriage ties are being weakened day by day. That notwithstanding, however, marriage in Zimbabwe is highly looked upon with respect and dignity (Mungwini, 2008). Kambarami (2006) also echoes the same sentiments about marriage in Zimbabwe especially among the Shona people that it is sacred and married women are treated with respect and the desire destination of every woman is marriage.

2.2.2 Widowed

The rise of single motherhood in Zimbabwe is also through the death of husbands. Zimbabwe is one of the countries which have a very low life expectancy in the world (Clark and Hamplová 2010) and there is typically a large age difference between husbands and wives. This in turn leaves women as widows after their husbands' death. Single motherhood also seems to worsen in countries which are hard hit by the HIV and AIDS epidemic where life expectancy for both men and women has actually fallen, and this is the case of Zimbabwe as well (Clark and Hamplová 2010). Although Zimbabwe has managed to reduce the rate of HIV and AIDS in the country, it still remains one of the Sub Saharan countries most affected by the epidemic (Global spost, 2012)

2.2.3 Premarital pregnancy

Single motherhood is entered into by some women through pre-marital pregnancy where a girl falls pregnant before getting married (Clark and Hamplová, 2010). This has increased single motherhood in that men usually deny responsibility and desert the young lady who fell pregnant. Adolescent girls and boys indulge in pre-marital sex due to peer pressure because they convince themselves that “everyone is doing it” and thereby also forgetting the consequences that come with pre-marital sex (Mwaba and Naidoo, 2005). Some young people also indulge in sex just to experiment. It is therefore the researcher’s connotation that there is an increasing tendency amongst young people these days to think that it is old fashioned if they do not experiment with sex before marriage. Teenage girls and boys think that it is part and parcel of modernity to engage in sex before marriage and want to familiarize themselves with matters concerning sex before they get married. In many cases, such happening result in the pregnant girl getting abandoned by the man who impregnated her. Although parents discourage their children to indulge in sex before marriage, children still indulge in the forbidden act. The rise of single motherhood in Zimbabwe is also because of premarital sex. The situation is worsened by the Zimbabwean legislation which forbids abortions which is the “Termination of Pregnancy Act of 1977”. This act allows abortion only in certain cases where the woman’s life is endangered or where the child may suffer permanent physical defect or if the fetus was conceived as a result of rape or incest (IRIN News, 2005). Under no other circumstance is abortion allowed in Zimbabwe for it is considered a crime and one can be sentenced to a jail term. Therefore, most women end up having children outside marriage. On the other hand the culture of irresponsible fathers who abandon their women friends upon getting pregnant can also be blamed for

increase in the statistics of single motherhood. Other researchers have pointed out that premarital child bearing in sub-Saharan Africa is quite common compared to other regions such as Europe. Premarital birth accounts for nearly half of all births by women of ages between 12 and 26 in South Africa (Garenne, et al., 2000).

2.2.4 Being a single mother by Choice

Usually, single motherhood is a result of obvious predicaments such as divorce, death and unplanned pregnancy. Fascinatingly, there are some women who desire to become single mothers. “Some women have such a strong desire for motherhood that they wonder even in their twenties why they have to wait for a husband” (Morrissette 2008). It is that desire to appreciate the pleasures of motherhood, the fulfilment and unparalleled gratification of carrying a life and caring for a child that make them take such a controversial decision despite the obvious drawbacks thereof. It also need to be appreciated that single motherhood should be expected to rise as long as societies get less committed to the institution of marriage and the sanctity of sex is thrown away. Perhaps the phenomenon of women having no confidence with the institution of marriage has made them to decide to be single mothers by choice. Besides, the tendency of men to embrace and uphold the norm of multiple and concurrent partners without taking their sexual responsibility and accountability seriously could also be contributing to some women opting to take the route of being single mothers by choice. This is because they feel they would rather be single mothers rather than share a husband with another woman. This is especially the case with economically stable women (The Word Bank, 2003).

However, some women opt to be left to take care of their children alone when they suspect their men are cheating. Cases of abuse could also contribute to women opting to go at it alone and become solo mothers for life.

2.3 Defining the concept quality of life (QOL)

The issue of quality of life is being discussed widely in different scientific fields. It has been the focus of considerable academic endeavor and there exists no recognized and accepted definition. In sociology, for instance, QOL is understood as subjective understanding of individual well-being, taking into account individual needs and understanding. In economics, it is the standard of living and in medicine it is about health and illness taking into consideration the factors that influence healthy lifestyle (Susniene and Jurkauskas, 2009).

Faequhar (1995) states that QOL is a problematic concept as different people value different things. This is so because each man or even the same man may value different things at certain periods. There is no universally accepted definition of QOL. However, most people refer to the definition of the World Health Organization introduced in 1997. QOL is regarded as an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, standards, expectations and concerns which incorporates physical health, psychological state of mind, level of independence, social relations and personal beliefs (World Health Organization Quality of Life, 1997).

In as much as there is no universally accepted definition of quality of life, but for the sake of this study, quality of life refers to the general well-being of individuals and

society. This goes beyond wealth and income to include environment, physical and mental health, education, recreation and leisure as well as social belonging (Gregory and Watts, 2009). An analysis of these factors could help determine the QOL for single mothers and their families. In other words QOL is defined in this context as a person's satisfaction with their current life dimension in comparison with their pursued or ideal QOL. Therefore, the assessment of QOL could depend on a person's value system as well as cultural environment in which he/she belongs to (Gilgeous, 1998).

Quality of life is determined by a lot of factors and conditions such as: place of residence, occupation, income and material well-being, moral attitudes, personal and family life, social support, stress and crisis, condition of health, prospects of health care and relationship with the environment (Phillips, 2006). In this research, quality of life is represented by how well human needs are met or unmet and how well an individual perceives his or her satisfaction with various life domains. Researchers have also concluded that there are two basic components that comprise the quality of life, subjective and objective indicators. While subjective quality of life is about feeling good with things in general, objective quality of life is about fulfilling the societal and cultural domains for material wealth, social status and physical well-being (The Quality-of-Life Research Centre, 2005). Therefore, objective indicators exist in the society and they can be monitored and assessed by the amount and frequency. On the other hand, subjective indicators exist in the consciousness of an individual and they can only be identified from the person's answers to important subjects to them (Susniene and Jurkauskas, 2009). A typical quality of life measurement uses both objective and subjective indicators to acquire a well-rounded assessment.

2.3.1 Single Mothers and QOL

Throughout the 20th century, there has been a growing concern about the overwhelming number of single mothers due to the challenges and stresses that these families face and which in turn compromise their QOL. Researchers agree that single women face difficulties in life which compromise their QOL and that of their children. Single motherhood is associated with economic, psychological and social stresses that impede the overall functioning of their families (Carbonari, 2013). Generally, reports have found out that single mothers feel lonely, are burdened with their dual role of provision and nurturance, lack access to public and social resources, and normally have lower subjective well-being ratings than non-single mothers (Ifcher and Zarghamee 2011; Herbst, 2010). The dual role that single mothers play also affects their well-being, the following passage is an example of the role played by a single mother in Zimbabwe and the dire conditions of her life which affects her quality of life as well as that of her children because of unavailability of the mother most of the times due to work related issues.

Tendekai Sibanda, a single mother of two, starts her day at 4:30 am. After preparing a meal on firewood in a dimly lit thatched hut, she trudges village to village, covering up to 12 miles a day on foot to attend to bed-ridden AIDS patients. (Global spot 2012).

Reports by other researches comparing single mothers to married mothers have reported that, single mothers consistently report being not as happy as married women, and experience greater stress, anxiety, depression and physical health problems (Demo and Acock, 1996). Furthermore, single mothers have low income that is supposed to cater for all their family needs and this may entail that these mothers settle for

economically disadvantaged neighborhoods that have few employment opportunities, low quality schools and fewer recreational resources (Cutrona, Russell, Brown, Hessling, Clark and Gardner, 2005).

Undeniably, a lot of literature suggests that single mothers have been found to be predominantly disadvantaged socially, economically and psychologically (Wise, 2003). However, there is a considerable void in published studies measuring the entire entity of quality of life for single mothers and their families. This study examines the correlation of quality of life indicators (income, basic needs, psychological well-being, education, physical health and social support) with overall general life satisfaction. General life satisfaction has been used as a proxy measure for quality of life.

2.4 Capability approach on single motherhood and quality of life

The capability approach was pioneered by Amartya Sen, an economist-philosopher and Martha Nussbaum. It was further developed by a number of other scholars across the humanities and was developed significantly by social sciences (Zalta, 2011). This approach entails two normative claims: first, the claim that the liberty to achieve well-being is of primary moral standing, and second, that freedom to achieve well-being is to be understood in terms of people's capabilities, that is, their real opportunities to do and be what they have reason to value (Zalta, 2011:2). This framework goes a long way into analysing the quality of life for single mother families looking at their capabilities to achieve a satisfactory life style. The well-being of an individual, growth and development is of paramount importance. Therefore, it is critical to analyze single mother families and be able to make adjustments where necessary. The capability approach argues that the quality of life should be conceived and measured directly in

terms of functionings and capabilities (Alkire, 2008). The functionings are beings and doings that people value and have reason to value. They can include quite plain achievements, such as being safe, well-nourished and literate, while capabilities refer to 'the various combinations of functionings (beings and doings) that the person can achieve. Capability is, thus, a set of vectors of functionings, reflecting the person's freedom to lead one type of life or another, and to choose from possible livings (Alkire, 2008:5). This theory was chosen because it brings out how the QOL for single mothers and their families is compromised by the structure of the family. Quality of life in this study has been operationalized to mean the general well-being of an individual or society and in this instance, we are looking at the well-being of single mothers and their children. The capability approach evaluates the well-being of individuals in terms of their personal ability to achieve certain outcomes, doings and beings, which are collectively called functioning (Foster and Handy, 2008). In this research, quality of life for single mothers will be analysed by assessing their capabilities and approaches to earn a desirable quality of life or vice versa. Single mothers have been documented to be low income earners which in itself may translate to having inadequate money to provide for the family (Chant, 2001). The beings and doings of a single mother family can help in assessing the quality of life of the single mothers. When we look at the level of education, income and social network of single mother families, these indicators can be used to assess their quality of life. For example a low level of education may translate to having no job or a very lowly paying job for these families. This is bound to negatively affect their quality of life and that of their dependents. For those that have good jobs and better education, they are likely to attain some higher standards of life and living than

those without employment, or with low education. So the assessment of beings and doings of single mother families can help us understand their quality of life.

On the other hand, capabilities indicate an individual's real freedoms or opportunities to achieve life functionings. For one to have a desired life style, they should have opportunities to do that which can make them who they want to be. Therefore, the well-being of single mother families depends on the capabilities of the mother.

2.5 Challenges of single motherhood that affects their Quality of Life

Single mother families have been associated with challenges that negatively impacts on their quality of life and that of their children's development. These challenges range from feminization of poverty, parenting, and economic, physical and psychological well-being, and so on. The following paragraphs will delve deeper into the challenges and explain the ways in which they affect these families.

2.5.1 Single mothers and the problem of feminization of poverty in Zimbabwe

The term, the 'feminization of poverty' originated from US debates about single mothers and their welfare state, dating from the 1970s. Of late there has been much discussion, in both academic and development policy circles, of the phenomena (Chant, 2006). However, there was miniature lucidity about what the feminization of poverty means, or about whether such a trend can be scientifically verified. The feminization of poverty has been linked to firstly, an apparent increase in the proportion of female-headed households and secondly, the increase of female participation in low return urban informal sector activities, particularly in the context of the 1980s economic crises and

adjustments in Sub-Saharan Africa and Latin America (Chant, 2006). It has been used to mean three different things: that women have a higher incidence of poverty than men, that their deficiency is more severe than that of men, that there is a trend to greater poverty among women, particularly associated with female family headed households which is part of single mother households (Chant, 2006).

Feminization of poverty in Zimbabwe is attributed to the 1990s during which the country adopted the Structural Adjustments Programmes (SAPS) better known in Zimbabwe as Economic Structural Adjustment Program (ESAP) (Government of Zimbabwe, 1995). It should be emphasized here that, ESAP encouraged the government to cut back expenditures especially on critical social services sector like health, education and social welfare. This meant that subsidies to the poor families had to be done away with. What it means, therefore, is that single mother households which were better off with government assistance especially education had now to provide on their own and meet their educational and health needs. In addition, the woes of the SAPs were not over when Zimbabwe itself experienced one of its worst economic and political declines for a decade from 2001-2011. Thus, in all these scenarios, single women were the victims because of their roles as sole providers of their families.

To say the least, feminization of poverty in Zimbabwe among female-headed households has taken a huge toll of single women. Statistics indicate that 68% of single mothers were in 2003 living under the Total Consumption poverty Line (UNDP, 2010). This was due to the economic crisis which disproportionately affected women through the informalisation of employment sectors such as food processing and the textile industry. These sectors, which were predominantly occupied by women collapsed after

the land reform programme of 2008 (UNDP, 2010). Consequently, the feminization of poverty has affected the QOL of single mother families in Zimbabwe for they were pushed to the brink of poverty. Also feminization of poverty was aggravated by the collapse of Zimbabwean economy as a result of political interference with the white farmers and their exit from the economic domain (Kanghe'the and Munzara, 2014). The feminization of poverty in Zimbabwe has also been reported to have been aggravated by “*operation murambatsvina*”, where most women were affected. *Operation Murambatsvina* was Zimbabwe’s mass forced evictions to clear urban and peri-urban areas of illegal structures and the evictions were carried out without giving prior notice. *Operation murambatsvina* has been reported to have disproportionately affected women who were forced to seek alternative shelter for themselves and their children (Amnesty International, 2011). As *operation murambatsvina* was carried out, it also targeted informal traders in urban areas. Women are the ones who constitute the majority of informal market traders and are the primary providers of the family and this policy unduly affected them as many women in urban areas earned their living through selling vegetables and other wares at the market stalls that were destroyed by this move (Amnesty International, 2011). The operation left many people homeless, especially female-headed households and this heightened the feminization of poverty amongst single mothers in Zimbabwe.

It is therefore, important for Zimbabwe to address the problem of single mother families. They need to selectively and affirmatively target the female-headed households in combating the feminization of poverty that negatively affect s their quality of life. Apparently and realistically, children from single mother households tend to be

disadvantaged when compared with their peers. This is because of scarcity of resources from their mothers who single handedly toil through thick and thin to eke out a living for them (Kanji, 2010).

Undeniably, single mother households are more predisposed to poverty because they are the only source of income in the family and they play a dual role of nurturance and taking the place of the father for their children (Kang'ethe and Munzara, 2014). This phenomenon stifles women's chance to engage in full employment as they are sometimes obligated to be physically present with their children especially when they are young. This may open them only to engage in part time jobs which may not be sufficiently paying in terms of remunerations (Fukkuda, 1999). The phenomenon of feminization of poverty in Zimbabwe is therefore one of the critical factors that continue to affect single mother families and compromise their quality of life.

Although single mother families are associated with low quality life, there is however some positive aspects that can be linked with their state of single motherhood and their families. These families are likely to be less controlled by patriarchal authority at the domestic level and mothers may experience greater self-esteem, more personal freedom, and more flexibility to take on paid work, enhanced control over finances and a reduction or absence of physical and/or emotional abuse. Single mothers may be empowered in that they can independently further their personal interests and the well-being of their dependents (Baden and Milward, 2000). Studies have shown that the expenditure patterns of female-headed households are more biased towards nutrition and education than those of male households (Chant, 2006). However, while single mothers may be better off in some ways, they face greater difficulties than men in

gaining access to labour markets, credit, housing and basic services. In some settings, they suffer bouts of stigma and discrimination. It is therefore pertinent to consider the perceptions of single mothers by taking an array of variables believed to constitute the quality of life. This will also bring to light factors that the single mothers view could add to the quality of their lives.

2.5.2 Women in the labour markets

The growth of female participation in low return, urban, informal sector activities is also considered evidence of the feminization of poverty which is mostly affecting single mother families (Kang'ethe, 2013a). Due to family survival schemes in economic restructuring, there is a growing dependence on informal sector employment for both men and women in Zimbabwe (Malaba, 2006). However, UN data show that the informal sector is a greater source of employment for women than for men (United Nations, 2000). The greater uncertainty and lower earning capacity in the informal sector is therefore seen as another reason for the feminization of poverty. Moreover, because of the absorption of women in casual labour of informal sector work, legislative measures have either been excluded, or not been enforced in relation to most of their economic activities. A research study by Zindiye (2008) on small and medium enterprises in Zimbabwe showed that women were mostly dominant in the informal sector as 63% showed that women were into small to medium business enterprises, while men were only 37%. Zindiye attributed this to the fact that men traditionally occupy top positions at work and most large corporations are led by them. As a result, much of women's segregation from conventional economic opportunities has led to their participation in casual, informal and unregulated labour at rates of pay that are far less

than that of men (Oberhauser, 1998). Due to the patriarchal nature of leadership in Zimbabwe this could also be the main cause why most women operate in informal sectors and other low paying jobs than men, which often affect single mothers to a greater extent because they will be the sole providers of a family.

2.5.3 Psychological distress of single mothers

Previous researches on single mothers have reported that single mothers tend to suffer from a feeling of rootlessness and a lack of identity after divorce/widowhood (Kotwal and Prabhakar, 2009). This was especially true for women whose identities were formerly associated with that of their husbands. Commonly, single mothers have been associated with feelings of guilt, shame, resentment, anger and anxiety about their future and this brings about personality changes and challenges. All these feelings that single mothers may feel, definitely affect their moods and relationships with significant others. To this end, single mothers have been constantly found to have elevated levels of psychological distress (Hope, Power and Rodgers, 1999). This is attributed to negative consequences of financial hardships. Mothers who are gainfully employed in particular have been reported to have lower psychological distress than those who are not employed (Hope et al, 1999). Due to increased vulnerabilities as a result of myriad challenges such as financial problems, parenting, poverty, lack of social support and discrimination, these are factors that affect single mothers' temperaments, blood pressure, and state of happiness. In some extreme cases, the above factors can drive them to a state of suicidal ideation (Brown and Maron, 1997). All these leave them depressed and emotionally unstable. Being exposed to multiple stressors has been reported to have potential negative impact on a person's well-being (Ford-Gilboe, 2000).

Importantly, lack of social support for single mothers may influence their psychological well-being and can result to pangs of distress that could directly or indirectly increase their susceptibility to life events and difficulties such as social functioning and in extreme situations, suicidal ideation (Brown and Moran, 1997). It has also been reported by other researchers that single mothers are generally twice likely to have an active mental disorder compared to single women or partnered mothers (Hong, 2011). A research by Loxton, Mooney and Young (2006) on cross-sectional analyses on Australian single mothers to ascertain their psychological well-being indicated that single mothers were more likely to experience depression, having suicidal thoughts and required anti-depressant medication. Due to the life stresses that single mothers endure, it may also affect their parenting skills and lower the quality of life for the family as a whole.

Psychological distress can affect single mothers in Zimbabwe due to poverty, economic challenges that hit the country for over two decades as well as the highlighted operation murambatsvina which left many people homeless and stranded without anywhere to go (Amnesty International, 2011). The plight of single mothers in Zimbabwe can also be worsened by stigmatization as well as lack of respect as people tend to view the married with respect than single mothers who are looked at with such scrutiny by the society that degrades them. Mugwini (2008) explains how single mothers are looked down upon in Shona culture, as he brings out how inappropriate it is for a married woman to have a close friend of an unmarried woman as they are viewed as sexual perverts who are seen to destroy marriages as well as influence the married women to have illicit affairs. The fact that the society to some extent shuns single mothers, which will in turn make the single mothers isolate themselves, can leave them without people

whom they can rely on for social, economic and financial support, thereby increasing their chances of depression and distress.

2.5.4 Economic challenges associated with single mothers

Financial instability is one of the most challenging situations in a single mother family, for they are the sole breadwinners of the family (Chant, 2006). Women in general are usually employed in low paying jobs than men (Kang'ethe, 2013a); hence they get low remuneration that does not allow them to take care of the needs of their family. This definitely affects the quality of life for the family because it becomes difficult for them to meet the basic needs of their children such as food, clothing, school fees and also their own personal expenses. Due to the problem of inadequate income, this exposes these families to more vulnerabilities such as acute poverty. McLanahan (1994) makes a comparison of a single mother family and married couples. In her findings, she reports that, one in two families headed by a single mother is living in poverty compared to only one in ten cases for married couples living with their children. The report also indicated that that single mothers are more likely to being worried most of the time because their income is not enough to meet family expenses (McLanahan, 1994). As a result, single mothers are more likely to be poor because of their lower earning capacity. However, in Zimbabwe, the non-assistance from the government in terms of support grants or offering free education to single mother children aggravate their situation economically. This phenomenon affects the quality of life for single mother families for they cannot adequately cater for their children. Moreover, the situation of Zimbabwe economically worsens the burden for single mothers because even in formal employments, people get very low incomes, as little as R4000.00 equivalent a month and that is for

professionals like teachers, nurses and other civil servants (Africa Growth Institute, 2014). The economic situation of the country has actually imposed heavy financial burden on single mother families. Hence, the quality of life for these families is questionable and needs to be assessed on how they are making the ends meet. (McLanahan and Sandefur, 1994).

Moyo and Kewawe (2009) explored the nature and features of single motherhood in Zimbabwe using three vignettes as their study population. The findings of the study were comparable to what was discovered in the developed countries that single mothers are mostly deprived and economically challenged (Curtis, 2001). The Vignettes depicted the socioeconomic concerns of single mother families regarding insufficient income, issues regarding unemployment, the unavailability of housing structures, and problematic governmental policies that affected the well-being of single mothers and their families.

2.5.5 Physical health of single mothers

It is acknowledged in literature that long term, lengthy emotional stress and associated poverty-related stressors among low-income single mothers can compromise the physical health of single mothers (Wickrama, Lorenz, Conger, Elder, Abraham and Fang, 2006). Hence, in Zimbabwe it can actually be safe to say almost all single mothers have poverty-related stresses due to low incomes offered in the country for the whole population. Previous researchers have reported that low income single mothers are more likely to suffer from diabetes (Balukonis, Mellcus and Chyun, 2008), hypertension (Kaplan, Siefert, Ranjit, Raghunathan, Young and Tran, 2005) hives, joint pains, and psoriasis (Carney and Freedland, 2000). Physical health problems can be

prominent in single mothers in Zimbabwe as they multi-task in order to cater for the family. The example already given on Tendai who wakes up at 4:30am in a dimly lit thatched house to prepare meals with firewood, and tracking for over 12miles shows how single mothers are having a difficult time trying to make ends meet and also be there for their children. Everything that needs to be done at home will be waiting for them, like tilling the land for gardening, fetching firewood for cooking and even fetching water as the water and electricity of Zimbabwe have been erratic throughout the country and everyone is affected by it. Single mothers will be highly affected because they have no one to help them, hence their health will deteriorate physically as they engage in multiple activities catering for the family.

Additionally, food insecurity and lack of available supermarkets, fresh produce and a nutritious diet are associated with a low-income women's poor physical health, which affect their well-being and hence a lowered quality of life (Broussard, 2010). Also, the stress related to domestic food security and the burden of their children's health prompts some mothers to diminish their nutritional intake in the hope of providing satisfactory nutrition to their children, a behavior that increases single mothers' illnesses over time (McIntyre, Glanville, Raine, Dayle, Anderson and Battaglia, 2003). As discussed above on financial challenges for single mother families, this goes a long way as to also affect their physical health. Further research indicates that single mothers lack access to health insurance or have inadequate insurance, which in turn explain low reports of regular dental and doctor check-ups (Broussard, 2010). Curtis (2001), in her study made comparisons between single mothers and married mothers and found that the health status of single mothers was expressively lower than that of married mothers

in Canada. Children of low income single mother families have been reported to experience disproportionately high rates of asthma, malnutrition, stunted growth and other health problems associated with roach and rodent infestation due to their place of residence (Bashir, 2002). In Zimbabwe studies have shown that more than a third of Zimbabwe's children below the age of five years were persistently undernourished and subsequently underdeveloped due to malnutrition (UNICEF, 2010) and this was due to the economic meltdown that affected food availability in the country and single mother families were affected to a greater extent. The economic turn down of the Zimbabwean economic had dire effects on the physical stature of children and the mothers as well. This goes on to show how physical health is a predictor of quality of life.

2.5.6 Social support to single mothers in Zimbabwe

Lack of social support from the significant others as well as the government in Zimbabwe has affected single mother families in a negative way. Other researchers have noted that lack of social support from family members and friends is associated with lower levels of emotional distress (Green and Rogers, 2001; Turner, 2006). However, Cairney et al. (2003) reports that single mothers have been reported to have less contact with friends and family and are less socially involved with community activities than married mothers. In Zimbabwe the isolation of single mothers from other community members could be due to stereotype views that are held by the society that single mothers are a deviant population and have no morals hence some people do not want to be associated with them (Mungwini, 2008). There is perceived lack of social support for single mother families in Zimbabwe and this is one most important factor, along with financial hardships that contributes to the poor mental health of single

mothers. Furthermore, research indicates a correlation between lack of social support and poor emotional health and self-esteem, which has been found to be associated with perceived life satisfaction (Mandara, Johnson, Murray and Varner, 2008).

Single mother households face various life challenges more than their married counterparts in Zimbabwe because there is no form of grant for children from the government to help the mothers take care of their children. Contrastingly, some countries like South Africa have launched targeted initiatives to alleviate the challenges of female-headed households and those that earn less than R800 per month. The country also implements child support grants for single mothers, orphans and the old age grant. For Zimbabwe, these services are not there at all. One has to work and fend for their families on their own.

Single mothers may have limited social networks. This may be due to the fact that female heads lack ties with ex-partners' relatives, or because they 'keep themselves to themselves' in the face of hostility or mistrust on the part of their own family networks or others in their communities (Chant, 2007). In Zimbabwe, single mothers may also consciously distance themselves from kins as a means of deflecting 'shame' or 'dishonor' attached to out-of-wedlock birth and/or marriage failure, or because of being forced to take stigmatised types of employment such as sex work (Bibars, 2001). Furthermore, some single mothers are unable to spare the time to actively cultivate social links and/or may avoid seeking help from others because deficits in material and other resources prevent ready reciprocation of favors (Chant, 2007).

The lack of support or perceived lack of support of single mother families affects their well-being and their children's development. In Zimbabwe there is however a legislative act that helps women to get support from the father of their children if not deceased. The state enforces maintenance payment by men to women and children in the eventuality of a divorce, separation, or premarital pregnancy where one deserts his partner due to the pregnancy. In many places, legislation governing maintenance payments has now extended to cover children from consensual unions as well as formal marriage. However, in most instances, especially among the poor, levels of 'paternal responsibility' are very low and men are rarely penalised for non-compliance (Budowski and Rosero-Bixby, 2003; Chant, 2001). This law has been put so as to help mothers to raise children with the help of the fathers. Although this has been put to aid these mothers, there are many difficulties that they face in getting the maintenance money. There are strifes, arm-twisting and corruption associated with child maintenance support to an extent that most of it is never paid and any follow up process to it sometimes prove to be an arduous and an uphill task. (Tharps, 2005). The child/family maintenance law goes on to state that failure to pay maintenance can result to imprisonment of the defaulter. However, this researcher thinks that imprisonment can extinguish any hope and relationship between the defaulting father and the child, if future is anything to be thought about. However, recognising that men's incapacity to pay because they are unemployed or have limited earnings may be an important factor among low-income groups, unwillingness to pay is often an additional element (Chant, 1997a; 2001). Perhaps the state of the country's ailing economy can be blamed for this, and of course poor political governance. This researcher thinks that perhaps the law

can be enforced to those who have the money and just need to be coerced to pump out the money. There is however little available research on the correlation between social support and quality of life of single mother families. But according to literature it can be concluded that social support does play a big role in a person's life and can actually improve single mothers' well-being, and the lack of it thereof may negatively impact on the lives of single mother families because they will suffer from depression which affects their well-being.

2.5.7 Parenting pressure of the single mothers

Parenting pressure has been identified as a significant issue for single mothers in many developing countries. Generally, in many settings, the obligation of raising children has customarily fallen to the mothers after men abdicate their responsibilities (Copeland and Harbaugh, 2005). Realistically, the quality of life of the single mothers can be affected by stressful situations that come with parenting pressure. Past research has shown that parenting is stressful and is inversely related to adult well-being across social statuses (McLanahan, 1994). With the rate of single motherhood on the rise in Zimbabwe, this indicates a compromised state of the quality of life for the single mothers. However, most of the pressures emanate from the dwindling financial resources to take children to school, meet their daily social costs etc. these challenges are faced because these women may not have had adequate education and therefore failed to get well remunerated jobs, In fact many single mothers may not even have stable time-on-task employment. This poses serious challenges of eking out their lives and those of their dependents (Ross, Mirowsky and Goldsteen, 1990). Perhaps the pressures and stresses of single mothers emanates from the fact that a single mothers' responsibilities

who go to work do not stop the moment the work ends each day, for they usually have other tasks waiting for them back home like increased household chores ranging from preparing dinner, doing laundry or helping children with their homework. The economic situation of Zimbabwe requires mothers to multi-task so as to make ends meet thereby forfeiting time to spend with their children. More often than not, there is no one to help these mothers to carry out all that is expected of them in the home. For that reason, many single mothers feel chronically fatigued (McLanahan, 1994). Other researchers report that single mothers often feel physically and emotionally drained and they may find themselves yelling more at their children which in turn negatively impacts on their children's development. With increased economic pressures in Zimbabwe especially after the government banished the white farmers who had employed many single mothers. The phenomenon of mothers finding themselves in a state of disenchantment, disillusionment and despondence are not uncommon. This is so because they experience a great deal of tension and sometimes guilt that comes with not being able to attend to their entire children's needs. At the extreme, these mothers may feel that they cannot deal with their children anymore. They may resort to physical punishment and even become abusive if they are pushed too far (McLanahan, 1994). They may give up altogether and agree too easily to their children's demands. Due to lack of time to rest, single mothers may experience burnout, depression, feelings of hopelessness and helplessness. This definitely hinders their acquisition of a better quality of life.

2.5.8 Relationships problems associated with single motherhood

Realistically, single mothers, regardless of their circumstances do not want to spend the rest of their time alone in the world. This is especially true to young mothers below the

age of 40 years, who may still want to engage in relationships, date opposite sex individuals, or get married, or even remarry. Although dating and developing new relationships is generally a normal component of the adjustment period for single mothers who may have lost a relationship through death, divorce or abandonment, sometimes the phenomenon spurs spates of psychological and emotional issues (O'Reilly, 2010). These can be stresses related to new relationships and keeping them going depending on what made one to be single in the first place. If one was abandoned when she was pregnant, she may find it difficult to trust and commit in a relationship which may bring frustrations to both parties. O'Reilly (2010) notes that single mothers maybe very sensitive to potential problems due to their past failed relationships and abandon a new relationship at the first sight of trouble. This can present a scenario of a single mothers becoming serial daters which may affect their character in the community as they would be viewed as immoral. There can also be some holding back of either party because one is a single mother. In Zimbabwe, most societies stereotypically view single mothers as the originator of the problem that led to their separation or divorce. They are also viewed as individuals embracing loose personality. Hence some men may just approach them and entice them to have a relationship with them when in actual fact they just want someone to take to bed. In the environment of desperation for a relationship, it becomes difficult for some single mothers to deny sex to their new boyfriends with the hope that God's Grace may fall to them like rain and the relationship become a fruitful one (MacArthur, 2013). In the end, these single mothers are used and dumped by the guys whom they would have invested their feelings and emotions in. This will diminish their self-esteem, confidence and could make women

forever not to trust men. These are some of the scenarios that cause depression not only to single mothers, but also other women who face that kind of treatment. Incontrovertibly, issues surrounding failed relationships, mistreatment, arm twisting, and breaking a lover's heart have been documented to cause not only depressions but various other psychological related diseases (Fisher, 2001). Undeniably, societal pressure for one to get married also keeps these women distressed in that they may be having difficulties in finding the right partners who can accept them and their children. On the other hand, they have the society always scrutinizing their every move for judgment and this is as the case in Zimbabwe. This therefore affects the well-being of single mothers because they also want to feel loved, appreciated and respected, just like any other person. Their experiences in relationships and how the communities view them go a long way into understanding how these mothers may act and do things.

Other complications that single mothers face surround their children who may feel jealousy that they are being replaced, or that their fathers are being replaced. Common fears among children of single mothers who begin to date include fears that a hoped for reconciliation with their fathers will not happen and fears that they will be abandoned and receive less attention due to their mother's new love interest (O'Reilly, 2010). The children can become hostile due to these fears and this may in turn create a strain between the mother and her children. All this can be too confusing for the mother on how best to handle the relations so that her children will not be affected as well as her new found love. Therefore, new relationships can bring tension in the home as well as feelings of helplessness on the part of the mother because she may not know how best to deal with the situation. This may affect the overall well-being of the family as a whole.

This presents the single mother in a state of dilemma, and can be a source of further stress, that can further worsen her state of quality of life.

However, it is not always the case for children to be outright negative to the new partner. Some may actually click and form an attachment, the problem would however come when the relationship does not suffice. This means two hearts are broken and the bond that would have formed between the child and the other partner may be unbearable on the part of the child and losing another person whom they would have valued will not be easy for them. This can also put a strain on the relationship between the single mother and her child/children as this may compromise their respect to their mother. This can further prompt psychological loss and embarrassment that would further affect the quality of life of the mother. Therefore, it is critical that mothers learn to only introduce the new person to the children at very advanced stages of relationship to avoid emotional harm in case things do not go as planned.

2.5.9 Neighborhood poverty effects on QOL for single mother families

Low income single mothers are more likely to settle in high density suburbs where rates and rents are cheaper in Zimbabwe (IRIN, 2012). In Zimbabwe single mothers have been reported to be staying in low income suburbs like Mbare, Epworth, Mabvuku, Glen Norah and so on (IRIN, 2012). The example below depicts the kind of neighborhood that most single mothers stay in, and using sewage water to irrigate their gardens and this also may affect their health for they may get water borne diseases.

16 April 2012 (IRIN) Maria Saungweme, 42, an informal trader and single mother from the low-income suburb of Glen Norah in the Zimbabwean capital Harare, uses sewage-infested river water to irrigate her two-acre vegetable plot.

Housing and neighborhood one lives in may directly relate to one's well-being and stability and consequently show socioeconomic status characterized by poverty. Neighborhood poverty and social disorder have been identified as determinants of depression in women (Cutrona et. al, 2005). Neighborhood poverty affects child development independently of family poverty and is predominantly noticeable in large urban areas, where intense neighborhood poverty is most severe. The lack of adequate income among single mother families enforce constrains on the choice of neighborhoods and schools. High density suburbs where most single mother families reside are characterized by disorganization, crime, high unemployment rate of adults and school drop outs (Brooks-Gunn, Duncan, Klebanov and Sealand, 1993). Mbare is one of the high density suburbs which are hugely populated by single mothers in Zimbabwe (Chirau, 2012). Mbare is in the capital city of Harare, it is densely populated and the houses are squashed together, there is no space, crime rates are very high and it is the most feared places in Zimbabwe in terms of crime (Chirau, 2012). It is in this place that most informal trading takes places, and it is also the place where farmers offload their produce for resell and others hoard from Mbare (Chirau, 2012). The fact that informal sector is prime in this place could be one of the reasons why most single mother families stay there because it's good for business and very cheap and affordable. However, the place is not safe and clean, children who grow up from this part of the city are stereotyped as hooligans, and it's not a safe environment for a child to grow up. The place of residence one stays in, affects their quality of life and in this instance single mothers who stay in neighborhood that are characterized by crime, poverty, anti-social behavior as well as street fighting will adversely affect the well-being

of their families. This environment can negatively affect their children's growth. This is because they may be negatively influenced by activities happening around them.

Therefore, neighborhood factors are a large determinant of an individual's QOL and the environment in which single mothers reside directly affects their health and overall well-being. It is important for this study to comprehensively address the neighborhood gratification and housing condition of single mother participants in order to appropriately assess their quality of life ratings.

2.6 How single motherhood may affect children's outcomes

Evidence from research show that children who grow up with their mothers only are deprived across a broad arrays (McLanahan 1994). According to McLanahan (1994), research reports that children from these families are twice likely to drop out of high school, and 2,5 times likely to become teen mothers and 1,4 times likely to be idle – out of school and out of work as compared to children who grow up with both parents. Children in single mother families have also been reported to have lower grade point average, lower college aspirations, and poor attendance records. All this is due to the low QOL experienced by single mother families due to various factors like low income, psychological stresses related to parenting and loneliness. A report by the Global Movement for Children in Zimbabwe (2010) brings out how children from single mothers are affected as they report on the case of Tinashe, a single mother of four who resides in Mbare. They reported on how her children were affected by malnutrition and how she saw them as underweight because they were not growing. The interviewee also reported that sometimes she went without food so as to keep for her children and even feeds them with left-overs from her boss' houses. The state of single motherhood

therefore affects children in different ways. Studies have also shown that children of single mothers are more likely to experience states of divorce more than children from both parents (McLanahan, 1994).

2.6.1 Child poverty in single mother families

Due to the phenomenon of feminization of poverty embracing single mother households in Zimbabwe, child poverty becomes a norm (Kang'ethe and Mafa, 2014a). It is important to analyse how poverty in these families affects children's well-being and development. Poverty affects every part of a child's everyday life because they experience it with their hearts and minds. When children lack materially due to their mother's inability to provide for them, that affects even their personality and cognitive functioning (Piaget, 2001). For example starting a day without a nutritious meal or engaging in hazardous labour hinders emotional capacity, cognitive functioning as well as bodily growth (Shrestha, 2011). Child poverty disempowers children, lowers their self-esteem and makes them to keep to themselves and avoid engaging in any community activities for fear of being shunned. Children who experience poverty at higher levels may struggle to form healthy peer relationships because of their inability to fit in at school due to clothing or inability to participate in extracurricular activities that their peers are involved in. This may go on to affect mother-child relationship negatively for her failure to involve their children in activities that others are taking part in. Such scenarios can result in the affected child/children devaluating their mothers' role. It is every mother's wish to be able to provide for their children and this failure to provide may cause depression and stress for the mothers as well as prompts shame and guilt on part of the mother. The effects of dips in mother-child relationship can be observed in

children's externalizing and internalizing behaviors, which consist of, among others, fighting, truancy and anxiety respectively (Terbush, 2008).

Realistically and undeniably, child poverty is the main factor that hinders proper child development. According to Hallerod and Larsson (2007), the poor are those who due to insufficient access to economic resources have a low level of consumption of goods and services. The children may be affected by malnutrition which hinders their physical growth. Unemployment is the number one factor in Zimbabwe that makes single mother families to be more vulnerable to poverty which affects their quality of life and that of their children (Nyanungo, 2011). Many researches have been documented indicating that poor children have a greater share of deprivation, hardship and bad outcomes in comparison with children from wealthier families (Shrestha, 2011). It has been reported that children from poor single mother families appear to achieve lower than expected scores in school and there are speculations that they are more likely to drop out of school (Lewit, Terman and Behrman, 1997).

2.6.2 Loss of parental support and supervision

Negative outcomes for children raised in single mother families may also be due to lack of time for the mother to spend with their children. Researchers have reported that time allotted to the nurturing and caring for children is expected to be definitely linked to their well-being (Craig, Waldfogel and Brooks-Gunn, 2010). While the quality of time a parent spends with a child is significant, studies have also shown that quantity of time also have positive outcomes for child reasoning and health (Antecol and Bedard, 2007). Single mothers have little time to spend with their children because they will be juggling a number of activities. They bear more of the household and parental responsibilities

and going to work to earn a living. This in turn deprives the children time with their mothers. Single mothers therefore monitor their children less closely and do not know much about their children, where they are, who they are with and what they are doing than parents of intact families. There is therefore lack of supervision in what the children could be doing and that may present an opportunity for some children to indulge in deviant behaviours (Amato and Keith, 1991). With the dual role that single mothers play in Zimbabwe in the harsh economic climate, it is inevitable that children suffer from lack of parental control and supervision. This goes on to affect children's development and sometimes they may engage in anti-social behavior but there will be no one present to nurture them, hence they may isolate themselves from other children. Due to lack of time to spend with the children, single mothers are less involved in their children's school activities and have lower educational goals for their children. This perhaps explains why they achieve less than children from intact families (Bashir, 2002). Contrastingly, parents who support and supervise children have been reported to enhance their well-being and thus quality of life. Parental support and supervision plays a vital role in a child's life and upbringing and can therefore determine what kind of a person they can become in their future life.

2.7 Single mother families and the community

The perfect family in Zimbabwe and in most other African countries is the traditional families where there is a married husband and wife with their children (Mungwini, 2008). This is the standard of living that people were socialized in whilst growing up, hence it is every girl's dream to be married one day and have their own families (Kambarami, 2006) Single mother families are being discriminated and being labeled as they are

seen as deviating from the norm. In Zimbabwe, single mothers are labeled as '*mvana*', a derogatory name that means someone who has a child and not married. The society views these mothers as people with no morals and always after married men. However, this is just a stereotype view of the society to degrade single mothers and encourage marriage. Children from these families may be affected because they feel judged and shunned by other children who may end up isolating themselves from others and may engage in anti-social behaviours as a means of venting out their frustrations. Single mothers' self-esteem may be thwarted by how the society views them and associate them with all kind of bad things that may happen in the society

2.7.1 The traditional family

The traditional family is viewed as the ideal kind of family which is naturally expected to have a high socio-economic status out of moral obligation to their children. The ideas of traditional family are extremely demanding for people who desire to fit into the tradition and devastating for people viewed as the alternative to the tradition that is single parent families (Ross, Boylorn, Black and Cooper 2012). The traditional family is used as the measure of personal success and when individuals fail to meet these standards, they are penalized and ridiculed (Ross et al., 2012). This therefore, puts pressure on some single mothers to conform to societal expectations. Single mothers in Zimbabwe may engage in relationships and endure even abusive relationships because of the societal expectations for a woman to be married in the fear of being shunned and looked down upon (Mungwini 2008). According to Gillis (1997), the traditional family is a tool used to control people's actions, specifically women, making them feel immoral if they do not align to society's expectations. Gillis (1997) argues that traditional families or families in

the past are presented as more stable and genuine than families seen today because traditional families are centered on fathers being present in the home, breadwinners and burden bearers of the family's needs. Mothers on the other hand are seen to be supportive and caretakers for their children. Traditional families in the past were rooted in gender roles that are changing with Modernisation that came in Africa to dilute African traditions (Moyo and kawewe, 2009). Henceforth, single mother families when analysed in Zimbabwe can be described in terms of lacking the qualities of a normal family structure in the society. This in turn affects the quality of life for the children and largely their mothers. The community also feels ashamed of them.

2.7.2 Single motherhood effects on society

Undeniably, family disruptions have a direct impact on family members including the women, children and even the men. However, these changes in family structure do not only affect immediate members of the family, but also the larger society. According to O'Neil (2002), crime rates have increased at more or less the same rates as divorce, non-marital child bearing, and lone parenthood. This may indicate a close inextricable relationship between crime and divorce and non-marital child bearing. This connection between crime and family environment is complicated especially when the role of poverty is considered. Many scholars and policy makers however, have identified family breakdown as one among a cluster of disadvantages which are associated with criminal activity and with continuing reoffending (O'neil, 2002). As has already been pointed out that single mother families in Zimbabwe are the largest population in Mbare where there is a hive of activities including criminal activities, this can be linked to other empirical evidence that associate high crime rate amongst single parents and normlessness of

children. This can be mainly due to lack of supervision and control since the mother will be busying herself with providing for the family in every way possible, thereby leaving children to grow any how without proper nurturance.

2.7.3 Decreased community ties

Research have identified that community engagement of single mother families is very minimal (Curtis, 2001), especially in Zimbabwe as some may tend to isolate themselves due to the feelings of inadequacy. Undeniably, two parent families are more likely to be involved with their local communities than single mothers. The plight of single mothers in Zimbabwe of being discriminated against and also being stereotyped as women of loose morals causes these women to be isolated (Mungwini, 2008) hence their community ties will be very weak. This researcher feels that single mothers in Zimbabwe isolate themselves from the community because they are looked down upon and they feel that they do not fit in with others and this will therefore affect their reservoir of a support system. As already had been pointed out that social support decreases the likeness of depression, the lack of it thereof, will escalate depression in these women hence it will affect their QOL. According to the research done by O'Neil (2002), two parent families are 25% likely to be neighborly. This means that they are more sociable, and 50% more likely to have people willing to help them compared to single mothers. This may be due to the fact that some single mothers isolate themselves in fear of being judged and discriminated against. This scenario, no doubt affects their quality of life.

2.7.4 The phenomenon of fatherlessness and single mothers

The increase of single mother families has given the growth of fatherless families and this is becoming a recent trend were fathers are deserting their families or are being

pushed out of their families (Birks and Callister, 1999) Often, these families live in areas of economic deprivation, high crime rates and low expectations (Katz, Corlyon, La Placa and Hunter, 2007). Within this environment, it has become easier and more acceptable to avoid integrating fathers into family life. These families have been described by some as 'the underclass' and by others as the 'socially excluded' (O'neil, 2002). This exacerbates the situation of single mother families because all burdens are on the mothers singly. However, problems associated with fatherlessness are related to reduce parental attention and resources.

Realistically, the co-parental relationship of mother and father provides children with a model of adults working together, communicating, negotiating, and compromising. This also enables children to build health relationships with their peers by seeing their parents as role models. The combined efforts of two parents to parenting helps parents to present a unified authority, which appears much less random to children than one authority figure (Halpheny, Nixon and Watson, 2010)

According to Johns (2001), studies on what fathers can contribute to their children, it indicates that a father can uniquely contribute to the development of his children without the mother's contribution. The study goes on further to say that, areas such as emotional intelligence, self-esteem, competence and confidence, the father's influence cannot be duplicated or replaced easily by the mother, no matter how good they may seem. This shows how children from single families are at a disadvantage of not having a father figure in the house. Other studies indicate that fathers can be especially important in cases where families are experiencing difficulties such as poverty, frequently moving, or where children have learning difficulties (Johns, 2001).

Even though research have shown such negative impacts for single mother families, some families would have separated due to factors such as abuse that can be physical, verbal, emotional and serial cheating. This would make the parents fight often and this also impacts negatively on the child's well-being. Cases of fatherlessness in Zimbabwe have put women in dire situations for when one is separates, divorce or desert the other partner, they usually forego even taking their responsibilities as fathers. As it has been corroborated elsewhere in this current study that majority of men in Zimbabwe who leave their partners do not pay maintenance for their children. This researcher thinks that men tend to neglect their children from the partners that they are no longer with, because they will be investing more on their immediate families if they remarried or married. This leaves children without fathers a lack of identity, confusion and no fatherly love or control that is essential in one's life.

2.8 Coping strategies employed by single mothers

With regards to all the challenges that single mothers face in carrying the burden for the family, they have developed their own coping strategies to try and improve their quality of life. Single mothers venture in formal employment, informal employment, engage in projects, cooperatives, join Christian groups for single mothers and go to church.

2.8.1 Formal employment

Formal employment encompasses all jobs with standard working hours and consistent remunerations, and is accepted as income sources from which income taxes must be paid (Business dictionary.com, N.D). These include all civil servant jobs like teaching, nursing, police officers, lawyers, doctors and so on. These kinds of jobs requires one to be formally educated, so it is an advantage to those single mothers who are educated

and work in the formal sector. At least these mothers are guaranteed of income at the end of every month. It is however sad, to note that in Zimbabwe, civil servants are poorly remunerated and they require another source of income to be able to take care of their family's needs. One salary is not enough at all. This is because most civil servants such as teachers, nurses, police officers and soldiers get less than \$ 400 per month (The Africa Growth Institute, 2014). So in as much as it is something for the family, it is however inadequate to meet the needs of the family, hence the quality of life of single mother families is not enhanced by formal employment alone.

2.8.2 Informal employment

In Zimbabwe, Informal employment on the other hand encompasses all jobs that are not registered by the state, do not have specific hours to work, no taxes paid and they are not recognized as normal sources of income (Business dictionary.com, N.D). These may range from illegal dealings and legal dealing. Such examples as cross boarder trading, money exchange, vending, and prostitution just to mention a few constitutes informal employment. The researcher feels that some mothers who are in formal employment supplement their salaries by engaging in cross border trade and vending as a means to improve their quality of life economically. Cross boarder trading has become the most informal job taken by many, where they go to neighbouring countries to sell indigenous made products and in return buy clothes, handbags and cellphones for resale in Zimbabwe (Musekiwa, 2013).

After the fast track land reform programme in Zimbabwe of 2000, many people lost their jobs and the economic situation was worsened by the move of taking land from the whites (Kang'ethe and Serima, 2014). For example in 2004, unemployment stood at 80

percent and the economic crisis forced many companies to close down. In 2005, it was estimated that about three to four million Zimbabweans earned a living through informal sector employment (Mpofu, 2009). This economic malaise in Zimbabwe made people to lose their jobs, hence even single mothers engaged in informal sector employment to cater for their daily needs. Desperately, some even engaged in illegal activities that could resort to imprisonment and conviction. When pushed against the wall, prostitution also became a safety vent to ensure food on the table for children at the close of the day. Prostitution is one of the oldest professions which women indulge in, to get money by selling sex or having multiple sex partners so that they can have their needs met by different men (Kang'ethe and Munzara, 2014). Due to poverty in Zimbabwe, some single mothers resort to prostitution so that they can put food on the table for their children. Ditmore (2011) reveals that approximately 70% of female prostitutes are single mothers struggling to support their children. Some single mothers also engage in concealed relationships with married men as “small houses” which many people are despising because they are labelled as home wreckers by the society at large (Kang'ethe and Mafa, 2014a). However, the phenomenon of the so called “small houses” appears to be cutting across many countries such as Botswana and Kenya. They are usually invoked in the HIV and AIDS campaign and men are usually dissuaded from the practice of engaging in extra marital intimacy relationships (Kang'ethe & Mafa, 2014a). This researcher thinks that in as much as single mothers try to make a living out of prostitution, this may even make them to be susceptible to sexually transmitted diseases, abuse, discrimination and more stigmatization by the society. Hence, this may adversely affect their quality of life and that of their children

because they may also be labelled because of their mothers' behaviour. The practice can have a spill over to the children because they can be called such derogatory terms like, "*mwana wehure*" meaning child of a prostitute as the researcher has witnessed in the communities in and around Marondera. Children may therefore retreat or become violent and suffer socially and psychologically to an extent of withdrawing from relating with other children. The act can have a perfidious effect on their education and also sour their relationship with their mother

2.8.3 Co-operative/ projects for single mothers

In a bid to improve their quality of life, some single mothers in Zimbabwe have ventured into community projects such as poultry keeping, sewing and farming for self-sustenance (Musekiwa, 2013). Most women share the same burden of financial crisis, hence when they come together and find ways of alleviating their financial crisis, they empower one another socially, financially and psychologically and inculcate to one another the spirit of self-reliance (Musekiwa, 2013) Through these projects they can actually have better profit that can enable them to send their children to better schools and improve their quality of life. There is however a challenge of starting capital and some have managed to overcome it by getting loans from banks after drafting their business plans (Kanghe'the and Mafa, 2014b).

Single mothers in cohort with other married women in the community have formed groups of pooling resources together. They form a group of people and they agree with each other that they take turns receiving a certain amount of money from each person this can be done fortnightly or monthly. This has given women the much needed capital to start a small business because if they agree that each person pays \$100 a month it

will mean one has at her disposal a sum of \$800 that one can start trading with, usually engaging in buying and selling business for a profit. Upon making the profit, one will be able to pay back the loan, or have enough to give to the others when it is their turn. The formation of women organizations has therefore formed a platform for single mothers to enhance their quality of life as well as that of their children (Kang'ethe and Mafa, 2014b). In these groups, they can share their problems and experiences, and since a problem shared is half solved, they have managed to float amidst the sea of poverty and desperation. These women groups, therefore, presents the much needed emotional support, information and relief to avoid burnout and being overwhelmed.

2.8.4 Joining faith-based groups

Christianity plays a very pivotal role in the lives of single mother families, for it is selfless and is there to offer assistance when there is a need. To this end, Kang'ethe and Mafa (2014b) notes that the religious sect is taking the place of the family as family ties are fading away, and this is especially common for single mother families. So some single mothers have affiliated themselves to different churches so as to get the much needed moral, spiritual and at times financial support. This is so because the church intercedes and intervenes on behalf of these families. The church plays a very crucial role even in the lives of children from single mothers by standing in the gap and providing counselling services (Billingsley and Caldwell, 1991). They are there to mould the child's character as well as to give guidance for the family on how to live a Godly life and often people find their comfort in the Lord. According to Johnson (2009), a superior connection with the Creator, family and supportive friends brings a new hope which eases the burden that single motherhood comes with. The church, steps in the gap to

mould God-fearing men and women who are responsible, wise and empowered to face the challenges that confront them in life without indulging in illegal or immoral dealings (Byamugisha, Steiniz, Williams and Zondi, 2002). This strategy that is used by some single mothers may be effective in easing their minds over many things. They are strengthened to soldier on, and to cast their burdens to the Lord. This, in itself may make their burden seem lighter for they will know that the creator is in control and everything will work out for their own good. Although this may not improve their overall quality of life, but it can work to relieve pressure in other areas of their lives as single mothers.

2.9 Support mechanisms available for single mothers

Governmental and Non-Governmental support

The health and well-being of women and children is the key focus of the United Nations' Millennium Development Goals (MDGS). It is to this end that the government of Zimbabwe take steps in trying to help women and children to bring about equality and empowerment. Every government is bound by the constitution to protect and take social and economic responsibility for its citizens (Kang'ethe and Mafa, 2014b). Many developed countries have adopted an institutionalised view of welfare, shouldering the needs of its citizens while developing nations like Zimbabwe have adopted the residual kind of welfare, and only helps those without any means of survival (United Nations Report, 1997). The issue of single motherhood in Zimbabwe however manifests differently than in many Western societies, where public policies provide for, at minimum, service for children. Contrastingly, single mother families in Zimbabwe pull their social support mostly from their environment and strength of extended families

(Horrell and Krishnan, 2007). The state of poverty in Zimbabwe has made it difficult for the government to intervene and offer any meaningful economic or social assistance for single mother families.

In as much as the government has no policies or interventions targeted specifically at single mothers, they do somehow gain from other programs offered for the underprivileged people. Programs like the presidential scholarship which is aimed at educating people from poor backgrounds has done a lot in empowering many people and some children from single mother families have also benefitted from such programs. There are also different programs for youth empowerment where the young are given money to start their own projects. This, when available has helped many families in Zimbabwe including families of the single mothers.

Additionally, Non-Governmental Organizations (NGOs) such as the World Vision, United Nations Children's Fund just to mention a few, on the other hand play their part in helping the less fortunate and under privileged families in Zimbabwe. To this end, Corcoran-Nantes (2005) has noted that many NGOs have focused primarily on social protection and poverty alleviation. This has involved setting up self-help programs and activities to assist women in the Zimbabwe's economic transition period. NGOs are concerned with the well-being of people and maximising one's capacity to function and afford individuals capacities to live optimally. In Zimbabwe, there is however a challenge that they cannot offer their assistance country wide due to bad political interference with their work. This political feud emanates from the western countries that fund most NGOs levelling accusations to the Zimbabwe government of being autocratic, undemocratic and failing to uphold the human rights of all the political players.

Undeniably, the situation has had a bad effect to the economy of Zimbabwe after the western world countries slammed economic sanctions to the country and this has grown animosity between the government and international donors. Hopefully, It is important for the government and NGOs to partner in an endeavour to come up with ways and strategies of helping the needy and also implement policies that target single mothers specifically as a way of trying to improve their quality of life.

2.10 Conclusion

This chapter provided a review of the phenomenon of being a single mother and their associated quality of life as discussed by reviewing relevant and contemporary literature. The phenomenon of single motherhood poses perfidious effects to the lives of single mothers and thereby compromising various factors that point to the quality of their lives and that of their dependants. Single mothers suffer economically that lead to them to face, physical and psychological well-being, the need to balance work and life, caring for children, disadvantages of feminization of poverty, the need for personal leisure time, and lack of social support. All these factors and conditions have an inextricable bearing with a compromised quality of their life. Strategies adopted by single mothers as a move to improve their quality of life were also discussed above. However, some grants that are offered by different countries to cushion the less privileged and single mothers, especially the child support grant in other countries do not apply to the Zimbabwean context as there are no such grants. The next chapter provides the methodology that is going to be implemented for data collection.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

As indicated in chapter one, this study examines the quality of life associated with single motherhood in Zimbabwe. Therefore, this chapter describes in detail how the data was collected and the approach the researcher used in conducting the research work. This section gives an explanation of the research design, data collection procedure, and sampling plan and procedure, and lastly data analysis procedures.

Methodology refers to the body of methods used in a particular activity or research process. Research methodology constitutes variables such as the population, size, description of the sample and the research instruments used. It is the blueprint for the collection, measurement, and analysis of data in order to achieve the objectives of a research. According to Hair, Anderson, Tatham and Black (2009), the quality of collected data is only as good as the methodology employed to collect it. So any loop holes in the methodological procedures can cause the data collected to be questionable. This means that it can fail to measure what it is supposed to measure and thereby compromising the results' reliability and validity.

3.2 Research methodology

A research methodology is a philosophy of the research process which includes assumptions and values that serve as the basis of research and standards that the researcher uses in interpreting data and reaching conclusion (Engel and Schutt, 2010). Babbie (2010) defines research methodology as techniques used by the researcher to

conduct a study. According to Babbie (2010), research methods constitute part of the research methodology.

Research methodology is defined as a way to systematically solve the research project. Through methodology, the researcher is able to explain the steps adopted in studying the research problem. It also enables the researcher to explain the relevance of the research methods used, indicate why they were used and what they mean. Research methods refer to the methods by which data is gathered in a research undertaking (Creswell, 2009). This study is based on a quantitative research methodology which attempts to make meaning of various concerns at hand and gives the researcher an opportunity to understand people within their social and cultural context. This research methodology has its merit in that it allowed the study to further explore complex matters raised in the research. A great insight over the past and current challenges of single parenting in Zimbabwe was fairly reflected quantitatively by the study. Research methodology consists of three parts, research design, methods of data collection and analysis.

3.3 Research design

According to Thyer (2010), research design is defined as a plan which includes every aspect of a proposed research study from conceptualization of the research problem right through to the dissemination of findings. Babbie (2010), states that a research design is a plan, that identifies who, where and when data are to be gathered and analyzed. Babbie (2010), further adds by asserting that an appropriate design must be chosen to facilitate answering the specific aims and objectives that the research question poses. A research design can be qualitative or quantitative in nature (Edmonds

and Kennedy, 2010) both of which are guided by divergent philosophical, paradigmatic and methodological traditions. Quantitative research is largely a controlled and systematic process (Polit and Beck, 2010) aimed at producing empirical analysis of a topic of interest that may be generalized to a larger population. The main research approach to be utilized in this study is the descriptive quantitative research design. Cozby (2009), asserts that descriptive quantitative research design is an inquiry into a social or human problem based on testing a theory composed of variables, measured with numbers, and analyzed with statistical procedures, in order to determine whether the predictive generalizations of the theory hold is substantiated. The quantitative approach was chosen because of its realist's ideology that views research as a tool used to uncover existing reality. It enabled the researcher to be detached from research to avoid clouding of judgment by the involvement of feelings on part of the researcher, and therefore avoided bias.

3.4 Methods of data collection

The researcher used surveys to gather the required information because they allowed information to be gathered from large groups of people and therefore achieved the quality of standardization. Succinctly, standardization was important as the researcher was trying to determine the quality of life for single mothers. Survey can be achieved through: face to face interviews, the researcher administering questionnaires, or facilitating self-administered ones, conducting telephone interviews, and facilitating pencil and paper questionnaires.

The researcher used questionnaires and distributed them to the participants by personally handing to each participant the questionnaire. A questionnaire is defined by

Malhotra and Birks (2006) as a set of questions administered to obtain information. It is further believed that a questionnaire is administered to gather primary data in a consistent and coherent manner that would easily allow the analysis of the data gathered. A questionnaire is more reliable because it allows accuracy through the comparability of information across interviewees. The researcher's creativity plays a pivotal role in the design and administration of questionnaires to generate objective and unbiased data. More responses can be easily generated from a questionnaire because it has a great deal of confidentiality. This is seen as appropriate as people may be more truthful while responding to the questionnaires regarding controversial issues in particular due to the fact that their responses are anonymous (Engel and Schutt, 2010). The aspect of single motherhood is very sensitive as it draws various emotions which might affect the true reflection of what is on the ground and hence the questionnaire administrations assist the respondents to uncover their views freely.

3.5 Research instruments

An instrument is any tool that is used in data collection. Babbie (2010), defines a research instrument as a tool that is used for collecting data needed to find solutions to the problem under investigation. The researcher used a questionnaire. According to Creswell (2009), a questionnaire is a planned sequence of questions with the aim of drawing facts and opinions from respondents. It also acts as a tool for collection and recording data. The questionnaires used in this research contained mainly closed-ended questions and a few open-ended questions. The closed-ended questions did not require any explanation from the respondents. The researcher adopted a questionnaire that was used to assess the quality of life for low income single mothers. The

questionnaire method was used because questionnaires were easily used to convert the research objectives into specific questions that the respondents answered. The questionnaire achieves the following/or embrace the following characteristics:

- Standardize the questions and the response classifications so that all participants respond to identical stimuli;
- Ask the respondents the same questions;
- Are less expensive and convenient in that the researcher made direct distribution of questionnaires to participants and did not use emails or posting;
- Offers greater anonymity.

3.6 Research Domain and Justification of Choice

Fig 1: Map showing research domain: Marondera



Source: Google map (2014)

The research was conducted in Marondera, a small town located in the Mashonaland East Province in Zimbabwe. It is approximately 72 km East of the capital city, Harare. It

is one of the centers where white settlers first camped during the colonial era and was popularly known as Marandellas (Parliament Research Department, 2011). Marondera emerged from being a large forestry and farming district especially in the market and production of timber, maize, beef and Virginia tobacco. During the Zimbabwe land redistribution program in the year 2000, Marondera received the greatest attention following the seizure of erstwhile white-owned farms. This made many black people to acquire a proportionally fair amount of land for farming and residential use. However, the production of agriculture deteriorated because of the separated economies of scale as many commercial farms were subdivided into small fragments of land. Marondera town has a total population of 62 120, consisting of 33 132 females and 28 988 male, which means 47% are male and 53% are female (Zimbabwe Economy Profile, 2013).

According to Zimbabwe Vulnerability Assessment Committee (2009), the whole district has had high incidences of poverty ranging from 65% going upwards. The researcher opted for Marondera town because it reflects an area that underwent various socio-economic developments of land redistribution that are quite uniform to the rest of the country and which have negatively impacted on the nation as a whole. Because of the diverse nature of Marondera which is both an industrial and agro-based, the town provides a well representing view of the status of single mothers in the country. The town is failing to offer formal employment to its citizens and most people are deserting the town due to the closure of majority of agro-based industries after the 2000 controversial land redistribution. Because of this scenario, the most affected were women and children, and in particular single mothers who bear the total burden of raising their children.

3.7.1 Population under study

Caron (2012) defined population as any set of people from which a sample is selected and to which the study's results will be generalized. Thyer (2010) also defines population as "the aggregate or totality of those conforming to a set of specifications". In this study, the population refers to all single mothers who reside in Marondera town.

3.7.2 Sampling frame

A sampling frame defines a set of features from which a researcher can select a sample of the target population. This is so because a researcher does not have direct access to the entire population of interest in social science research. A researcher, therefore, must rely upon a sampling frame to represent all of the elements of the population of interest (Babbie, 2010). Therefore, the sampling frame consists of single mothers from the age of 18 and above and those who are single mothers due to divorce, death of a husband, never married by choice, or those abandoned by their partners. The approximate number used was 3000.

3.7.3 Sample size

Sampling refers to the process of selecting a portion of the population that conforms to a designated set of specifications to be studied. A sample is a subset of a population selected to participate in the study (Edmonds and Kennedy, 2010). In most cases, researchers use a sample which is a small part of the population with the same attributes as those in the entire population. According to Cozby (2009), a representative sample is a miniature image of the population under study.

The sample selected was fairly a large portion of the single mothers in Marondera town and was fairly representative of the larger population. In this sense, the characteristics

of the sample represented those of the entire population. The sample size for this study was 199 single mothers from Marondera town between the ages of 18-59 years of age. However, only 186 filled questionnaires were returned. The sample size was calculated using the Raosoft Sample size calculator from a population of 3000 single mothers with a margin error of 6% and confidence level of 92% and thus it gave 199 as the sample size. It is in the view of the study that rich information was generated because of the diversity of the respondents. The respondents who participated in the study shared different historical backgrounds and most importantly, their age which was very reflective of the challenges confronting single mothers of different age groups, educational status, employment status and reasons of how they became single.

3.7.4 Sampling method

According to (Cozby, 2009), there are two sampling methods at the disposal of the researcher. These are probability sampling methods and non-probability sampling methods. For the purpose of this study, a probability sampling method was used. It is a method in which every unit in the population has a chance (greater than zero) of being selected in the sample, and this probability can be accurately determined (Babbie, 2010). Engel and Schutt (2010) also assert that probability sampling occurs when elements are selected by chance. Specifically, the study used simple random sampling. In probability sampling, every element has a chance of being selected, and a random probability determines which elements are chosen

3.7.5 Sampling technique

Simple random sampling technique was used because it offered participants an equal chance of selection. Simple random sampling is a specific sampling technique in which

each member of the population has the same chance of being included in the sample and each sample of a particular size has the same probability of being chosen. As indicated by Engel and Schutt (2010), simple random sample technique is a reliable form of probability sampling because each population element has a known and equal chance of being selected. In this study, simple random sampling was used to ensure that elements have equal chance of being selected. This type of sampling was chosen because it minimizes bias, easy to implement and simplifies analysis of results. Babbie (2010) says that simple random sampling is representative of the population in the sense that it does not favour one unit of analysis over another.

3.7.6 Research procedure

In this study, questionnaires were self-administered. This means that the respondents were given the questionnaires to answer the questions related to their quality of life. The researcher gave detailed explanation of how the questionnaires were to be completed and after completion, the researcher collected all the questionnaires from respondents which were completed. The rationale behind providing clear instructions and assuring confidentiality of information is that it reduced the likelihood of obtaining biased responses (Creswell, 2009). The questionnaire method was chosen because it is less expensive, ensures anonymity of the respondents, and had a high return rate as it allows for follow-ups for unreturned questionnaires. The main advantage of this method is that completed questionnaires were collected within a short space of time.

3.7.7 Data analysis

According to Babbie (2010), analysis means categorising, ordering, manipulating and summarising of data to obtain answers to research questions. Data collected from the

surveys was captured into the computer for analysis using the Statistical Package for Social Science (SPSS) software for data management and analysis that involves descriptive statistics through charts, frequency tables and bar graphs (Emtage and Duthy, 2011). According to Field (2009), SPSS is a Windows based program that can be used to perform data entry and analysis and to create tables and graphs. SPSS is capable of handling large amounts of data expeditiously. SPSS is commonly used in the Social Sciences and in the business world.

The quantitative data obtained was analysed using the descriptive data analysis method. This form of analysis is useful in summarising the data and provides descriptions through tables and graphs. Edmonds and Kennedy (2010) declare that presenting data in the form of tables, charts and other diagrammatic forms enable patterns and relationships to be discerned which may not be apparent in the raw data. To this end, frequency distribution tables and graphs were utilised to depict the profile of respondents across various criteria.

3.7.8 Reliability and validity of the data

Creswell (2009) noted that in quantitative research, reliability and validity of a questionnaire are of paramount importance, as they determine the accuracy of results and give credibility to findings and explanations. In this study, it was ensured that the questionnaire used was very reliable and unambiguous. According to Babbie (2010), reliability is a matter of whether a particular technique, applied to the same object, would yield the same result each time. Thus, reliability has to do with the amount of random error in a measurement. Creswell (2009) also states that reliability is the level to which results are consistent when tested over and over again. An accurate

representation of the total population under study is referred to as representativeness. In other words, it will be looking at the questionnaire to see if it will yield the same results over and over again. If the outcome of a study can be duplicated under the same methodology, then the research instrument is considered to be reliable. However, if results happen to change, the instrument can be said to be unreliable. A questionnaire is said to be reliable if the instrument can produce similar results if used again in similar circumstances.

The primary concern of reliability is to determine the extent to which a measurement is free of random errors (Hair et al., 2009). Reliability was established by viewing the questionnaire wording and phrasing and keeping open-ended questions to a minimum, and also undergoing through rigorous scrutiny by the supervisor. It was further improved by pre-testing the questionnaire in the survey's development stage through a pilot study.

Validity in quantitative research is the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. Validity can be defined as the degree to which a scale measures what it is supposed to measure (Thyer, 2010). According to Babbie (2010), validity is considered important because the objective of the research should be a representative of what the researcher intend to investigate and reliability concerns about the consistence and stability of data. In other words, validity determines whether the questionnaire truly measured what it is intended to measure or how truthful the research results are.

It should however be noted that validity is difficult to achieve if there is no absolute confidence with it and its construction process because constructs are abstract ideas

whereas indicators are concrete observations (Creswell, 2009). To ensure the validity of the data collection instrument, that is, the questionnaire, face validity was adopted. Face validity is a type of validity that is commonly accepted or agreed as a phenomenon, for example, researchers may differ, but agree upon certain points of arriving at something and in this case different scholars have agreed on some indicators that can be used to assess the quality of life for all people in general. Face validity espouses the judgement by the scientific community that the indicator really measures the construct (Hair et al., 2009). It addresses the question “on the face of it, do people believe that the definition and method of measurement fit?” It is a kind of consensus method of measurement (Babbie, 2010).

To increase or ensure adequate face validity, the questionnaire was judged valid by the supervisor and colleagues. The researcher also ensured validity by taking a closer look at external validity. External validity refers to the data ability to be generalised across persons, settings and time (Cozby, 2009).

3.8 Ethical considerations

Thyer (2010) defines ethics as the system of moral principles by which individuals can judge their actions as right or wrong, good or bad. In research, ethics are concerned with what is right or wrong in the conduct of research. For the purpose of this study, the researcher received an ethical clearance from the University of Fort Hare. With regard to the use of literature, the study also adhered to the University policy on plagiarism. In this regard, all sources used in the text are acknowledged at the reference section of the document. The study therefore was politically and administratively correct.

3.8.1 Confidentiality

One important way in which researchers diminish possible harm and risk to participants in studies is by strictly protecting the confidentiality of their information (Coughlin, 2006). Specific measures taken by researchers to protect the confidentiality of participant's information include keeping records under lock and key, limiting access to confidential records, discarding personal identifiers from data collection forms and computer files whenever feasible (Creswell, 2009). The study did not reveal the names of its participants and their private information.

In order to maintain a high bar of confidentiality, the questionnaire did not ask respondents to fill in their names. Therefore, so this went a long way into enhancing the confidentiality of personal information of respondents.

3.8.2 Informed consent

The document relating to informed consent was collected from the Social Work Department. Informed consent entails provision that research participants make a free choice to get involved in a research process and also gives institutions the legal authorization to continue with the research. Researchers must disclose information that potential participants are required to give so that they can decide whether to consent to the study. This includes the purpose or aim of the research, the scientific procedures, anticipated risks and benefits, any inconveniences or discomfort, and the participants' right to refuse participation, or to withdraw from research at any time.

The principle of informed consent implies that all possible information on the goal of the investigation and procedures should be given to the subject(s) so that they can make a voluntary and thoroughly reasoned decision about their possible participation (Creswell,

2009). In this study, all the information on the goals, objectives and procedures of the investigation was explained to the respondents such that they understood the logic of their possible involvement.

3.8.3 Actions and competences of the researcher

The research was conducted in an ethically correct manner with no obligation against subjects and respect of any answers subjects gave. The researcher conducted the study in a professional style to ensure that the respondents developed trust.

3.8.4 Vulnerability of single mothers

Research on single mother's quality of life can steer emotions and force other people to face their delimitations, and thus making the participants vulnerable. When there was need for the respondents to receive counselling, the researcher however, referred them to qualified Social Workers. In addition to offering counseling, the researcher referred participants in need of further counselling and assistance to other organizations to assist them in any way possible. In the same vein, the researcher made it very clear to the respondents that the aim of the study was for academic purposes only and there was no any financial reward attached to their participation. This was done not to raise expectations on the side of the single mothers in need of assistance.

When people are engaged in research, they may expect something for their time, some token of appreciation, or think that they are now getting the help they need. The researcher however explained the purpose of the study and gave clarity of why she conducted such a study. She also enlightened the participants on the importance of their information towards the study. This helped participants not to have unreasonable

expectations and also that people participated knowing fully well that there was no any form of gifts for participating in the study.

3.9 Conclusion

The main purpose of this chapter was to deliver a comprehensive discussion on the following issues: research design, data collection methods, sampling techniques and analysis methods. Research methodology was an important part of this study because it clearly laid the foundation for conducting the study on single motherhood in Zimbabwe. It also created the starting point for data analysis and the interpretation of information by the researcher. The quantitative research methodology adopted for this study was quite significant in that it assisted the researcher to investigate the topic flexibly with the intention of attaining specific data from the respondents since the issue of parenting is very sensitive. This was made possible through the use of a case study design limited towards the Marondera town. This chapter has outlined sampling methods of data collection and analysis procedures.

CHAPTER 4

DATA INTERPRETATION, ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter focuses on the analysis and interpretation of data gathered from the questionnaires. Data analysis and interpretation of data are intertwined, for they are closely related. In data analysis, the collected data is broken up into groups which the researcher examines independently, and translates them into immediate results. In interpretation, the immediate results are decoded into integrated and meaningful general references and findings. Thus these two are related in that analysis determines the interpretation of results to give a generalized view of the findings. The findings must be appropriate to the objectives of the research. If both data analysis and interpretation are not carried out correctly, the success of the study cannot be guaranteed.

The researcher used descriptive statistics to conduct data analysis. According to Zikmund, Babin, Carr & Griffin, (2010), descriptive statistics are used to describe the characteristics of a population or sample. It is also used for descriptive analysis, which is the first stage in data analysis. Descriptive statistics mainly focus on describing data by investigating the distribution of scores on each variable, allowing the researcher to present data in a manner that is easily interpretable. Descriptive statistics such as tables, pie charts and bar graphs are used to aid the analysis of data because they are effective illustrations of depicting statistical data. This chapter illustrates the accumulation of results obtained from the questionnaires.

4.2 Response rate

The population for the study was 3000 single mothers of different age groups, education and employment status and a sample size of 199 were drawn for the study. The sample size was calculated using the Raosoft Sample Size Calculator. One self-administered questionnaire was distributed to all the single mothers who took part in the research. A total of 199 questionnaires were distributed and a response rate of 93.5% (186) was obtained, which is above the expected response rate from self-administered surveys. The response rate allows the researcher to proceed with data analysis and the results rendered valid.

4.3 Profile of single mothers in Marondera

4.3.1 Age of the respondents

The age of the respondents will be depicted in table 4.1 followed by a bar chart fig 4.1

Table 4.1: Age of the respondents

Age ranges	Frequency	Percent	Valid Percent	Cumulative Percent
1 (18-24yrs)	69	37.1	37.1	37.1
2 (25-30)	62	33.3	33.3	70.4
Valid 3 (31-40yrs)	36	19.4	19.4	89.8
4 (41+)	19	10.2	10.2	100.0
Total	186	100.0	100.0	

Fig 4.1

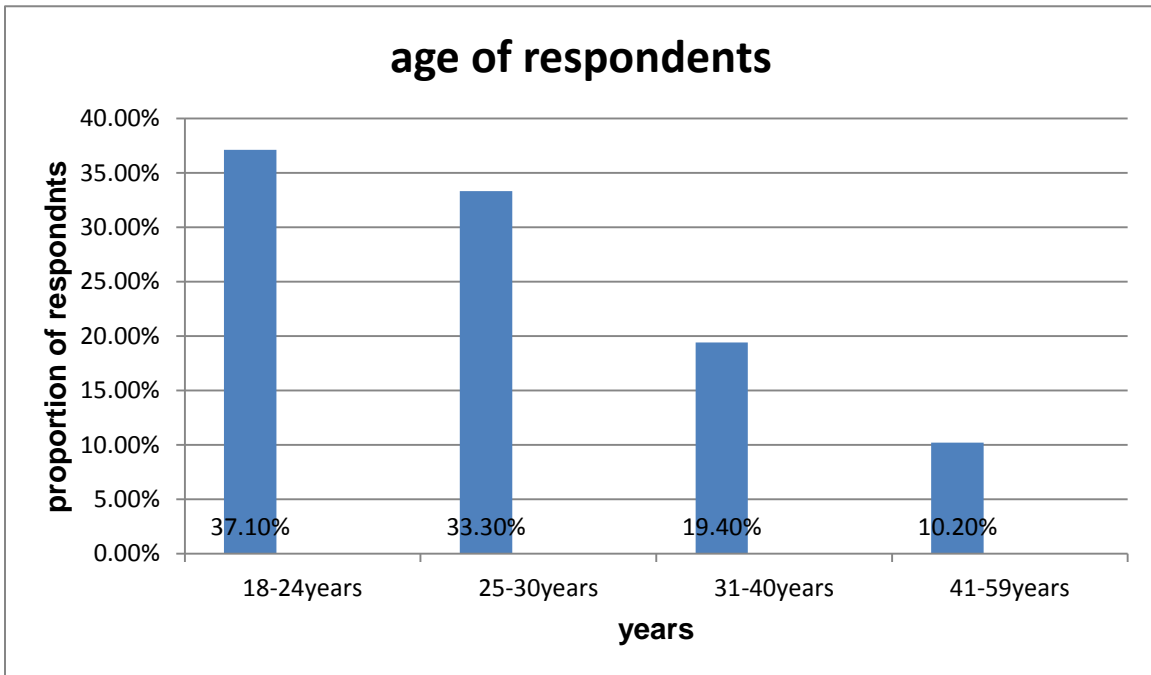


Table 4:1 above shows that 37.1% of the participants ranged from 18-24years of age and thus constituted the bulk of the research participants, followed by the age group of 25 to 30 years with a 33.3%, followed by the age group of 31-40years of age with a 19.4% rate in participation. The last group constituted of mothers above the age of 40-59 which had a 10.2% participation turn out. The results indicated that women are becoming single mothers in their early years as shown in the age of respondents table. This is evidenced by the fact that the 18-24 years age group had the highest frequency of almost 40% of the total samples. The higher the age, the lower was the frequency. The information showed that it is those in the age category 18-30 years of age that are prone to become single. Those above 41 years of age depicted the lowest frequency of becoming single mothers.

4.3.2 Causes of divorce

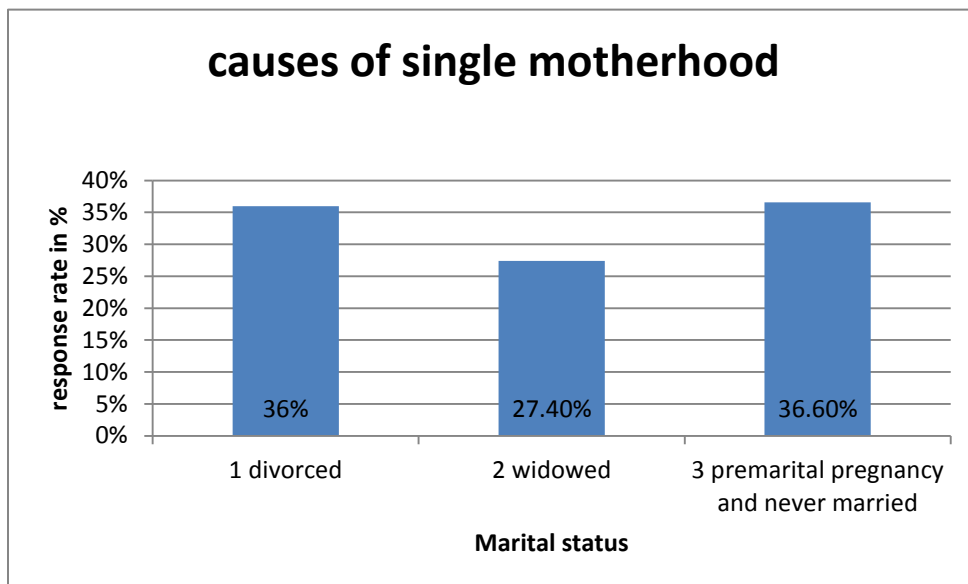
Table 4.2 and Fig 4.1 show the different causes of how the respondents entered into single motherhood, showing the frequency and percentage of each way.

Table 4.2 causes of single motherhood

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 (divorce)	67	36.0	36.0	36.0
2 (widowed)	51	27.4	27.4	63.4
3 (pre-marital child bearing)	68	36.6	36.6	100.0
Total	186	100.0	100.0	

The information shown in table 4.2 will be statistically represented in fig 4.2 on a bar graph.

Fig 4.2



The results drawn from the bar graph above shows that premarital pregnancy is the highest cause of single motherhood with a 36.6% participants indicating that they were single mothers as a result of it, followed by divorce which had a 36% response and lastly by being widowed which had 27.4%. The results therefore, depicted that premarital pregnancy and divorce were the highest causes of single motherhood in Marondera town, and being widowed is the third cause of single motherhood. None of the respondents indicated she was a single mother by choice.

4.3.3 Educational level

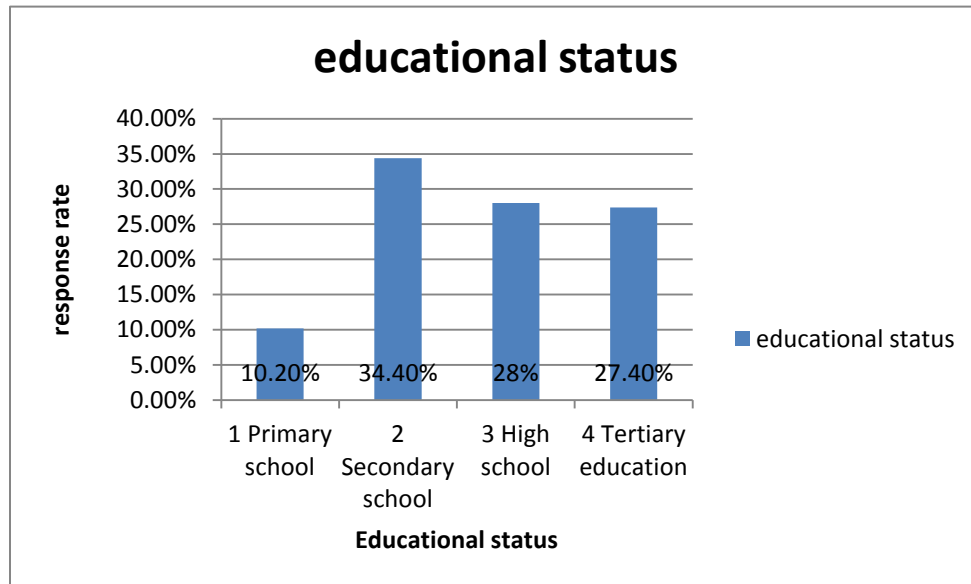
The aim of this question was to get to establish the respondents' highest educational level as

Table 4.3 educational level

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 (primary gr7)	19	10.2	10.2	10.2
2 (O level)	64	34.4	34.4	44.6
3 (A level)	52	28.0	28.0	72.6
4 (tertiary diploma /degree)	51	27.4	27.4	100.0
Total	186	100.0	100.0	

The information shown in table 4.3 above is statistically portrayed in a bar chart in fig 4.3. The figure reflects the educational qualifications of the respondents.

Fig 4.3



Findings indicated that the level of education was a very important aspect in the profile of single mothers as it could determine the chances of one getting a better paying job. Ten point two percent (10.2%) of the respondents had primary level qualification, thirty four point four percent (34.4%) had 'O' level and thus had completed their secondary school, twenty eight percent (28%) had completed their high school level, that is 'A' level and finally twenty seven point four percent (27.4%) had tertiary education qualification. This means they had possessed a diploma, a degree, or any other qualification above the degree level. The graph above has revealed that all single mothers who took part in the research had basic education and were able to read and write, but the majority did not have tertiary education which can hinder their chances of getting gainful employment. The results above also showed that majority of participants were not highly educated since they just completed O levels and the information given did not show whether one passed or not. Lack formal of education, therefore could

mean that the single mothers could be suffering lack of sense of control, confidence and having a low self-esteem. This could be because Zimbabwean generally value education. Lack of education can also make one to be unable to deal with life pressures, and this can contribute to the stressors that single mothers experience.

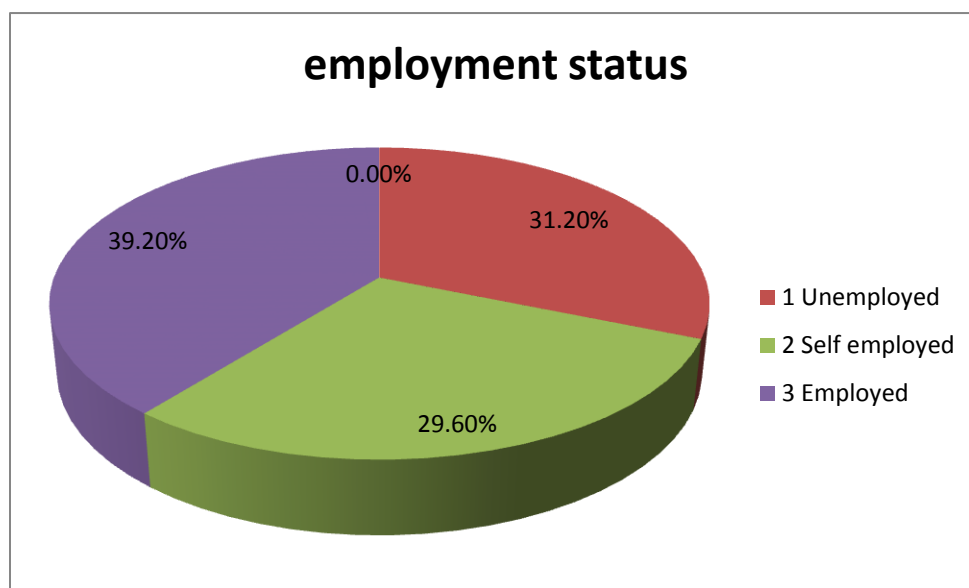
4.3.4 Employment status

The state of the respondents' state of employment is depicted in Table 4.4 and statistically presented in figure 4.4

Table 4.4 Employment Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1(unemployed)	58	31.2	31.2	31.2
2 (self-employed)	55	29.6	29.6	60.8
3(employed)	73	39.2	39.2	100.0
Total	186	100.0	100.0	

Fig 4.4 Employment status



The above pie chart reveals that 31.2% of the participants were not employed at all while 29.6% were self-employed and lastly 39.2% were employed. The information above depicted that 68.8% of the participants were employed one way or the other. Although the majority of single mothers indicated having a source of income, a significant number however also indicated that they are not employed at all and this immensely affected their quality of life. Perhaps it is necessary for government to come up with programmes specifically targeting single mothers in Zimbabwe as they also constitute a larger population segment of the country.

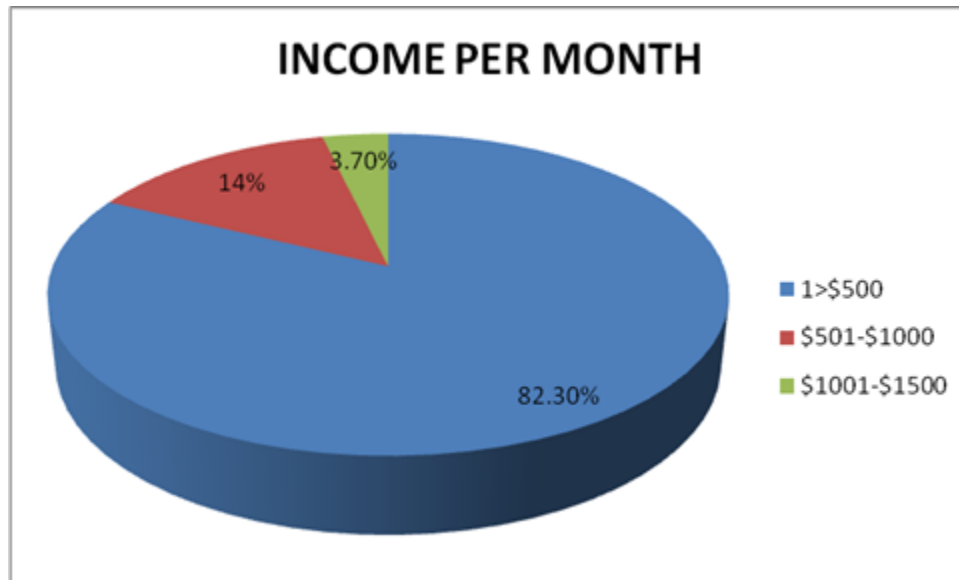
4.3.5 Income status

The following table and the pie chart present the income status of the research respondents.

Table 4.5 Income status of single mothers in Marondera town

Salary range	Frequency	Percent	Valid Percent	Cumulative Percent
1. >500	153	82.3	82.3	82.3
2. (501-1000)	26	14	14	96.3
3 (1001-1500)	7	3.7	3.7	100.0
Total	186	100.0	100.0	

Fig 4.5



The study findings revealed that the majority of single mothers in Marondera town earned an income of \$500 or less per month as indicated in table 4.5 and fig 4.5. Specifically, 82.3% of the participants earned \$500 or less, while 14% of the participants earned \$501-\$1000 and 7 (3.7%) earned between \$1001 -1500 per month. The results, therefore, showed that the majority of the respondents were getting low wages, which cannot cater for their family needs, henceforth their quality of life is compromised. The statistics no doubt presents a state of feminization of poverty among the single mothers in Zimbabwe. This could mean that affording a qualitative life for themselves and their children was both an arduous and an uphill task. Perhaps this finding should be used by the government and other development partners such as the NGOs to see an acute and a prompt need to come up with approaches and strategies to help these single mothers have complementary income that will bolster the quality of their lives and those of their children

4.4 Family structure

4.4.1 Number of children in single mother families

Table 4.6 below followed by a graph Fig 4.6 depicts the number of children among the single mothers who were investigated

Table 4.6 Number of children

	Frequency	Percent	Valid Percent	Cumulative Percent
1 (1)	96	51.6	51.6	51.6
2 (2)	52	28.0	28.0	79.6
Valid 3 (3)	32	17.2	17.2	96.8
4 (4+)	6	3.2	3.2	100.0
Total	186	100.0	100.0	

Fig 4.6 Number of children

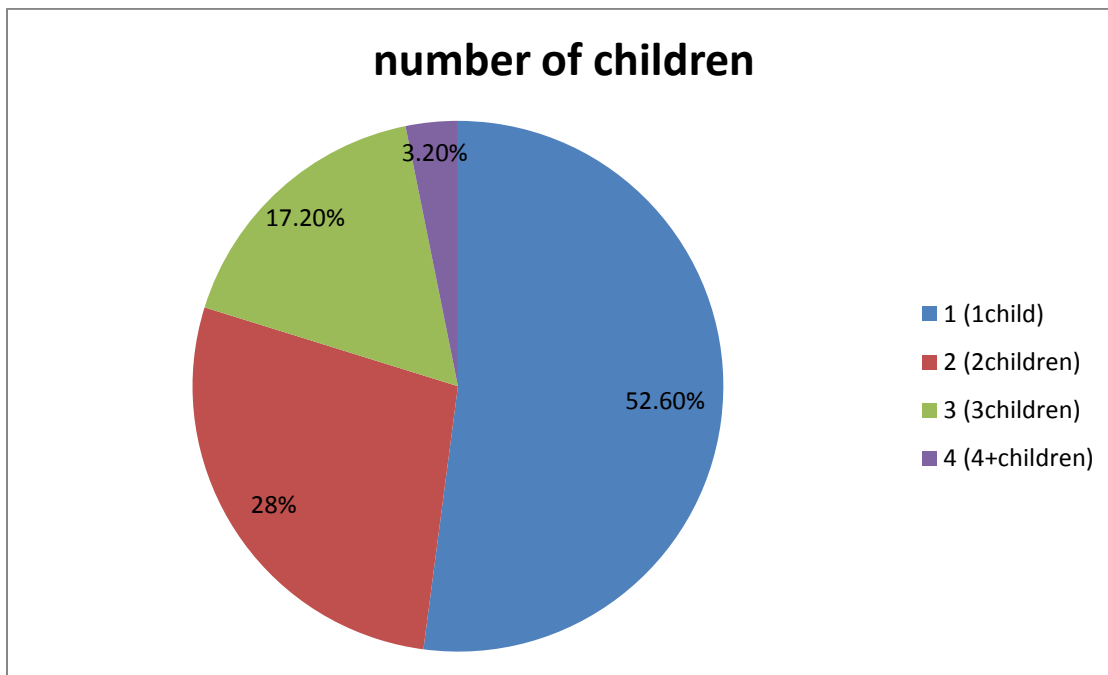


Table 4.6 and Fig 4.6 above depicts that the majority of the single mothers who took part in the survey had one child each. 51.6% indicated that they had one child, 28% had 2 children, and 17.2% had 3 children, while 3.2% 4 or more children. While the statistics showed that generally most single mothers had only one child and therefore no big nurturance burden, those, albeit a few that had more than three children portrayed a possibility of being burdened by nurturance and hence a compromised state of quality of life for themselves and their children. Perhaps this could be the group suffering from acute state of feminization of poverty of the single mothers. The phenomenon of most single mothers having one child could be a demonstration of the immense phenomenon of premarital pregnancy. On another facet, those that have more than one child can be attributed to the state of divorce, separation, or being widowed. The scenario of premarital pregnancy however, may need to be addressed through increased awareness especially to the adolescents of family planning services and increased level of awareness to avoid unwanted conception. This awareness may have a double effect of preventing pregnancy, STI and HIV and AIDS. With the country of Zimbabwe also facing very high rates of HIV and AIDS, prevention campaign needs to be strengthened by the government and other family friendly NGOs. This could be in a way be a good factor to reduce possibilities of the state of feminization of HIV and AIDS in Zimbabwe among the single mothers.

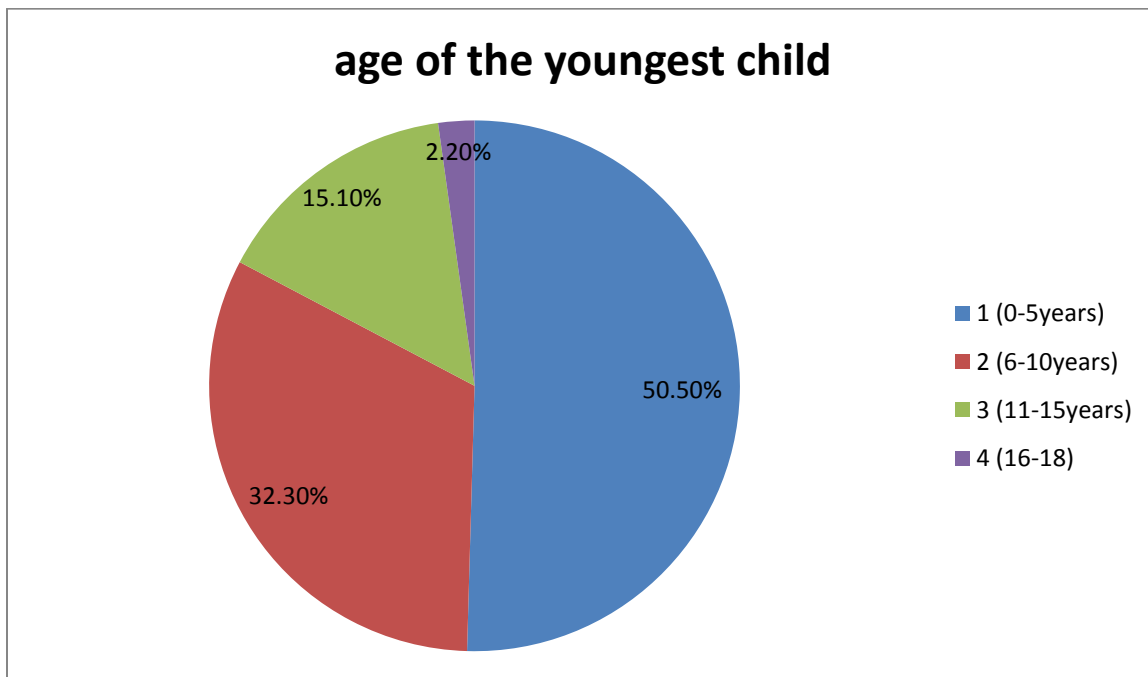
4.4.2 Age of the youngest child

The following table (Table 4.7) followed by the graph fig 4.7 depicts the age of the single mothers' youngest child.

Table 4.7: youngest age of a child

Ages of youngest child	Frequency	Percent	Valid Percent	Cumulative Percent
1 (0-5yrs)	94	50.5	50.5	50.5
2 (6-10yrs)	60	32.3	32.3	82.8
3 (11-15yrs)	28	15.1	15.1	97.8
4 (15-18yrs)	4	2.2	2.2	100.0
Total	186	100.0	100.0	

Fig 4.7



The study results above depicted that the majority of the respondents had children below the age of 5 years. Specifically 50.5% of the respondent had children below the age of 5 and this shows that there is need for more nurturance for the younger children

32.3% had children between the ages of 6-10 years which is primary school going phase of children; while 15.1% had children of age ranging from 11-15 years. Lastly 2.2% of the respondents had children of between the age 16-18 years. The statistics indicate that most respondents (82.8%) had children who required immense attention. While those below the age of five are considered vulnerable and requiring immense attention especially of their mother because of attachment needs that help children to develop love, trust, confidence and other aspects of well-being, those in the age category 6-10 equally requires immense attention. This is according to Sigmund Freud's five stages of psychosexual stages of development as well as Eric Erickson's 8 stages of psychosocial stages, that these constitute a stage in which a child's mind is growing very fast, hence this age requires children to be followed closely (Berk, 2007). They dirt themselves fast and consume a lot of food. They are nagging and if not followed carefully can easily become social deviants. Therefore, these two groups of children present single mothers with an immense burden of nurturance that may impede their capacities to do other duties adequately. This could be an indicator of possible poverty and a stage of stresses and despondency in the stage of nurturing children. These mothers' quality of life stands to be compromised by nurturance tasks and duties. Perhaps those mothers with the children of 11-15 years are also not spared by the toil of nurturance. Children at this age normally consume a lot of food and make many demands that can drive mothers to a state of desperation and despondency. Perhaps a little relieve could be for the few mothers (2.2%) whose children were of the 16-18 years, some of whom were capable of helping their mothers or even feeding and taking care of themselves. Generally, therefore, the state of child nurturance for majority of the

mothers is an issue that needs attention from government and any other gender based bodies. These women need to be assisted in raising income or bolstering their state of resources so that they may maintain their quality of life

4.5 Residential satisfaction for single mothers

The Table 4.8 below shows the stresses related to neighborhood and housing conditions of single mothers homes.

4.8 Housing and neighborhood stress

Table 4.8

<i>Type of stress in relation to.....</i>	<i>Not stressed at all</i>	<i>A bit stressed</i>	<i>Very stressed</i>
a. The neighborhood that you live in	40.5%	35%	24.5%
b. The condition of your home	35.5%	43.5%	21%
c. The number of bedrooms that you have	46.1%	38.5%	15.4%
d. Heating your home when it is cold	30.6%	53.4%	15.9%
e. Cooling your home when it is hot	30.1%	56.1%	13.8%
f. The plumbing in your home	38.8%	45.7%	15.5%
g. Security in your community	33%	46.8%	20.2%
h. Crime in your community	37.8%	40.7%	21.5%

According to Table 4.8 above, study findings indicated that the majority of people were not very comfortable with the neighborhood they lived in. Statistically 35% indicated to be a bit stressed, while 24.5% were much stressed. 43.5 % were a bit worried about the situation at their homes while 21% indicated they were very worried. 38.5 % were a bit stressed on the number of bedrooms their houses have while 15.4 % were very

stressed. This scenario indicates to the researcher that about half of the single mothers suffered distress regarding their neighborhood, condition of their houses and the number of bedrooms their houses had. This implies that this number had their quality of living compromised socially, emotionally and psychologically. However and contrastingly, 40.5% indicated having no stress at all concerning the neighborhood they lived in, 35.5% also indicated very little stress about the conditions about their homes, and 46.1% were not stressed at all with the number of bedrooms they had. This is good news considering the fact that literature on single mothers tend to lean of single mothers experiencing challenges other than viewing them as experiencing life challenges the same as any other personality. It would be a desirable thing to have the number of women who report they are not stressed by conditions of neighborhood, conditions of their home and the number of bedrooms could increase. This is because these are indicators of possible good or relatively average quality of life.

On the state of security, 33% felt secure, 46.8% were a bit stressed while 20.2 % were very stressed. On the state of crime, 37.8% felt not stressed at all by the state of crime, 40.7 % were a bit stressed and 21.5% were very stressed. These statistics indicate that while almost 60% of the respondents were stressed with the situation of security and crime. This to a greater extent compromises their peace and tranquility, as well as their psychological, social and emotional well-being. On the number that was not stressed about crime and security, perhaps these are the few mothers who had slightly higher income and probably their husbands died having invested heavily through good and secure houses that were in a good neighborhood.

On social amenities of the housing, having heating and cooling facilities as well as plumbing facilities respectively, 30.6%, 30.1% and 38.8% of the respondents were respectively least stressed by the three conditions above. Contrastingly, 53.4% were a bit stressed about heating facilities and 15.9% were very stressed. 36.1% were a bit stressed by cooling conditions, while 13.8% were very stressed. Also 45.7% were a bit stressed about plumbing facilities while 15.5% were very stressed about the same phenomenon. The above scenario also indicates that around 60% of the respondents were worried about the social amenities of plumbing, cooling and heating in their houses. Taking the conditions of winter and summer, these means that these mothers were uncomfortable with the situations and the scenario must be presenting an uncomfortable state of environment that undoubtedly compromises their state of physical, social, emotional and psychological well-being. The government and NGOs as well as the donors should engage in strategies and approaches to raise the income of the single mothers so that they can afford requisite amenities in their houses. The government should also work to address the issue of crime and security. For about one third of the respondents who were not stressed with the state of amenities in their houses, plumbing, heating and cooling facilities, this presents the desirable factors that the researcher and the country would like the state of single mothers to be.

4.6 Social support

The table below shows the results with regard to the support system of the single mothers.

Table 4.9: Social support

SITUATION	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. In the event of an emergency there are people I can count on	8.6%	33.8%	5%	42.5%	10.2%
2. There is no one I feel comfortable talking about serious matters with.	16.8%	40.7%	2.1%	30.6%	9.8%
3. I lack a feeling of intimacy with another person	7.5%%	45.7%	11.8%	26.3%	8.7%
4. I receive maintenance money from the father of my children	8.6%	27.4%	12%	45.7%	6.5%
5. I receive help from the government	1.6%	3.8%	2%	62.4%	30.2%
6. Have received loans for projects from Government/NGOs	2.2%	18.8	-	66.1	12.9
7. The government/NGOs help me pay school fees for my children	-	23.1%	-	64%	12.9

The study findings revealed that, 8.6% single mothers strongly agreed that there were people who could help them when there was an emergency; 33.8% agreed to having someone they could rely on, while 42.5% disagreed, meaning they had no one that could help them when emergency strikes. However 10.1% strongly disagreed with the statement, and about 5% were neutral. The results therefore, revealed that the majority of the respondents felt that they had no one they could count on in emergency time as statistically close to 60% disagreed with the statement.

The study findings also revealed that 16.8% of respondents strongly agreed that there was no one they could feel comfortable talking with on serious matters, 40.7% agreed

with the statement whereas 30.6% disagreed with the statement meaning that they had people who they could talk. Also 9.8% strongly disagreed with the statement that they had people they could talk to; while 2% of the respondents were neutral on the matter. Findings, therefore indicate that the social support system of most mothers was weak, having no confidential individuals to share their agonies and concerns. However, a score of them indicated otherwise that they had ample social system to rely on in their lives.

The table further shows that over half of the respondents lacked a feeling of intimacy with another person as indicated in the table. According to the findings, 7.5% participants strongly agreed that they lacked a feeling of intimacy with another person, and also 45.7% agreed to the statement above, giving us 53.2% who indicated that they lacked a feeling of intimacy with another person, while 26.3% disagreed with the statement and also 8.6% strongly disagreed with the statement meaning they did not lack a feeling of intimacy with another person, 11.8% participants indicated being neutral to the subject matter. This is an indicator that many people in absence of a close relationship to share feelings, concerns, challenges and state of happiness, the mothers suffered socially, emotionally and psychologically and thereby compromising their state of quality of life. Furthermore, the study findings depicted that most fathers did not pay maintenance money for their children as the results have indicated. 8.6% of the participants strongly agreed that they received maintenance money from the fathers of their children, 27.4% agreed that they received assistance whereas the bulk of the respondents disagreed to the statement. 45.7% disagreed and 6.5% strongly disagreed

meaning that most single mothers did not receive any support from the fathers of their children. Lastly we had 12% respondents who indicated neutral to the subject matter.

The study findings therefore, demonstrated that the bulk of the participants did not get maintenance money from the fathers of their children, which adversely affected the mother and child/children. The mothers are strained financially because of their duty to single handedly cater for the family and this can cause depression on the mothers, and this will affect their health physically and mentally, thereby causing dissatisfaction with life in general. The findings, then seems to suggest that very few fathers were taking their responsibility of supporting their children. It would be in the interests of the mothers' quality of life that the government follows the issue closely to ensure compliance in the payment process.

The study findings on the table above also revealed that the government was not playing its role in helping these families as the majority of the participants indicated that they did not get help from it. The table shows that 1.6% of the respondents strongly agreed to the statement, 3.8% agreed, while the majority disagreed with the statement. Thus 62.4% and 30.2% strongly disagreed meaning that the majority of the people did not get any form of assistance from the government 2% that indicated their neutrality to the statement. Therefore, over 90% of the participants indicated that they did not get any help from the Government in trying to ease the problems and challenges they faced as single mothers. This is a grey area that the government needs to seriously look at. If the Zimbabwean government is interested in raising the welfare of the single mothers' state of well-being and quality of life, then it has just like its neighbouring countries of South Africa and Botswana consider different kinds of support systems to the single

mothers. Otherwise the undesirable state of feminization of poverty as well as the feminization of HIV and AIDS among the single mothers will continue to burgeon relentlessly.

The tables above further reveals that the NGOs were also playing a very minimal role in the lives of single mothers of Marondera town in helping single mothers curb their life challenges especially of financial kind. This is reflected in the above table that depicts that 2.2% strongly agreed that they had received money for projects from NGOs, as well as 18.8% of the respondents who agreed to the statement. However, the majority of the respondents disagreed with the statement. Statistically, 66.1% disagreed, while 12.9% strongly disagreed that most people had never received assistance from NGOs and this can also be attributed to ignorance of people in their awareness of helping organizations. This presents a sorry state of affairs for the role of NGOs in empowering local and vulnerable communities. This is because the role of NGOs in many contexts is to fill in the gaps left by the government especially of empowering disadvantaged communities. Perhaps we need to understand the relationship that exists between the NGOs and the government in Zimbabwe that may make the NGOs not to be comfortable in operating in the country. No doubt, the NGOs, then, have not contributed to improving the quality of life of the single mothers. Lastly the table above reveals that the government and NGOs do play a part in the lives of single mothers of paying school fees for their children but to a lesser extent as indicated in the findings. 23.1% single mothers agreed that they got help from government and NGOs in paying school fees for their children, while 64% disagreed and 12.9% strongly disagreed which means that they did it all on their own. This indicates that only very mothers were lucky to get

assistance for school fees. This presents an unfortunate state of affairs as far as education is concerned. With Zimbabwe being one of the countries with the highest literacy rates in Africa, the government should ensure that it avails assistance in form of school fees if the country is to continue scoring higher as far as the Millennium Development Goal number two is concerned of achieving universal primary education. The findings then, demonstrates that there is no adequate social support for single mothers in Marondera town and this goes on to affect their well-being, as they do not have people who can help them ease their burdens. This will go on to affect their psycho-social functioning which in turn affect their quality of life.

4.7 Health issues

This section dealt with health issues on single mothers as health definitely and directly affects their quality of life. Table 4.10 and Fig 4.8 depicts the last time one visited the doctor

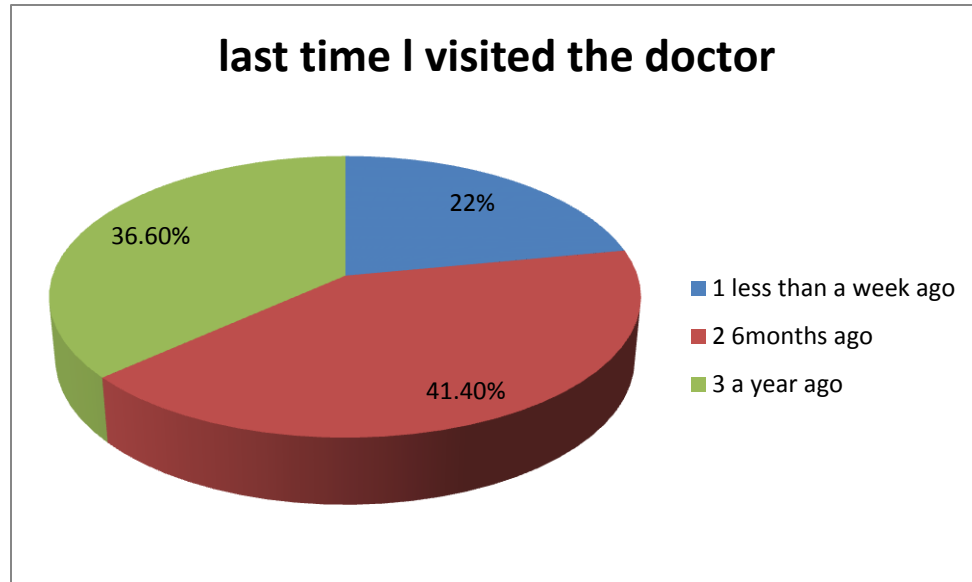
4.7.1 Last time one visited the doctor.

Table 4.11 reveals the frequency and percentages of single mother’s last visit to the doctor, followed by Fig 4.8 which statistically represents information the table

Table 4.10

Last time one visited doctor	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 (less than a week ago)	41	22.0	22.0	22.0
2 (6months ago)	77	41.4	41.4	63.4
3 (over a year ago)	68	36.6	36.6	100.0
Total	186	100.0	100.0	

Fig 4.8



The study findings revealed that 22% of the participants had visited the doctor less than a week ago at the time of data collection, 41.4% had last visited the doctor 6 months ago and 36.6% visited the doctor over a year ago.

These research findings have depicted two sides of analysis. One, 22% being the least number of participants who had visited the doctor in less than a week and having 41.4% who indicated 6 months ago and 36.6% over a year ago can mean that the mother's physical and mental health is good. However, this researcher thinks that the issue may present a falsified state of affairs. This is because people who are financially constrained avoid going to the hospitals to see a medical practitioner perhaps until they are critically very ill. This could possibly be the 41.4% plus 36.6% who only had visited the doctor between six months and the whole year. It is this researcher's thinking that the lowered frequency of the 78% respondents not having gone to see a medical doctor could mostly be a socio-economic dimension of individuals who due to financial constraints normally resort to letting the disease subside naturally. Sometimes lacking

even transport fare to a doctor could lead to a lowered frequency of visiting medical sites, even if such sites are free of charge. Perhaps other factors need to be factored such as the distance between where the responses were staying and the distance to the hospital. Also the availability of transport to the Health Centre could also determine the frequency of the mothers to the Health Centres. All in all, having a lowered frequency of attending to a Health Centre may mean that perhaps people remain unhealthy and perhaps a disease that could be mitigated continue to take toll, other new diseases that are developing are not detected or diagnosed with the possible result of deteriorating one's health etc. These are factors that undoubtedly would be compromising the single mother's quality of life.

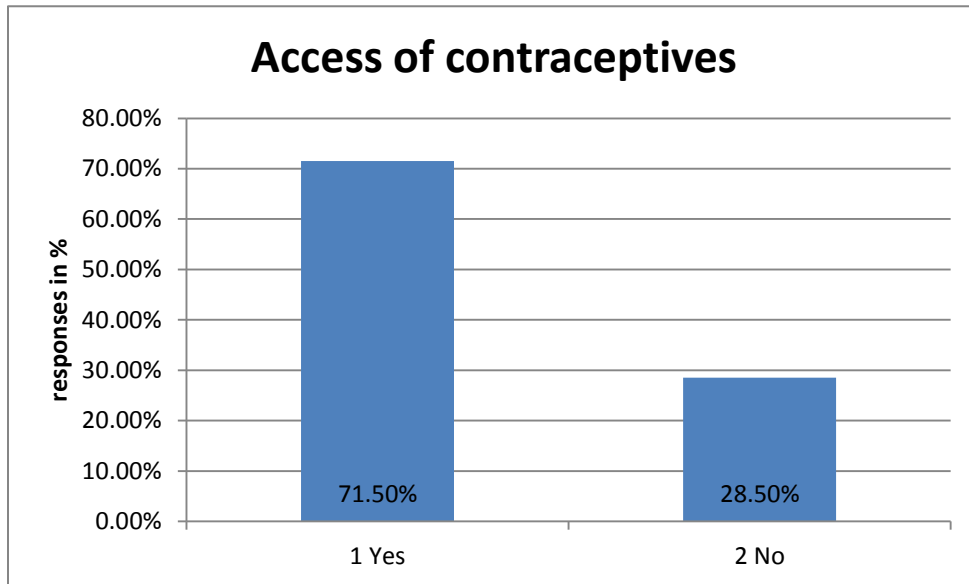
4.7.2 Access to contraceptives

Table 4.11 depicts respondents' access to contraceptives, followed by a statistical representation in Fig 4.9

Table 4.11

Access to contraceptives	Frequency	Percent	Valid Percent	Cumulative Percent
1 (Yes)	133	71.5	71.5	71.5
Valid 2 (No)	53	28.5	28.5	100.0
Total	186	100.0	100.0	

Fig 4.9



The study findings as shown in the bar graph above depict that most single mothers had access to contraceptives. Statistically, 71.5% had access to them while 28.5% of the respondents indicated that they did not have access to contraceptives. Perhaps this may explain why most of the participants had one child each since they were using contraceptives. This gives an advantage to those who had access because they can plan their family expeditiously unlike those who indicated that they did not have access. However, the scenario presents a sorry state of affairs for those who did not have access to them. Perhaps issues such as the distance to the point of their collection, cost of buying them, availability of practitioners to give education and mount awareness sessions are critical in determining access and in access to contraceptives. Because of the inextricable relationship existing between the use of contraceptives such as condoms and prevalence of diseases such as sexually transmitted diseases and HIV and AIDS, it is critical that the government and any NGOs in the area that are health

friendly to increase or mount awareness campaigns on access on prevention instruments such as female condoms etc. Undeniably, access as well as knowledge about contraceptives is a critical factor in determining the adolescent sexual health and therefore the quality of their lives.

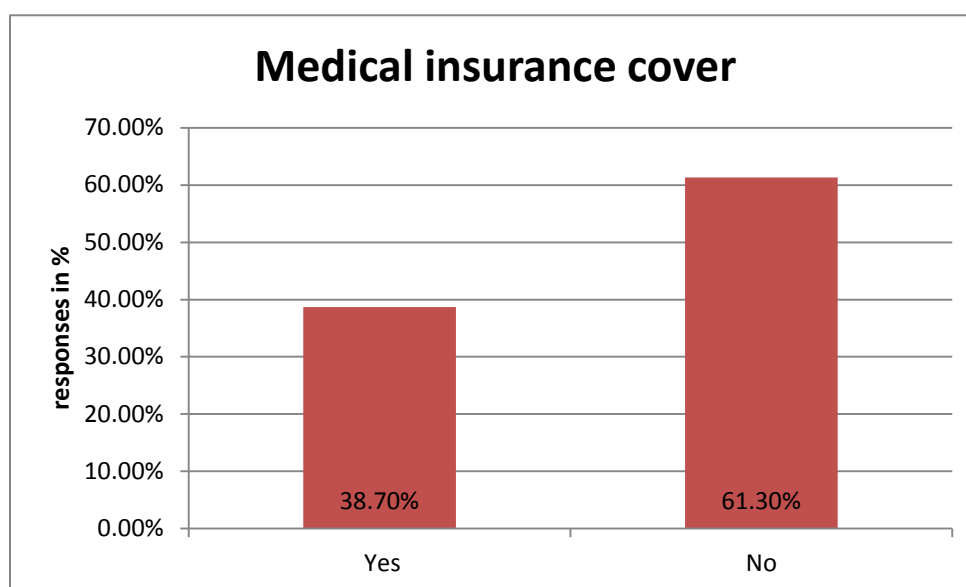
4.7.3 Medical insurance details of single mothers

The following table (Table 4.12) followed by the graph (Fig 4.10) reveals respondents who had medical aid cover and who did not have.

Table 4.12

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 (Yes)	72	38.7	38.7	38.7
Valid 2 (No)	114	61.3	61.3	100.0
Total	186	100.0	100.0	

Fig 4.10



The study findings revealed that 38.7% of the respondents had medical cover whereas 61.3% did not have a medical cover. Therefore, the research findings demonstrated that the majority of the respondents' quality of life was immensely and negatively affected by lack of a medical cover. This is because lack of a cover meant that one was not entitled to a qualitative treatment and diagnosis as well as medication. Perhaps this is why as alluded to above about three quarters of the respondents had taken between 6 months and a whole year to access or visit a medical practitioner. However, lack of a medical cover may not always mean poor quality of health. This is because in as much as medical cover is important, some people may view it as a waste of money and would rather use that money to buy other things than pay monthly medical cover. This researcher also thinks that a cover may not necessarily depict the quality of medical cover because covers are of different standards based on their monthly subscription. However, a cover may mean that a person able to consider that may not be very poor. However, another dimension that may also not determine the quality of one's health quality is that it could be compulsory in some job settings to have a cover.

4.7.4 Access to medical facilities

Table 4.13 depicts the frequency and percentage of respondents who had access to medical facilities and who did not have access.

Table 4.13

Access to medical facilities	Frequency	Percent	Valid Percent	Cumulative Percent
1 (Yes)	103	55.4	55.4	55.4
Valid 2(No)	83	44,6	44,6	100.0
Total	186	100.0	100.0	

Table 4.13 reveals statistically that 55.1% of the respondents had access to medical facilities whereas 44.9% did not have access to medical facilities due to financial constraints or the fact that they were remotely located from the medical facilities. The study findings revealed that the majority of the participants had access to medical facilities and at least this can impact positively on their lives. However, having close to half of the respondents not accessible to sources of medical facilities presents a dire state of affairs. This perhaps explains a finding above that close to two thirds of the respondents took between 6 months to a whole year before visiting a medical doctor. Definitely, this means their quality of life is already compromised. This challenges the government to consider even deploying even mobile clinics in the neighborhoods that are very far from the medical facilities. It is then a pity that lack of medical centers around may mean many things such as poor state of sexual health, poor access to prevention instruments such as condoms etc. This means that such mothers' state of quality of life is at stake.

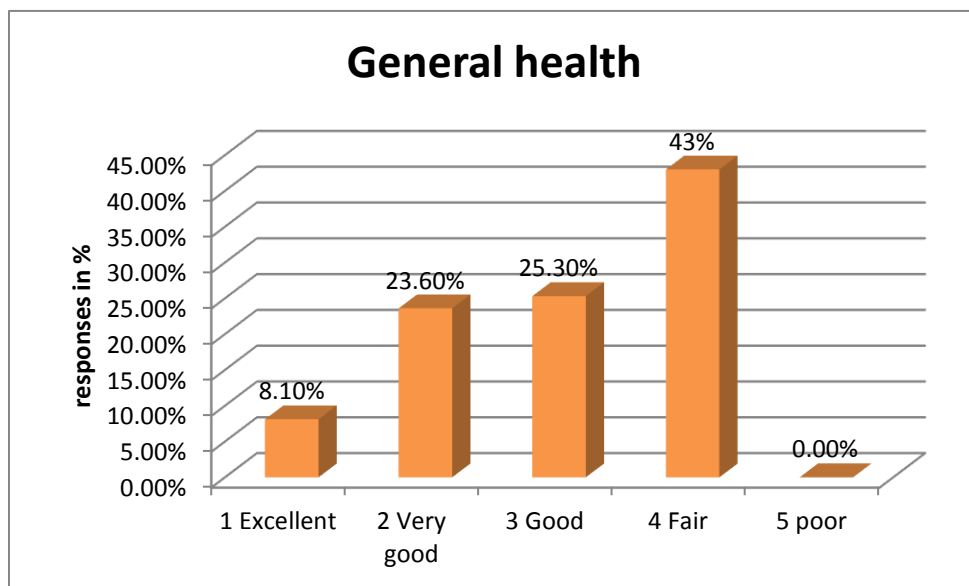
4.7.5 General health

The following Table 4.14 followed by the graph (Fig 4.11) depicts the general health of the respondents.

Table 4.14

General health	Frequency	Percent	Valid Percent	Cumulative Percent
1 (excellent)	15	8.1	8.1	8.1
2 (very good)	44	23.7	23.7	31.7
3 (good)	47	25.3	25.3	57.0
4 (fair)	80	43.0	43.0	100.0
Total	186	100.0	100.0	

Fig 4.11



The study findings indicated that 8.1% of the respondents considered their health as excellent, while 23.6% considered it very good, and 25.3% considered theirs as good and the bulk of the population considered theirs as fair and no one indicated that their health was poor. Generally the study findings demonstrated that the participants were satisfied with their health but according to this researcher’s observation of the

respondents, there was a room of bias as one could be dishonest or even ill-informed about their health and would never regard it as poor even though it maybe. This perhaps points to the sensitivity of some of the questions and how human nature generally behaves. Since the issue of being diseased in the contemporary world is being stigmatized, there is a likelihood that single mothers indicated they were okay to save themselves from the perceived stigmatization of the phenomenon of diseases.

4.8 Single mothers' psychological and emotional well-being

Table 4.15 below shows problems that can be experienced by single mothers emotionally.

Table 4.15

<i>Type of stress</i>	<i>Not at all</i>	<i>A bit</i>	<i>To an greater extent</i>
a. Problems in sleeping	31.2%	57.0%	11.8%
b. Feeling of sadness	11.8%	71.5%	16.7%
c. Feeling nervous	43.0%	54.8%	2.2%
d. Feeling stressed or depressed	14.5%	58.6%	26.9%
e. Feeling helpless	18.3%	68.3%	13.4%

According to the information on Table 4.15 the study findings revealed that 31.2% of the participants indicated that they did not have any problems of sleeping in the last 6 months, 57.0% of participants indicated that they were mildly affected and 11.8% of the participants were affected to a greater extent. The table further show that 11.8% did not experience any bout of sadness in the last 6 months, 71.5% reported having experienced sadness, while 16.7% indicated to have experienced it to a greater extent.

In relation to feelings of nervousness, 43% of the participants did not experience a feeling of nervousness in the last 6 months, 54.8% indicated they experienced it a bit and only 2.2% indicated that they experienced it to a greater extent.

The results also revealed that 14.5% of the respondents experienced stress in the last 6 months, 58.6% experienced it although at a lesser extent and 26.9% experienced it to a greater extent. Lastly the table above show that 18.3% did not experience a feeling of helplessness, 68.3% experienced it to a lesser extent and 13.4% experienced it to a greater extent in the last 6 months.

The scenario above indicates that close to two thirds of the respondents had challenges associated with sleeping, embraced pangs of sadness, were usually nervous, constantly felt stressed and depressed and succumbed to a state of apathy or helplessness. These are factors that have physical, social, emotional and psychological deficits that can drive individuals to heights of central nervous related diseases such as stroke, heart problems and high blood pressures related diseases. This, no doubt heralds a lowered or compromised state of quality of life.

4.9 Financial challenges faced by single mothers in Marondera town

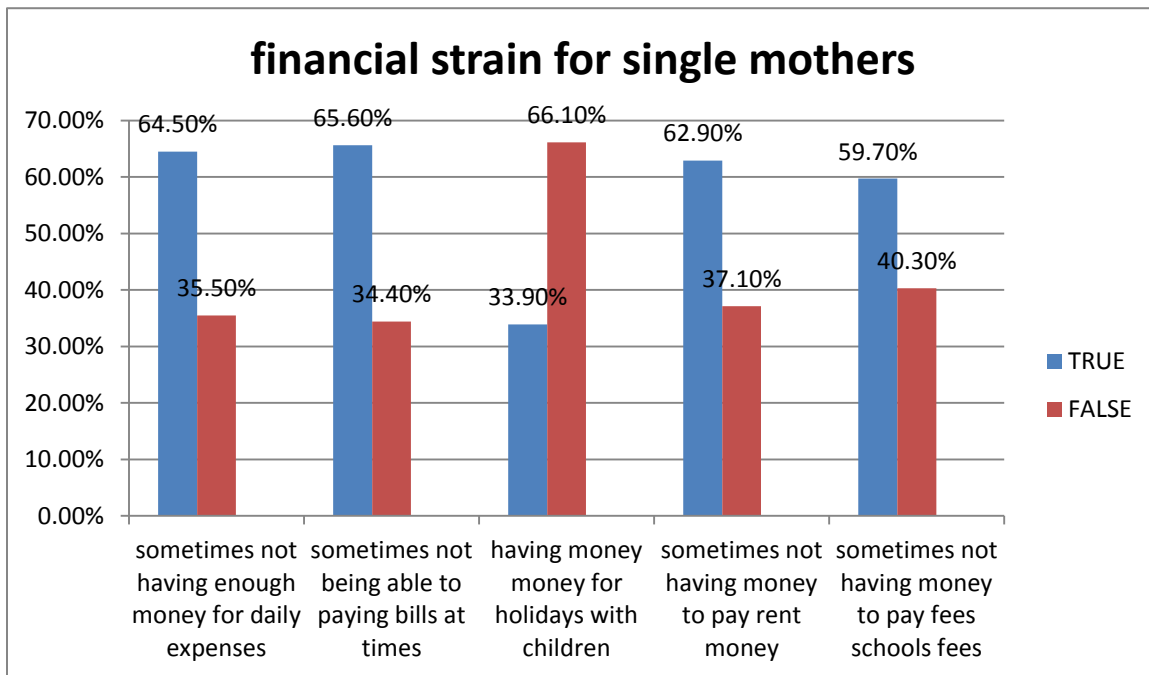
The table (Table 4.16) below shows the different kinds of financial challenges that are faced by some single mothers in Marondera town and it is statistically represented in Fig 4.12 below

Table 4.16

Financial challenges	N	True		false	
		Freq	%	Freq	%
Sometimes we do not have money for our daily expenses	186	120	64.5	66	35.5
There have been times when I could not pay my bills	186	122	65.6	64	34.4
At times we have money to go for holiday with my kids	186	63	33.9	123	66.1
Sometimes I do not have money to pay rent	186	117	62.9	69	37.1
Sometimes I do not have money to pay school fees	186	111	59.7	75	40.3

Table 4.16 was statistically depicted in the bar graph below

Fig 4.12



Financial strain was measured using a 5-item scale. True represents 1 and false represents 2. Participants responded to given questions by indicating whether it's true or false.

Study findings in Table 4.16 reveals that the majority of the respondents did not have enough money for their daily expenses as over two-thirds of the participants rendered the statement true that they did not have enough money for their daily expenses. 64.5% registered the statement to be true while 35.5% rendered it false meaning they did not lack in terms of daily needs and could afford their daily expenses. This perhaps could be those women who are gainfully employed as we have women who indicated that they get income above \$1000 and also other women could be getting help from father of children as well as relatives. However, the research findings showed that the majority of the participants at times did not have money for their basic needs which can be very stressful for a mother not to be able to provide for the family. This affects the well-being of the mother mentally and physically. The government has to come up with strategies to help single mothers alleviate their challenges so as to be able to provide for their families as this state can result in child poverty as well as undesirable outcomes for their children due to their lacking of basic needs.

Study findings as shown in Table 4.16 above further reveals that majority of the respondents sometimes did not have money to pay rent 65.6% regarded the statement to be true in that there are times for sure that they could not pay their bills, while 34.4% rendered it false meaning they could pay their bills. The study findings reflect that the majority of the participants at times did not have money to pay bills which are a cause

for concern for it affects the psychological well-being of mothers due to stress and depression which compromises their QOL.

Research findings as shown in Table 4.16 and Fig 4.12 revealed that, the majority of the respondents did not have money to spend with their children for holidays as there was over two-thirds of the respondents' who regarded the statement as false. Statistically, 33.9% agreed with the statement that they had money to go on holidays with their children at times meaning they could afford holidays with their children while the majority indicated it is false meaning they could not afford holidays with their children, 66.1% indicated as such. Time for leisure and relaxing is needed once in a while but according to these findings, most participants indicated that they did not afford to go for holidays with their children and to them it is unnecessary luxury because they will be having what they consider most important for their families. Thus taking care of basic needs like food, shelter, clothes and so on. In the end there will be exhaustion, burnout and frustrations on part of the mother which affects their life in general and that of their children.

The table above also shows responses to the statement "*sometimes I do not have money to pay rent*". The research findings indicated that 62.9% sometimes did not have money to pay rent whereas 37.1% regarded the statement as false as they can afford the rent. Having a place to stay is of paramount importance to every human being. The lack of it thereof causes one to be stressed over it, the findings therefore showed that most single mothers were affected at times by not having money to pay their rents which is stressful for them.

Lastly the study findings shown in Table 4.16 and Fig 4.12 above revealed responses to the statement *“sometimes I do not have money to pay school fees for my children”*. The responses indicated that 59.7% at times did not have money to pay school fees for their children while 40.3% indicated that the statement is false meaning that they could manage paying fees for their children. Therefore, the study findings depict that the majority of the participants at times did not have money to pay school fees for their children. Education is the key to success, and in Zimbabwe it is of paramount importance for one to be educated so that one can fit in the corporate world. It is sad to note that close to two-thirds of the respondents indicated that at times they did not have money to pay school fees as this directly affects their children’s future and development. This can cause repercussions of having school dropouts which can affect the community and the country at large as crime rate may increase due to school dropouts and also having more children out of wedlock as girls can start indulging in premarital sex because of being idle and for material gain. Even though the majority of the respondents have indicated to sometimes failing to pay fees for their children, one-third of the respondents have indicated that they are managing and this is something commendable as they are preparing the lives of their children. The government and other stake holders need to take arms together and try to help out single mother families so that every child receives his/her right to education as the young are the future generation of tomorrow.

The research findings have demonstrated that the majority of single mothers in Marondera town suffered due to financial challenges because they were not able to meet some of their basic needs as well as that of their children. For the results have

revealed that at times some mothers did not have money for school fees, sometimes they did not have money for rent to pay for where they will be living and also sometimes they did not have money for basic needs like food. This financial problem affects the well-being of single mothers psychologically as well as socially, for they may have feelings of worthlessness, helplessness and will in the end isolate themselves from others because they may feel inadequate. The study findings revealed that the majority of single mothers in Marondera town have financial challenges that hinder them to have what they value most in life and having a satisfactory life which in turn affects their quality of life.

4.10 General Life satisfaction

The table below shows the response of participants in frequency and percentage of their general life satisfaction.

Table 4.17

	N	Strongly disagree		disagree		agree		Strongly agree	neutral	
		freq	%	Freq	%	Freq	%		Freq	%
1. The conditions of my life are excellent	186	25	13.4	111	59.7	15	8.1	0	35	18.8
2. So far I have achieved the important things in life	186	18	9.7	131	70.4	6	3.2	0	31	16.7
3. If I could live my life all over again, I would change nothing	186	43	23.1	134	72	9	4.9	0	0	

According to the table above, the majority of the respondents felt that the conditions of their lives were not excellent. Statistically, 59.7% disagreed with the statement “*the conditions of my life are excellent*”, while 13.4% strongly disagreed. Also 8.1% agreed and 18.8% registered their neutrality.

Also, 70.4% disagreed to the statement that so far they had achieved the important things in life, 9.7% strongly disagreed, while on the other hand we have 3.2% agree with the statement; while 16.7% were neutral.

Ultimately, many respondents disagreed to the statement that, “*If I could live my life all over again, I would change nothing*”. Giving us a response rate of 72% respondents who disagreed with the statement, 23.1% strongly disagreed, while 4.9% agreed with the statement. Verdictly, the scenario presented indicates that about two thirds of the respondents had not achieved their life dreams in general. This is an indication that they had many things they felt were not going well and these are the things that make individuals to develop psychological as well as blood pressure related diseases. These are symptoms of a compromised quality of life.

Table 4.18 General life satisfaction of single mothers

How satisfied are you with.....	N	Dissatisfied		Neither satisfied nor dissatisfied		Satisfied	
		freq	%	freq	%	freq	%
Your life?	186	114	61.3	52	28.0	20	10.7
Your ability to perform daily activities?	186	65	34.9	84	45.2	37	19.9
Your work?	186	67	36.0	76	40.9	43	23.1
Your personal relationships	186	47	25.3	101	54.3	38	20.4
Your access to health services?	186	61	32.8	79	42.5	46	24.7
Your provision of basic needs for the family?	186	114	61.3	52	28.0	20	10.8
The support you get from the father of children or relatives	186	85	45.7	68	36.6	33	17.7

Study findings as shown in Table 4.18 reveal that 61.3% of respondents were dissatisfied with their life, while 28% were neither satisfied nor dissatisfied and the remaining 10.7 indicated that they were satisfied with their lives. The majority of the respondents therefore registered a state of dissatisfaction with their life generally. This alone indicates a compromised state of quality of life.

Responses from the table above also indicate that 34.9% of respondents were dissatisfied with their ability to perform daily duties while 45.2% were neither satisfied nor dissatisfied and the remaining 19.9% indicated that they were satisfied with their performance of daily duties. This means that the respondents felt inadequate and

perhaps confidence with their problem solving process that could make life better for them. This is also an indicator of a compromised quality of life.

On the question of whether the respondents derived satisfaction from their work, 36% indicated they were dissatisfied with their work, 40.9% indicated they were neither satisfied nor dissatisfied; while the remaining 23.1% indicated that they were satisfied with their work. This scenario points to the fact that besides 36% of the respondents feeling they have unfinished business in life and therefore anxious about life generally, the 40.9% that were neither satisfied nor dissatisfied presents a state of dilemma that indicate individuals state of confusion and one not being clear about his/her goal in life and also capacity to discern the future. These are the people who easily develop apathy and other distressful state of mind. This, in this researcher's thinking connotes a compromised state of quality of life.

On further questions about satisfaction regarding respondents' personal relationships, findings from Table 4.18 depicts that 25.3% were dissatisfied with it while 54.3% were neither satisfied nor dissatisfied. The remaining 20.4% said that they were satisfied with their personal relationships. The researcher is of the opinion that besides being concerned with those who are dissatisfied also thinks that the 54.3% who were neither satisfied nor dissatisfied heralds a state of apathy about life. This is also the state that causes life despondency and anxiety and negatively impacts upon the quality of individual life.

On responses to the question about satisfaction with access to health facilities, 32.8% were dissatisfied, 42.5% were neither satisfied nor dissatisfied while 24.7% indicated

that they were are satisfied with their access to health facilities. Again besides those who were utterly dissatisfied, those who were on the fence that is they were neither satisfied nor satisfied heralds a state of life confusion and lack of capacity to make correct and realistic decisions about a phenomenon. But it is also an opportunity to indicate that health facilities are not measuring a larger population's expectations and therefore a need to improve them.

On responses to the question regarding satisfaction with the provision of basic needs to the family as shown in Table 4.18, 61.3% indicated their dissatisfaction towards their provision of basic needs to the family, 28% were neither satisfied nor dissatisfied and the remaining 10.8% were satisfied. The scenario is forthright that majority of the participants had challenges with the provision of basic needs to their family. This must be because of their dwindled resources in their life. This heralds a direct compromise of the single mothers' quality of life. Since provision of basic needs such as food, clothing and other basic requisite goods and services is strongly provided for in the Maslow Hierarchy of needs, it is critical that the government of the day get concerned with empowering the single mothers with strategies such as provision of business funds so that they can improve their financial base and therefore their quality of life. On the last question asking the respondents their level of satisfaction with the support one gets from father of children or relatives, Table 4.18 indicates that 45.7% were dissatisfied, while 36.6% were neither satisfied nor dissatisfied and the remaining 17.7% were satisfied with the support they got from the fathers of their children and relatives. This poses a gender question as to why men do not want to take the responsibility of taking care of their children. Perhaps this points to the inefficiencies of the government to fail

to tighten the law that should enforce the payment of maintenance costs to the mothers of the children they sired together. This also points to the need for gender practitioners in cohort with government to consider nationwide awareness sessions for men to accept responsibility of helping bring up the children they sired.

4.11 Challenges faced by single mothers

Table 4.19 below shows the frequency and percentages of challenges faced by single mothers in Marondera town

Table 4.19

Challenges faced by single mothers	N	Freq.	%
1. Financial problems	186	147	79
2. Relationships problems with the father/ relatives of the father of child	186	102	54.8
3. Difficulty forming new relationships/keeping them	186	89	47.8
4. Psychological problems (depression, stress, emotional outburst)	186	113	60.8
5. Health related problems	186	57	30.6
6. Parenting	186	61	32.8
7. Discrimination	186	21	11.2
8. Difficulty instilling discipline in children	186	56	30.1
9. Difficulty meeting daily needs	186	127	68.2
10. Lack of support	186	119	64
11. Unemployment	186	71	38.1
12. Housing	186	18	9.7
13. Poverty	186	139	74.7

The table above shows that most single mothers have indicated more than one problem. The leading challenge that most single mothers face is that of financial problems with a response rate of 79%, followed by poverty recording 74.7%. The third largest challenge is that of meeting daily needs with a response rate of 68.2%, fourthly, lack of support scored 64%, fifthly we have psychological problems which registered a response score of 60.8, followed by relationship problems with the father of children or relatives of children that scored 54.8%. These are the most popular problems that were indicated by more than half of the participants. 47.8% who indicated having difficulties in forming new relationships or keeping them, 38.1% indicated problems with unemployment, those with parenting problems recorded 32.8% and 30.1 had difficulty in instilling discipline to their children. 30.6% indicated problems with their health. The least of the problems experienced by participants as shown in the table is that of discrimination that scored 11.2%. Then last but not least challenge recorded was the housing problem which scored 9.7% response rate.

Generally, financial problems, poverty, meeting basic needs, lack of support, psychological problems and relationship problems with the father of the child or children constitute the top problems that are experienced by the research participants. In summary, the hosts of the problems raised by the single mothers heralds a compromised state of their quality of life.

4.12 Strategies used by single mothers to overcome their challenges

Table 4.20 below shows the different strategies or coping mechanisms adopted by single mothers to overcome their challenges

Table 4.20

Strategies used by single mothers	Total	Freq	%
Poultry projects	186	9	4.8
Knitting and sewing business	186	7	3.8
Vending (selling cobra, fruits and vegetables)	186	31	16.7
Prostitution	186	37	19.9
Money lending business	186	3	1.6
Cross boarder trading	186	13	7
Selling used clothes (bhero)	186	19	10.2
Living in debt	186	26	14
Illegal money exchange	186	5	2.7
Support system from family and friends	186	38	20.4
Doing petty jobs (cleaning and doing laundry for others people)	186	27	14.5
Informal employment	186	39	21
Stokvels	186	12	6.5
Mining (owner)	186	1	0.5
Having faith in God and taking their children for counselling in church	186	22	11.8

The study findings have revealed that single mothers in Marondera town venture in different activities so as to be able to cater for the family as well as adopt coping mechanisms that can improve their quality of life. Table 4.20 reveals the different kinds of strategies employed by single mothers. The researcher however grouped the above activities into themes. There are single mothers who are involved in small scale businesses, informal employment, prostitution and having a support system that help these mothers cope financially.

4.12.1 Involvement in business

Study findings have revealed that single mothers in Marondera town venture into small businesses in order to have a source of income. As shown in Table 4.20, we have 4.8% mothers who indicated to be in the poultry business as a way of curbing the economic challenges they faced. The various small business enterprises that single mothers in Marondera have indicated to be involved in, includes knitting and sewing 3.8%, vending 16.7%, money lending business 1.6%, cross boarder trading 7%, selling used clothes 10.2% and mining 0.5%. All these employed challenges are targeted at alleviating poverty in these families as they seek other alternatives of having income. The researcher feels that the government and other stakeholders should try to avail funds for all those who want to venture into business as a way of supporting their projects. Also the government can work closely with single mothers by equipping them with the necessary knowledge in entrepreneurship and also closely monitor and evaluate their projects so that they can be sustainable, if it's concerned with the well-being of these families and their children. With the economic challenges that are being faced by the country it is not sufficient for one to rely on salaries alone as people are being underpaid. This is the reason why even some single mothers who may be employed still subsidize their salaries with a small business venture.

4.12.2 Prostitution and illegal dealings

The study findings as revealed in Table 4.20 shows that a significant number of single mothers in Marondera town were into prostitution directly and indirectly, as out of the 37.9% indicated that they dated wealthy married man for their upkeep. All in all, 19.9% of the participants engaged in prostitution as a way of survival and taking care of their

families, which also puts their lives at risk and danger as it is not a safe job to do. The conditions are even worse for single mothers in Zimbabwe to engage in prostitution openly as it is illegal and one can be arrested when found loitering. It is of paramount importance that single mothers should be engaged in safe sex campaigns as a way to reduce the spread of HIV and AIDS. Some participants indicated that they were involved in illegal money exchange business which when they are caught can be arrested and fined as well as having their money confiscated. However with the corruption that goes on in Zimbabwe, these women suffer also at the hands of police officers as they may be asked to pay or have sex with the officers for them to be set free. All these impact negatively on the quality of life for single mothers and can be a cause of depression.

4.12.3 Having support system

Study findings revealed that 20.4% of the participants indicated to having support from family and friends as social support is an important aspect in one's life. 11.8% also indicated that they had faith in God and the church helped them cope with life pressures as well as counselling their children. The results however did not mean that the rest of the participants did not make use of the said support system as most were worried about economic challenges hence they only directed their answers to strategies they used to curb financial challenges.

4.12.4 Informal employment

Study findings revealed that 21% and 14.5% indicated that they were employed in the informal sector. 14.5% engaged in petty jobs of cleaning and doing laundry for other people while the other 21% just indicated informal employment but did not indicate the

type of informal employment. People in Zimbabwe are largely surviving through the informal sector as the government froze post and this has affected the nation as a whole. Hence, some single mothers have resorted to finding different jobs in the informal sector as a way to curb their financial challenges and improve their quality of life.

4.12.5 Other strategies employed by single mothers

The study findings revealed that some single mothers benefitted from women groups like the stokvels where they pulled resources together and took turns to give out to one another fortnightly or monthly. This is a well-known practice that is employed by many people in small businesses to keep their businesses afloat, as they will be rotating receiving money and investing in their business then giving to the next person when their turn comes. 6.5% of the participants indicated that they belonged to such groups and that is how they managed to curb their financial challenges. There is a significant number that also indicated that they lived in debt (14%), and living in debt has psychological repercussions, makes one feel worried, depressed and anxious because of the debt they owe. Living in debt compromises one's quality of life as one can always be anxious and afraid of the owner if they do not return money on signed date.

4.15 Summary

The results of the data gathered from the questionnaires have assisted the researcher to reach certain conclusions on the quality of life for single mothers in general. Through the results, the researcher has discovered that single mothers are suffering alone with their families without adequate help. Most are becoming single mothers at a very tender age and without a career and this has affected them to a greater extent. The economic

challenges in Zimbabwe have also worsened their plight because people are being poorly remunerated. So even if one has tertiary education and is employed in the government, they cannot survive on their monthly income. They still have to do other jobs to supplement their salaries. This causes a strain on the single mothers especially, for they may not have enough time to be there for their children socially and emotionally. This in turn can affect the growth and development of their children, for they will be suffering from lack of parental control and supervision. It can therefore, be concluded in general that single mother families in Zimbabwe are encountering a great deal of challenges. They experience a poor quality of life, which affect their children. The following chapter will present the discussion of findings and conclusions as well as recommendations.

CHAPTER 5

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter provides the discussion of findings, draws conclusions from the study about the quality of life of single mothers in Marondera town, gives alternative recommendations and relates the implications of the findings to social work practice. Suggestions for further research have also been highlighted in this chapter.

5.2 Profile of single mothers in Marondera town

The following discussions were made which are consistent with the profiles of single mothers who took part in the survey.

5.2.1 Age

The study findings revealed that the majority of the respondents were young single mothers who ranged from 18-30 years of age with a significant percentage of 70.4% of the participants, followed by 31-40 year old who constituted 19.4% of the samples, while those above 41 years of age were 10.2%. The frequency of single motherhood decreased with the increase in age. Literature suggests that young women are more likely to become single mothers than the older women. Garenne et al. (2000) cited in their findings that nearly 50% of births amongst women in South Africa were of the ages between 12-26 years of age. Mbanefo (2013) also made conclusions that younger women were more likely to become single mothers compared to older women. Age is significant in the study as it can also show maturity of the single mothers and level of resilience depending on the age. Previous studies have shown that older single mothers are more likely to have positive welfare aspirations for their children and are more likely

to support their children compared to young mothers (Lombe, Safadi and Newransky, 2001). This then shows that young single mothers may not be able to give proper attention and care for their children, and hence the family's quality of life will be very low. According to Mbafeno (2013), single mothers who are young are said to be usually poor, less educated and have fewer children than married mothers. In this study, the majority of the participants were young single mothers who may not have furthered their education because of their situation and this may affect their chances of getting better employment. The findings of this research study are consistent with other research studies indicating that the young women are the ones becoming more single and this has seen to affect their life status. To this end, Mbafeno (2013) concluded that, becoming a single mother at a younger age will more likely disrupt women's education and limit the chances of being gainfully employed. This connotes a compromised state of the quality of life for such single mothers.

5.2.2 Causes of single motherhood

Study findings indicated that premarital birth is the number one cause of single motherhood in Marondera town, followed by divorce although these two had a difference of 0.6%. Premarital childbearing had 36.6% response rate while divorce had 36%. The results therefore, revealed that premarital birth and divorce are the leading factors leading to single motherhood and lastly by widowhood. The escalating number of single motherhood through premarital child bearing could be as a result of poverty and economic challenges in Zimbabwe, as young girls could have indulged in premarital sex for financial gains. Previous literature by other scholars also attributed premarital pregnancy to be the number one causative factor in the increase of single motherhood

in Southern Africa (Mbafeno, 2013). Mbafeno's findings indicated that premarital childbearing was the main source of single motherhood in Zimbabwe, Lesotho and Swaziland. Russel (1993) in a study of premarital childbearing in Swaziland found out that there was an increase in the number of births outside marriage suggesting that it was not a new phenomenon but a recognized pattern among Swazi women. Thus, this research mirrors the same result and can be said to be consistent with other empirical studies. In this researcher's contention, it is the increased dwindling of the grip to traditionalism and an increased embrace of westernization and Eurocentric mode of life that could explain the burgeoning cases of premarital childbearing in Zimbabwe and African countries generally.

5.2.3 Education

Study findings revealed that all participants had some level of education and everyone could read and write with the least educated participants being of primary level education. The results, however showed that the majority of the participants did not have tertiary education, and also the results did not show whether one passed or failed their 'O' level or 'A' level standards. Education is a fundamental need in one's life and the absence or lack thereof could adversely affect people. Following the capability approach, the level of education one has can transcend to having a job that is equivalent to their qualification. As evidenced in the research, most participants did not have tertiary qualification and this affected their chances of being gainfully employed, hence those with little education were negatively affected on their quality of life as their level of education did not offer them gainful employment. Existing literature suggests that level of education is positively correlated to higher sense of control and self-efficacy

(Demo and Acock, 1996). The results above, therefore, shows that majority of participants were not highly educated since they just completed O levels and this does not show whether one passed or not. Lack of education, therefore, means lack of sense of control, confidence and having a state of low self-esteem on those that are not well educated. Lack or low levels of education can lower one's capacity to deal with life pressures, and this can contribute to one's stress and hence a compromised state of the quality of life. To this end, Atkins (2010) has attributed high levels of depression to less education among the single mothers. The same study also showed that single mothers reported having received less education than partnered mothers. This therefore, shows that the findings in this current study are congruent with previous research studies on single mothers as it clearly shows that the majority of the participants did not even have tertiary education.

5.2.4 Employment status

The study findings revealed that 31.2% of the participants were not employed at all, while 29.6% were self-employed, while 39.2% were formally employed. Therefore, the results demonstrated that a large number of participants were employed although it was not clear on the kind of job one was involved in. However, the employment status also revealed that single mothers were proactive as a significant number indicated that they were self-employed. In as much as some indicated to having definite source of income, a significant number indicated being unemployed. This presents a pathetic state of affairs for the single mothers and their children since this is an indicator that they were likely to be prone to poverty, hence their quality of life was compromised. Although employment status may directly influence one's quality of life, but the quality of life

would also be dependent on the salary one earns. Based on the capability approach, employment is seen as a tool which bolsters and enhances ones drive and capacity to achieve what they want in life and that includes taking care of the family (Zalta, 2012). The occupation status of a single mother may reveal the likelihood of one to give in to sexual advances so as to cater for the family for those that are not employed. In a way, one will be risking their health for material gain, hence their satisfaction of life will be very low. In other studies, single mothers have been found to greatly be affected by unemployment and poverty and this in a way may force them to rationally decide to depend on men in order to cope with poverty (Moyo and Kawewe, 2009). However, the majority of the respondents indicated that they had a source of income as a number was self-employed. But the question that needs to be posed is whether one was gainfully getting enough money or resources to ensure meeting life needs adequately. This is because most people who indicate they are self-employed may be struggling to float in meeting most life basics and hence they would be facing a marginal qualitative state of life

5.2.5 Income status

Study findings revealed that the majority of the single mother respondents in Marondera town earned \$500 or less. This shows that single mothers were poorly remunerated as many other citizens of Zimbabwe. Statistically, 82.3% of the participants indicated earning less than \$500 per month. This therefore, has a direct influence on the quality of life for single mothers as well as on their children's life. On average, civil servants' salaries in Zimbabwe earned from \$400 to \$600 per month if one holds a diploma or a degree. So this state of low earning capacity adversely affects single mothers who do

not have any tertiary education and who are not gainfully employed or who do not have businesses of their own to run. The bulky of the participants were surviving on less than \$500 per month, and they had to take care of their bills, send their children to school, and buy food and clothes and so on. This shows how a single mother who single handedly raise her family get financially strained and thereby straining her social, emotional and psychological well-being inorder to fend for her family. This has negative effects on the quality of life for these families. This means that these single mothers face the state of feminization of poverty. This again presents an unfortunate state of affairs because in this era of HIV and AIDS, there is an inextricable relationship between feminization of poverty and feminization of HIV and AIDS (Kang'ethe 2013b; Kang'ethe and Munzara, 2014). Feminization of HIV and AIDS is defined as a phenomenon where women become increasingly prone to HIV and AIDS when compared to their male counterparts (Kang'ethe 2013a).

These findings are consistent with the situation in Zimbabwe where people due to economic malaise the country have found itself in dire economic situation where many live under below the poverty datum line (Government of Zimbabwe, 2009). Infact the PASS report by the Government of Zimbabwe estimated that 65% of Zimbabweans lived below the poverty datum line in December 2009. Perhaps it is good to go deep a bit to explore the salaries of several cadres of the Zimbabwe employees. To this end, the Africa Growth Institute (2014:1) brings out salaries for people employed in the Zimbabwean government as shown in the quotation below:

Those in B1 grade who include office orderlies are the lowest-paid Government workers. The workers in grade C1 will get US\$353 up from US\$304.

Most teachers, nurses and members of the uniformed forces who are in grade D1 and above will be getting US\$419, while those in the E5 grade such as deputy directors and chief accountants will receive US\$508 net.

Realistically, the economic crisis of Zimbabwe has affected the nation as a whole and this has translated to high food prices, poor living conditions and increased child mortality (Mbaheno, 2013). The lives of the single mothers have not been spared either with the likely result of suffering the state of feminization of poverty (Kang'ethe, 2013; Kang'ethe & Munzara, 2014). As a result, single mothers lack economic ability to cater for their family's needs, hence children are negatively affected in many ways which also affects their growth and development.

5.3 Number of children and the age of the youngest child

The study findings depicted that just over 50% of the respondents had one child each while the rest had more than one child. Realistically, the more children one has, the heavier is the responsibility of taking care of them. Although the findings revealed that over half of the participants had one child and had a lesser burden in term of nurturing children and providing for them, however, close to 50% of the participants had more than one child and this could be the group that probably suffered the state of feminization of poverty as well as child poverty. This presented a sad state for single mothers who had a bigger number of children, for it meant they were usually prone to poverty or living possibly in a squalid atmosphere. This heralds a compromised state of quality of life.

The study findings further revealed the youngest age of the children for the respondents with a revelation that, over 50% of the participants had children who were

below the age of 5 years. These children require a lot of attention yet their mothers had to be outdoors in an endeavour to look for food for the children and for themselves. This can affect the children's development if the mother is absent most of the times. The much needed bond of mother and child can be difficult to form, hence the growing up of these young one/s will be affected by the absenteeism of mothers (Berk, 2007). According to the Erickson theory of infant personality, parent-infant relationship is very important especially the stage of trust versus mistrust. When a child learns to trust her mother, this can give a positive outlook of the world to the child when trust is formed unlike when no trust or bond is formed. The child with mistrust cannot count on the kindness and compassion of others, so they isolate themselves from people as a way of defending themselves (Berk, 2007). This in a way will affect the child's growth and development because they will be full of fear. According to Erickson second stage of autonomy versus shame and doubt, the conflict of toddlerhood is resolved favourable when parents provide young children with suitable guidance and reasonable choices (Berk, 2007). To this end, there is a challenge to a child who is growing with one parent only, moreover with an absent mother due to other duties that calls for her attention. It has been established by other researchers that the young ones demand lots of attention than older children and this can negatively impact on the mother who has to juggle between jobs to provide for the family and also be there for the young one to nurture them (Lehman, N.D). This indicates a compromised state of the quality of the single mothers' lives.

The study has also revealed that 17.3% of the participants had children between the ages of 11-18 years. According to a study by Carbonari (2013), the age of the youngest

child of the respondent has an impact on the general life satisfaction of the mothers, so the younger the child, the more attention is needed. However, it was apparent that single mothers who had adolescents faced more life stresses and challenges when it came to issue of handling and tackling their children's behaviours. It is succinctly clear that raising a child single handedly by playing the role of both a mother and a father was an arduous and uphill task for the mothers.

5.4 Environmental, neighborhood and housing conditions

The research findings demonstrated that majority of single mothers in Marondera town were to a greater extent stressed by the conditions of their homes and community. This was revealed through the responses that people indicated. For example in the findings, the least number indicated to not being stressed at all with the conditions of their homes and neighborhood, whereas the majority indicated to being a bit stressed to much stressed given the different scenarios of the homes. The results therefore demonstrated that most single mothers were stressed with their neighborhood conditions as well as their home conditions, which in turn affected their quality of life due to the related stress. Literature has arguably claimed that housing and neighborhood directly relates to one's well-being, stability and consequently socioeconomic status (Shaw, 2004). Other studies have indicated an inextricable relationship between unsafe neighborhood and lower levels of life satisfaction (Ross and Mirowsky, 2001).

The study findings also gave a clear picture of the type of housing that these single mothers had and also brought out their socioeconomic status which showed that they were not able to have the necessary equipment to warm their houses as well as cooling their houses when the weather conditions were hostile. The findings can translate to

mean that single mothers in Zimbabwe generally have poor housing as it has already been highlighted in chapter 2 that single mothers reside in high density suburbs where crime is high and plumbing is poor (Shaw, 2004). To this end, Shaw (2004) has reported that public health scholars have found that housing is linked to physical and mental health and poor housing is strongly linked to uneven ill health, death and mental illness. These are factors that largely compromise the mothers' quality of life.

The findings further revealed that over 60% of the respondents were stressed about the community they lived in and felt unsafe. Since some single mothers settled in places that they could afford, probably the high density suburbs were places are characterized by neighborhood poverty and social disorder and higher rates of crime. In the same vein IRIN (2012) contends that single mothers usually settle in high density suburbs where rates and rents are cheaper. Brooks-Gun et al., (1993) also echoes the same sentiments on the kind of neighborhoods that single mothers stay in, as they postulate that single mother families stay in high density suburbs which are characterized by disorganization, high unemployment rate and school dropouts. This therefore means that more than half of the respondents were not happy about the community they lived in and this largely affected their general satisfaction of life.

The level of stress in relation to crime in the communities that the respondents lived in showed that over 60% of the single mothers who took part in the survey lived in areas where crime was a major concern and presented a sorry state of affairs to them because of the feelings of unsafe in their daily lives. When one feels unsafe, their well-being and mental health can be compromised and one can also become paranoia that can generate to other fear related diseases. Paranoia is defined as unfounded mistrust

(Freeman, 2008). The state of being paranoia can go to extreme cases where one becomes psychotic and schizophrenic (Freeman, 2008) which is a disturbing state for a single mother to be in as this further complicates her well-being as well as quality of life. Therefore, it is important for one to feel safe in their community and environment to achieve a satisfactory standard of living that enhances their well-being.

According to Maslow's hierarchy of needs, security and safety needs come second after physiological needs which are the most crucial ones (Martin and Joomis, 2007). One needs a safe environment to be able to live a normal life that is healthy.

5.5 Social support

The study findings revealed that a majority of the participants did not have people they could rely on in emergency times. Statistically, 57.5% of the participants indicated that they did not have people they could confide in on serious matters, thus showing that most single mothers lacked social and emotional support from significant others. This in turn affected their well-being and quality of life. The findings are consistent with literature that suggests that single mothers have less contact with family and friends (Cairney et al., 2003). When one does not have needed social support from friends and relatives, they can have poor emotional health and low self-esteem which is associated with perceived low life satisfaction (Mandara et al., 2008). The majority of the participants also indicated that they had no one they could confide in with serious matters. Observably, single mothers in Zimbabwe usually isolate themselves from the community as a result of stigma and discrimination that goes with one being a single mother especially when one became a single mother through premarital birth or divorce. This researcher thinks that the society of Zimbabwe tends to shun single mothers and

look down upon them in the bid to encourage marriage and discouraging children out of wedlock. Chant (2007) explain that some single mother may isolate themselves and have no one to talk to, and she attributed it to the single mothers keeping 'themselves to themselves' in the face of hostility or mistrust on the part of their own family networks or other communities, as well as lacking ties with ex-partner and his relatives.

Furthermore, the study revealed that majority of the participants lacked a feeling of intimacy with another usually opposite sex individual. This no doubt affected their self-esteem and could easily lead to depression. Previous studies have indicated that spousal-based social support has shown to reduce feelings of social isolation and hopelessness, which are typically associated with poverty (Mandara et. al, 2008). Furthermore, Maslow hierarchy of needs espouses that, the need of belonging, love and affection are also important in enhancing one's life and their satisfaction with life (Martin and Joomis, 2007). The results therefore, show that the majority of the participants lacked that kind of relationship which made them isolated and therefore had their lives not to function optimally. This by and large brings out the general dissatisfaction of most participants with their relationships. Other researches have noted that most single mothers experience emotional stress as they need a life partner to share love and affection (Ghani and Aziz, 2013) and as such most are stressed because of failure to find a life partner.

The research findings further showed that majority of the participants did not receive maintenance money from the fathers of their children. This left these single mothers with the burden of caring for their children on their own. If a father takes part in the upbringing of their children, the burden can be less on the mothers but in this case, the

research findings indicated that the majority did not get any help from the fathers. Hence, the burden for single mothers in Marondera town is even worse and this can give them a stressful life that could lower their quality of life

The study findings further revealed that the government and non-governmental organizations in Zimbabwe were hardly involved with helping out single mother families. This showed that the plight of single mothers was not mitigated by the government and the NGOs. All in all the research findings revealed that single mothers did not get adequate support from even other stakeholders besides government and NGOs This worsened the single mothers' lives as well as that of their children, and nation at large. In Zimbabwe there are no programme initiatives by the government that specifically deal with single mothers, there are however embraced under the group of underprivileged individuals. These benefit from programmes like the BEAM (Basic Education Assistant Module) which helps taking children of the underprivileged to schools (Musekiwa, 2013) but even so, they have to go through a rigorous means test for them to qualify for the programme. Lack of assistance of single mothers in Zimbabwe can also be attributed to lack of knowledge of organizations that can help them, like social welfare.

Over 90% of the participants indicated that they did not get any help from the Government in trying to ease the problems and challenges they faced as single mothers. This can be so, given the economic situation in Zimbabwe which has gone down since 2008. To this end, Mpfu (2010) reports that in April 2010, UNICEF noted that 78 percent of Zimbabweans were "absolutely poor" with 55 percent of the population living under the poverty datum line. This shows that the country at large has

been affected by poverty due to worsened political and economic environment (Kang'ethe and Serima, 2014).

The study findings further revealed that majority of the participants did not get help from either the government or the NGOs. Infact most were not aware that they could get help from NGOs and government. In terms of social support, the research findings have demonstrated that single mothers lacked support and they had to do things on their own, to float or sink in an endeavour to fend for their children and themselves. These findings are consistent with existing literature which suggests that single mothers have less social support and financial resources (Crosier, Butterworth and Rodgers, 2007; Mandara, et. al, 2008). Having less people to count on or assist with life challenges and an acute lack of money is likely to leave a single mother with little means to improve their quality of life.

Other studies have indicated that social support lessens the individuals' burden, whether financially, socially or emotionally and can lead to a decreased state of depression and life stresses (Rafieei, 2013).

5.6 Health issues

The study findings revealed that majority of the respondents had last visited the doctor over 6 months ago (41.1%) 36.6% visited over a year ago and the implications could be that they had fairly good health or at worst it showed that some did not visit the doctor because they could not afford to visit the doctor, or factors such as Lack of transport money, or inaccessibility of the health services posed challenges. Perhaps the second scenario holds water given the fact that most of the participants earned less than \$500.

This failure to attend to the medical facilities due to lack of resources negatively affects the health and well-being of single mothers as they can harbor diseases until it's too late to get any treatment. According to the 2005-2006 Zimbabwe Demographic and Health surveys, revealed that 58 per cent of Zimbabwean women could not access healthcare because they did not have money to pay for their treatment (Amnesty International, 2011).

The study findings also revealed that the majority of the participants did have access to contraceptive and that was not a problem for them. This in a way prevented mothers from having more children outside marriage and it could also explain why most single mothers in the research study had one child each. The findings however also showed a significant number that did not have access to contraceptives. This could be due to one being remotely located, financially strained to buy contraceptives, or even some having embraced some religious beliefs that were anti-contraceptives. This could by and large affects single mothers, their quality of life as some may be prone to falling pregnant over and over again. This researcher' bemoans such a state of affairs because that would mean such mothers being victims of HIV and AIDS. This is likely to validate the concept of the feminization of HIV and AIDS among the single mothers (Kang'ethe & Munzara, 2014)

On the state of having an insurance medical cover, 61.3% of the participants did not have one. This affected their access to special medical attention when needed. Previous researches have indicated that people who do not have medical cover are less likely than those who have medical cover to seek health care services, which can result in poor health outcomes and higher health care costs (Atkins, 2010). The unavailability

of medical cover that has been indicated by the majority of the participants could also be the major reason why it was reported that the majority of the single mothers in this study had last seen the doctor in over six months and some over a year. Due to the lack of medical cover, the quality of life for single mothers can be compromised because they can fail to seek medical attention when needed.

The study findings further revealed that majority of the participants had access to medical facilities although quite a significant number also indicated to not having access to medical facilities. This presented a sorry state for those who indicated that they did not have access to medical facilities. This could be due to financial constraints as well as being remotely located. It is in the best interest of the people that the government intervenes and provides mobile clinics for those that are remote and also offer free treatment to those that cannot afford. With inaccessibility to medical services, the state largely compromises the single mothers' quality of life. Amnesty International (2011) reported that most people in Zimbabwe cannot afford healthcare fees, hence they have no access to medical facilities. The cost of transport was also cited as another hindrance for having access to medical care of women in general, so the situation can even be worse for single mothers, and this presents them with a compromised quality of life (Amnesty International, 2011).

Finally, when participants were asked to rate their state of health, 43% revealed that they did not have confidence in their health statuses even though no one indicated she had poor health. It was however the researcher's observation that there was room of bias, since some people cannot divulge their actual state of health in fear of being judged or stigmatized. Corrigan (2013) believes that people who are not well, are not

only harmed by their conditions, but also by the public response to their conditions in the form of stigma and discrimination, therefore, some of the respondents may not have divulged their actual health status in fear of being stigmatized.

5.7 Psychological and emotional well-being

The study findings demonstrated that the majority of the participants had sleeping problems and thereby affecting their daily functioning. Undoubtedly, lack of sleep or excessive sleeping can negatively affect one's health, memory, concentration, appearance and even sex life, and it can also cause depression, headaches, obesity etc. (WebMD, 2014). This goes on to show the risk that these mothers faced due to sleeping problems. This therefore compromised hugely their well-being. The study findings further revealed that majority of the participants experienced feelings of sadness over the past 6 months in different levels. Feeling of sadness were related to the warning signs of depression., The findings, therefore, revealed that most single mothers in the research study were depressed due to life challenges and their role as single parents made it even worse. Hence when one is constantly sad or worried, it revealed a great dissatisfaction with one's life.

This researcher feels that, the high levels of stress indicated by single mothers largely emanated from financial problems as the majority indicated that at times they did not have money for their daily expenses such as for paying rent and bills, and that gave them sleepless nights. These finding are consistent with literature which suggests that single mothers experience high rates of stress and depression, most likely due to being single handedly providing for their households (Crosier, Butterworth & Rodgers, 2007). Mental health in this study is also used as a predictor of general life satisfaction.

The study findings on all the six problems indicated above are in consistent with literature that single mothers are susceptible to depression, anxiety, feeling helpless and being worried. They are reported to have elevated level of psychological distress (Hope, Power and Rodgers, 1999). Psychological distress shown in the results above go a long way in showing general dissatisfaction of life that single mothers experience and this affects their quality of life, and can also go on to affect their children. These distresses are usually attributed to negative consequences of financial hardships and lack of social support. To this end, Hope et al. (1999) noted that there is lower psychological distress among the employed mothers than unemployed ones.

5.8 Financial strain

The research findings revealed that the majority of the participants did not have enough money to cater for their daily needs. Statistically, 64.5% of the participants indicated that sometimes they did not have money for their daily expenses, while 65.6% indicated that there at times, they could not pay their rent and bills; while 66.1% of the participants also indicated that they did not have money to take their children for holidays. The research findings, therefore, demonstrated that majority of single mothers in Marondera town were struggling financially to meet their daily needs. This in turn caused ripple effects to the family. This could also cause family disintegration that could easily prompt some mothers venturing into illegal dealings or risk behaviors to cater for the family (Bose, 2010). The findings revealed a case of feminization of poverty among single mother households in Marondera town as most of the participants indicated to be financially strained (Kang'ethe & Munzara, 2014; Kang'ethe, 2013). This presented

them with other emotional and psychological problems that affected their well-being and general life dissatisfaction which compromised their quality of life.

The study results revealed that the single mothers faced huge financial constraints. The findings are consistent with empirical studies by Chant (2006) that indicates that financial instability is one of the most challenging situations in a single mother family, for they are the sole breadwinners of the family. The situation of single mothers in Zimbabwe is exacerbated by the economic crisis that has hit the country for over a decade and this has caused more burdens on the financial crises of these families. This has been a result of poor governance and an uncondusive environment of the NGOs to operate (Kang'ethe and Serima, 2014). Furthermore, not being able to meet basic needs for the family also causes single mothers to engage in socially embarrassing activities to put food on the table such as prostitution (Kang'ethe, 2010; 2012). This is not the kind of life that gives one a happy moment. It definitely negatively impacts on the mother's quality of life.

Taking the capability approach, we see that single mother's abilities are hindered by financial problems to live the life they want and being able to meet their basic needs. The capability approach has two claims, first "the claim that the liberty to achieve well-being is of primary moral standing and the second is that "the freedom to achieve well-being is to be understood in term of people's capabilities, that is, their real opportunity to do and be what they have reason to value" (Zalta, 2011). With this in mind, it shows that financial constraint poses a big challenge to single mother's quality of life since it hinders the capabilities and also hinders the freedom to achieve well-being as is the most important thing in one's being.

5.9 General life satisfaction

The research findings revealed that generally participants were not happy with their living conditions with the achievements they had made in life so far and also their history. As the participants were asked to rate their lives according to their status in life, the majority indicated that the conditions of their lives were not excellent, and also the majority disagreed that they have achieved most important things in their lives. However, the largest proportion indicated that given another chance in life, they would want to change their lives. These findings therefore, demonstrated that the majority of the participants were dissatisfied with their lives and were not at all happy with the way they were living. Ifcher and Zarghamee (2011) conclude that single mothers are an unhappy group compared to non-single mothers in the study of Trends in the Happiness of single mothers. General life dissatisfaction was indicated as one of the reasons that caused single mothers to be unhappy, as they were reported to have unfulfilled dreams and ambitions coupled with life regrets (Ifcher and Zarghamee, 2011). Lee et al., (1999) reports that multiple losses and increased financial and child care responsibilities lead to great risk of psychological problems and lowers life satisfaction of single mothers. General life dissatisfaction was used as an indicator of low quality of life associated with single mothers in general.

On whether single mothers were satisfied with their life by responding to statements about their life, ability to perform daily activities, their work, personal relationships, access to health services, and their provision of basic needs for the family and finally about the support they get from relatives and father of child or children. The study findings revealed that majority of the respondents were dissatisfied with those crucial

parts of their lives, that are, with provision of basic needs and life in general being the highest in which they indicated being dissatisfied with, followed by being dissatisfied with the support one gets from the father of children or relatives. Other previous researches have also noted that single mothers lack adequate social support from significant others and this affected them negatively (Mandara et al, 2008). As also has been noted that financial problem is the biggest challenge that single mother face (Chant, 2006), it affects their ability to provide the family with basic needs which affects the family as a whole, and poor quality of life will result. However on other issues, the majority mothers indicated they were neither satisfied, nor dissatisfied which presented a case of confusion and dilemma. It is the researcher's thinking that those who indicated neither satisfied nor dissatisfied could be the ones who are not even sure about their lives, who did not have aims and goals to accomplish, those who just accept situations as they were and blame it all on fate. Possibly, these are the individuals who most likely feel apathy for themselves.

By and large, the research results revealed that the majority of the participants were not satisfied with the lives they were leading and wished to improve. Contrastingly, there was a small proportion of people who indicated they were satisfied with their lives because they had almost everything they wanted. Lee, Law and Tam (1999), also brings out the idea that there are single mother families who are making it out there in life and these mothers are said to be proud of their achievements and are reported to have high life satisfaction which enhances their QOL. Levinger and Moles (1997) also reported the autonomy and freedom from conflict that single mothers experience improves their well-being. For those who indicated embracing some level of satisfaction

in their lives, in this researcher's contention was apposite score in the lives of the single mothers and gave hope that with adequate interventions and support, it was possible to turn round the lives of the single mothers and have them embrace a satisfactory quality of life. The findings concurs with Miller's research findings (1987), where respondents indicated increased independence, self-determination, perseverance and a belief in oneself which were identified as strengths for single parents. Hence regardless of the pressures related with single motherhood, some mothers are able to cope with their life circumstances well (Lee et al., 1999).

5.10 challenges faced by single mothers

Study findings revealed that financial problem was one of the biggest challenges that single mothers in Zimbabwe faced especially due to the economic meltdown in Zimbabwe that was driven by the banishment of the white land settlers (Kang'ethe and Serima, 2014). This has affected the nation as a whole, and the impacts are even more serious to a mother who is raising a family on her own. Due to the financial constraint faced by single mothers, this has also validated the concept of the feminization of poverty amongst these women (Kang'ethe, 2013a).

The research concurs with empirical studies by Ghani and Aziz (2013) who pointed out that single mother families live in abject poverty due to financial constraint and also due to the lack of economic assistance from the fathers. This situation, by and large has immensely affected the quality of life for single mothers negatively. As already outlined in literature review, previous studies have shown that single mothers suffer a great deal of challenges ranging from financial problems, parenting, poverty, lack of social support and discrimination. All these leave them depressed and emotionally unstable. Being

exposed to multiple stressors has been reported to have potential negative impact on a person's well-being (Ford-Gilboe, 2000). The findings are also consistent with other empirical evidence carried out by the American Association of Retired Persons (AARP) pointing out that financial problem is a major cause of concern among single mothers (Montenegro, 2004). For it brings ripple effects on the QOL for single mothers and their children and also causes emotional stress. According to this current study emotional stress was also found among the top challenges that affect single mothers. Ghani and Aziz (2013) states that single mothers experience emotional stress as they need a life partner to share love and affection. Due to the stress levels that single mothers face due to different problems, Cairney et al. (2003), suggested that single mothers required two or three times more frequent counselling and professional assistance compared to the norm, for the purpose of mental health. But this may not be possible given the financial situation of single mothers in Marondera town. This has by and large left them in their dire situation which lessens their quality of life.

5.11 Strategies implemented by single mothers to overcome challenges

The study findings revealed that single mothers employed different strategies to try to overcome the challenges they faced so that they could improve their quality of life and that of their children. The study unearthed different strategies like cross boarder trading, vending, prostitution, poultry projects, petty jobs, having a support system just to mention a few (Musekiwa, 2013). This is in collaboration with previous research studies when Bose (2010) contended that single mothers employ different schemes to overcome their challenges by vending, finding employment, gardening, prostitution and so on.

The researcher feels that these strategies can be sustainable if there is a readily available market for these mothers to trade and also if money to start business is availed for them. Empirical evidence reveals that the scope of business amongst women is widening its scope in the world especially in Africa. In Zimbabwe, women are encouraged through women empowerment programmes of indigenization to venture into various kinds of businesses (Chiripanhura, 2010). Some of the single mothers have taken this motivation and have indulged themselves in various business projects. In Zimbabwe, women have the largest proportion in informal market trading and they are the primary providers for their families (Amnesty International, 2011).

The study findings further revealed that there were single mothers who engaged in prostitution as well as illegal money exchange which could land them in jail all in the bid of catering for their family and themselves. This is in their frantic efforts to keep the food on the table at the close of every day (Kang'ethe, 2010, 2012). This revealed the extent mothers can take to cater for their families. This researcher thinks it could be mothers without education who run for what seems to be the easy way out business. This is because prostitution may not call for any paper qualification. Prostitution in Zimbabwe is however characterized with police raids as it is illegal and due to corruption they can also be forced to sleep with police officers for them to be released. Saphira and Herbert (2004) echo the same sentiments by indicating that prostitution is a very risky industry where one is bound to be abused by men and even the police officers themselves. In the face of HIV and AIDS, it is important that young girls be taught safe sex in schools. The government and the NGOs should also engage communities in HIV and AIDS

community awareness and sensitization campaigns and sessions on the importance of abstinence and various other prevention strategies

The study findings also revealed that other single mothers relied on their families, friends and the church for social support and also stokvels for financial support so as to make their businesses and families thrive. According to Turner (2006) social support and financial support can lessen the levels of depression and stress among single mothers. It is important for single mothers to have people they can rely on, whom they can count on in emergencies and even just having someone to talk to. The community or society of Zimbabwe need to be sensitized with regards to the way they view single mothers and be encouraged not to stigmatize them through various kind of labelling

5.12 General conclusions

This section puts the findings against the research objectives to assess how much of them have been fulfilled. The study focused on determining the quality of life associated with single motherhood in Marondera town. It also wanted to establish the extent to which single mothers are satisfied with their lives as this can be a proxy measure to their quality of life. The study further wanted to investigate the challenges that single mothers experience as well as the coping mechanisms they use in the face of identified challenges. Finally, the study wanted to establish whether single mothers get any form of support from different society structures like the family, government, non-governmental organizations.

The objectives were measured empirically through a questionnaire containing closed ended questions, a Likert scale and one open ended question were used. The

questionnaire consisted of seven sections which contained questions formulated to gather data for the measurement of the objectives.

The research questions determined the quality of life for single mothers in general. The result of the findings on the general satisfaction of life for single mothers determined their quality of life. The results generally demonstrated different kinds of dissatisfactions of single mothers in various areas of their lives with the result of facing ills such as depression and embracing a stressful life which in turn affected their well-being and that of their family. Hence, their quality of life was compromised and is not as they would have wished to have.

The question on challenges the single mothers face has shown the kind of challenges single mothers go through and the related stress that go with every challenge. Financial challenge came out top amongst challenges they faced. This challenge had various ramifications such as not being able to settle in a safe area, not affording a comfortable house, and inability to provide basic needs to the family at large. Most of the challenges which are faced by single mothers, therefore, emanated from financial challenges. Relationship problems, lack of support from significant others also worsened the plight of single mothers and thereby affecting their quality of life.

The question on coping mechanisms adopted by single mothers to cope with their problems indicated how they engage in various tasks in order to win the battle to bring the food on the table for their children and themselves. This is because their social support system was narrow. The findings also revealed that most single mothers engaged in different activities like cross-border trading, vending, piece jobs and to some

extent even go to prostitution which put them to health risks such as HIV and AIDS. This affected their quality of life negatively.

On social support from various stakeholders such as the government, family, and non-governmental organizations, the findings indicated that single mothers do get little help from these various sectors, since the majority of the participants indicated that they were not satisfied with the help they got while some indicated that they did not get any help at all. Support from significant others have been documented to lower levels of depression in individuals and the lack of it therefore means there is increased level of depression (Turner, 2006). Lack of support or poor support system for the single mothers has had a great toll on jeopardizing the quality of their lives.

5.13 Recommendations

Given the above analysis of findings in this research study, there is need for recommendations to be made to different stakeholders. Recommendations are therefore going to be made for further research, single mothers, government and non-governmental organizations, as well as to social work practice

5.13.1 Recommendations for single mothers

Single mothers should continue working hard for their families as it is not an easy task to raise a family on their own especially with the current harsh economic situations of Zimbabwe. There is need for single mothers to get themselves involved in more income generating projects so as to improve the quality of life of their families. As already noted in chapter 4 that some single mothers have indicated that they do not get any form of assistance from the government and NGOs, it is also the duty of these single mothers to go out there to seek assistance from the government and other helpful organizations

and not have to wait until they will be identified and be put in the basket of the vulnerable individuals. They should visit Social Welfare departments, reach out to the community when there are projects involved. It has also been noted that some single mothers use prostitution as an economic survival coping mechanism. This researcher, however, recommends that single mothers should use constructive survival strategies that do not put them at more risk of sexually transmitted infections like HIV and AIDS which may shorten their life span and live their children as orphans.

Furthermore, single mothers should also be careful of who they get involved with, as some have indicated having problems finding a partner and keeping relationships going. This does cause emotional stress on the part of the single mother, so they should not let themselves be available for every man who proposes to them because some men have agendas of just sleeping around with no future plans, whereas the single mum will be looking for a partner to settle down with and raise a family. Advisedly, single mothers should continue using contraceptives so that they do not continue having children out of wedlock.

Lack of support from the fathers of the children is one of the problems that made the economic hardships of the single mothers. Single mothers should therefore, seek legal action against the fathers of the children so that they can get maintenance money. As a strategy to allay their isolation from the community, it is advisable that single mothers works towards integrating themselves with community members through engaging in in community activities and also be open to other people and make friends that they can rely on during emergency times.

5.13.2 Recommendations to the government, community and NGOs

The study findings revealed that 37.1% of women aged 18-24 years were single mothers. This shows that adolescents and young women are becoming mothers early, hence they should be taught sex education, practicing of safe sex and abstinence in schools, churches and the community. Efforts should be strengthened to reduce premarital child bearing as it is also the number one cause of single motherhood in this study. The extricable relationship between unsafe sex practices and the prevalence of HIV and AIDS also presents a worrying state of affairs. Recreational activities such as games and community development projects should be introduced in Zimbabwe so as to keep these young women focused and not be idle so as to avoid having time for premarital sex.

Findings from the study revealed that more than half of the single mothers were unemployed. It is recommended therefore that the government of Zimbabwe create job opportunities to reduce the unemployment level found among single mothers in order to reduce the burden of feminization of poverty. In addition, the government should also review its salaries for those that are employed because over 80% of the participants who are employed earn less than \$500. The single mothers who have to raise their children single handedly are not spared. Furthermore, the government should introduce mentorship programs in order to give a chance for single mothers to advance themselves and also take part in entrepreneur business opportunities.

Importantly, it is recommendable that the government forms partnership with Non-Governmental Organizations to help single mothers and other under-privileged classes in the society so as to improve their quality of life. The youth should be prioritised

because they are the future generation of tomorrow. It has been noted that there are no child support grants for children in Zimbabwe. The researcher, therefore, recommends that child grant be given to single mothers to take care of their children and ease the burden on them financially. The government should borrow a leaf from the South African government. Additionally, the government could ease the burden of single mothers through the inception of an education fund for the children of single mothers and by so doing they will be ensuring that every child has a right to education.

The result of this study also revealed that the majority of the respondents did not have any tertiary qualification in education. This can impede their standard of living and by extension jeopardize their quality of life. This is because of their diminished chances of employability. The government and other stakeholders can form an organization called “The Single Mothers’ Association of Zimbabwe” where all single mothers can be helped in bolstering several areas of their lives that are not optimally functioning. Such areas include effective counseling of different areas even business, parenting, psycho-social support, fundraising projects and so on. This is to possibly and probably ease the life burden of most single mothers. This could probably I see single mothers being liberated from poverty, psychological and emotional issues, negative social stigma and family problems.

The government in partnership with the NGOs can also avail funds for single mothers in the form of loans for those who want to start their projects like poultry. The duo can also get involved in the monitoring and evaluating the activities of the single mothers in an endeavour to provide the needed knowledge and resources for the projects to be successful. In order for the government and stakeholders to effectively help single

mothers, they need to involve them and reach out to them so that they understand their problems and possibly get involved in crafting strategies to arrest them. The mothers should not be passive but active participants as espoused in the principles of community development.

The researcher further recommends the promotion of family life in view of high levels of single motherhood in Zimbabwe and across the nations at large. The values and morals of the society should be reintegrated and be taught in schools, church and the community at large. This is to possibly weaken the environment of moral decadence and cultural erosion that has seen families disintegrate and individuals young and old getting involved in promiscuity and other undesirable acts unashamedly. In this researcher's contention, societies should work to regain their moral, ethical and cultural values that existed before the advent of colonialization.

5.13.3 Implications for social work practice

Findings in this study revealed that single mothers were depressed and stressed out due to different reasons. This in turn affects their mental health which is directly related to general life satisfaction and perceived social support. As social workers, there is need of linking single mothers with outreach services through support service coordination which can improve the quality of life for single mothers. Social workers should implement stress-management training and services which may additionally improve the mental health status of single mothers. Further, the study has suggested that there is a need of improving social support for single mothers. Therefore, engaging them in the community and community building is recommended. Education was another variable found to impact on single mother's perceived life satisfaction. Improving access to

educational resources to advance education levels of single mothers could potentially increase their economic and social power and thus improving their life satisfaction. It is of paramount importance that social work practice help individuals holistically and also link them with support system like the family, community and other stakeholders. Lobbying and advocating as part of their work, social workers should be able to do that for single mothers so as to protect their rights as well as linking them with resources. They have to empower single mothers with knowledge so that they can be able to deal with issues on their own.

5.13.4 Recommendations for further research

With regard to further research, there should be studies that deal with the causes of single motherhood holistically. That is to look deeper and critically and bring to the fore all the underpinnings associated with single motherhood. Societies across continents need to address and if possible annihilate this challenge of premarital births, more so with teenagers. Further, there should also be studies that distinguish and compare children's health, educational or life attainment of children from single mothers with those from two parent families.

5.14 Conclusion

Single motherhood is a state that countries and continents need to timeously address. Since it is apparent an inextricable relationship exists between poverty and the state of single motherhood in Zimbabwe, the government and other development partners need to be challenged to come up or strengthen existing poverty reduction strategies. Helping single mothers with life sustenance projects and programmes can possibly help them out of the jaws of poverty and therefore afford a qualitative state of life, for themselves

and their children. Since single motherhood is a product of societal challenges, and problems, it's pertinent that the whole society of Zimbabwe accepts and embraces the single mothers as any valid citizen of the country. The government and NGOs should affirmatively specifically look into the needs of the single mothers. This will go a long way in the country improving the Millennium Development Goal number three that envisages seeing a bolstered women empowerment process. The government of Zimbabwe should also improve its democracy and political environment in order to foster a comeback of many development partners that can look into the challenges of single mothers.

BIBLIOGRAPHY

- Africa Growth Institute (2014) *Zimbabwe: New pay structure for civil servants*, (http://www.africagrowth.com/news_article217.htm) accessed April 2014.
- Alkire, S. (2008) *The Capability Approach to the Quality of Life*, OPHI working paper series, www.ophi.org.uk.
- Amato, P. R., & Keith, B. (1991). Parental divorce and the well-being of children: A meta-analysis. *Psychological Bulletin*, 110, 26-46.
- Amato, P.R. 2005. "The impact of family formation change on the cognitive, social, and emotional well-being of the next generation." *The Future of Children* 15(2):75-96.
- Amnesty International (2011). Zimbabwe: *Briefing To The Precession Working-Group Of The Un Committee On The Elimination Of Discrimination Against Women 51st session*. United Kingdom, Amnesty International publications.
- Antecol, H., & Bedard, K. (2007). Does single parenthood increase the probability of teenage promiscuity, substance use and crime?" *Journal of Population Economics* 20, 55-71.
- Atkins, R. (2010). *Self-efficacy and the promotion of health for depressed single mothers*. New Jersey: Ewing.
- Babbie, E. (2010). *The practice of social research*. London: Woodsworth Cengage Learning.

- Baden, S. and Milward, K., 2000, '*Gender inequality and poverty: trends, linkages, analysis and policy implications*', BRIDGE.
- Balukonis, J., Melcus, G., & Chyun, D. (2008). Grandparenthood status and health outcomes in midlife African American women with type 2 diabetes. *Ethnicity and Disease, 18*, 141-146.
- Bashir, S. (2002). Home is where the harm is: Inadequate housing as a public health crisis. *American Journal of Public Health, 5*, 733-738.
- Berk, L.E. (2007). *Exploring lifespan development*. Illinois State University: Allyn and Bacon.
- Bibars, I. (2001). *Victims and Heroines: Women, Welfare and the Egyptian State* London: Zed.
- Biblarz, T.J. and Gottainer, G. (2004). Family Structure and Children's Success; A Comparison of Widowed and Divorced Single Mother Families. *Journal of Marriage And Family 2(2)*, 533-548.
- Billingsley, A. and Caldwell, C.H. (1991). Education the Church, the Family, and the School in the African American. *The Journal of Negro Education, Vol. 60, No. 3, pp. 427-440* Published by: Journal of Negro Education Stable URL: (<http://www.jstor.org/stable/2295494>) Accessed June 2014.
- Birks, S. and Callister, P. (1999). *Perspectives on Fathering*. New Zealand: Centre for Public Policy Evaluations.

- Bose, C.E. (2010). *Women in 1900: Gateway to the Political Economy of the 20th Century*. Temple University Press: Philadelphia.
- Brooks-Gunn, J., Duncan, G. J., Klebanov, P. K., & Sealand, N. (1993). Do neighborhoods influence child and adolescent development? *American Journal of Sociology*, 99, 353-395.
- Broussard, C.A. (2010). *Research regarding Low-Income single mother's mental and physical health: A Decade in Review*. Durham: New Hampshire.
- Brown, G.W. & Moran, P.M. (1997). *Single mothers, poverty and depression*. New York: Free press.
- Budowski, M., & Rosero-Bixby, L.R. (2003). Fatherless Costa Rica: Child development and support among lone mothers. *Journal of Comparative Studies*, 34(2), 229-254.
- Business Dictionary (Not Dated) online source (<http://www.businessdictionary.com/definition/formal-sector.html>) Accessed 13 September 2013.
- Byamugisha, G., Steinitz, L.Y., Williams, G. & Zondi, P. (2002). *Journeys of Faith. Church based responses to HIV and AIDS on three Southern African countries*. G & A Williams, Oxford, U.K.
- Cairney, J., Boyle, M.H., Offord, D.A., & Racine, Y. (2003). Stress, social support and depression in single and married mothers. *Social Psychiatry and Psychiatric Epidemiology*, 38, 442-449.

- Carbonari, N.K. (2013). *Perceived quality of life for Single Mothers Living in Affordable Housing in Columbus*. Ohio State University, Ohio.
- Carney, R., & Freedland, K. (2000). Depression and medical illness. In L. Berkman & I. Kawachi (Eds.), *Social epidemiology* (pp. 191–212). New York: Oxford University Press.
- Caron, J. (2012). Predictors of quality of life in economically disadvantaged populations in Montreal. *Social Indicators Research*, 107, 411-427.
- Chant, S. (1997a). *Women-headed Households: Diversity and Dynamics in the Developing World*, Houndmills, Basingstoke: Macmillan.
- Chant, S. (2001). 'Female Household Headship, Privation and Power: Challenging the "Feminisation of Poverty"' Working paper No.01-09b Princeton: Center for Migration and Development: University of Princeton.
- Chant, S. (2006). Re-thinking the "Feminization of Poverty" in Relation to Aggregate Gender Indices. *Journal of Human Development*, Vol No. 2.
- Chant, S. (2007). *Gender, Generation and Poverty: Exploring the feminization of poverty in Africa, Asia and Latin America*. Northampton, Edward Elgar Publishing, Inc.
- Chirau, T.J. (2012). *Understanding Livelihood Strategies of Urban Women Traders: A Case of Magaba, Harare Zimbabwe*. Grahams' town: Rhodes University.
- Chiripanhura, B .M. (2010). *Poverty traps and livelihood option in rural Zimbabwe: Evidence from three districts*. Manchester, UK: University of Manchester.

- Clarke, S. and Hamplová, D. (2010) *Single motherhood in Sub-Saharan Africa, A life Perspective*, Montreal, Canada.
- Coltart D, (2008). *A Decade of Suffering in Zimbabwe*. CATO Institute, Washington, D.C.
- Copeland, D. & Harbaugh, B.L. (2005). Differences in parenting stress between married and single first time mothers at six to eight weeks after birth. *Issues in in Comprehensive Pediatric Nursing*, 28, 139-152.
- Corcoran-Nantes, Y. (2005). *Lost Voices: Central Asian Women Confronting Transition*. Zed Books: New York.
- Corricgan, P.W. (2013). *The Stigma of Disease and Disability: Understanding Causes and Overcoming Injustices*. Available online (<http://www.apa.org/pubs/books/4318124.aspx>). Accessed 7 June 2014.
- Coughlin, S.S. (2006). *Ethical issues in epidemiologic research and public health practice* (<http://www.ete-online.com/content/3/1/16>) Accessed April 2014.
- Cozby, P.C. (2009). *Methods in behavioral research*. Boston: McGraw Hill Higher Education.
- Craige, T., Brooks-Gun, J. and Waldfogel, J. (2010). *Family structure, Family stability and early child well-being*. Princeton University: Princeton.
- Creswell, J.W. (2009). *Research design: qualitative, quantitative and mixed methods approaches*. Los Angeles: SAGE Publications.

- Crosier, T., Butterworth, P., & Rodgers, B. (2007). Mental health problems among single and partnered mothers. The role of financial hardship and social support. *Social Psychiatry and Psychiatric Epidemiology*, 42(1), 6–13. doi:10.1007/s00127-006-0125-4.
- Curtis, L. (2001). Lone Motherhood and Health Status. *Canadian Public Policy / Analyse De Politiques*, 27(3), 335-356.
- Cutrona, C., Russell, D., Brown, A., Hessling, R., Clark, L. A., and Gardner, K. (2005). Neighborhood context, personality, and stressful life events as predictors of depression among African American women. *Journal of abnormal psychology* 2005; 10(3): 389–409.
- Demo, D. & Acock, A. (1996). Sisterhood, marriage, and remarriage: The effects of family structure and family relationships on mothers' well-being. *Journal of Family Issues*, 17(3), 388-407.
- Ditmore, M.H. (2011). *Historical Guide to Controversial Issues in America: Prostitution and Sex Work*. Greenwood: California.
- Edmonds, W. A & Kennedy, T.D. (2010). *A reference guide to basic research design for education and the social and behavioral sciences*. New York: Pearson.
- Emtage, N. Duthy, S. (2011). An Introduction to Statistical Package for the Social Sciences. *Socio-economic Research Methods in Forestry*. 02 (53-64).
- Engel, R.J. & Schutt, R.K. (2010). *Fundamentals of Social Work research*. London: SAGE Publications.

Field, A. (2009). *Discovering statistics using SPSS 3rd ed.* London: Sage Publication.

Fisher, V. M. (2001) *Working with battered Women.*
(www.hotpeachpages.net/canada/air/medbook) Accessed 2 June 2014.

Ford-Gilboe, M. (2000). Dispelling myths and creating opportunity. A comparison of the strength of single-parent and two-parent families. *Advance in Nursing Science*, 23, 41-55.

Foster, J.E. & Handy, C. (2008). *External capabilities* OPHI Working Paper Series. Mimeo, Vanderbilt University.

Freeman, D. (2008) Virtual reality study of paranoid thinking in the general population. *The British Journal of Psychiatry* (2008)192: 258-263doi:10.1192/bjp.bp.107.044677. Available on line (<http://bjp.rcpsych.org/content/192/4/258.long>) Accessed 2 June 2014.

Fukuda-Parr, S. (1999). What Does Feminization Of Poverty Mean? It Isn't Just Lack Of Income". *Feminist Economics* 5 (2): 99–103. doi:10.1080/135457099337996.

Garenne, M., Tollman S. & Kahn, K. (2000). Premarital Fertility in Rural South Africa: A Challenge to Existing Population Policy. *Studies in Family Planning* 31(1), 47-54.

Garfinkel, I. & McLanahan, S. (2003). Unwed Parents in the US: Myths, Realities and Policy Making. *Social Policy and Society*, 2(2), 143-150.

Ghani, F. and Aziz, A. (2013). Profile of single mothers in Southern Malaysia and issues afflicting their lives. *British Journal of arts and social science vol. 16* 197-207.

- Gilgeous, V. (1998). Manufacturing managers: Their Quality of working life. *Integrated Manufacturing Systems*(9), 173-181.
- Gillis, J.R. (1997). *A world of their own making: Myth, ritual, and the quest for family values*. Cambridge: Harvard University Press.
- Global movement for children (2010). Zimbabwe: A third of children chronically malnourished (<http://www.gmfc.org/en/action-within-the-movement/africa/regional-news-in-africa/430-zimbabwe-a-third-of-children-chronically-malnourished>) Accessed 1 June 2014.
- Global Spot (2012) Zimbabwe: *A country left behind on AIDS surges ahead*. (<http://www.globalpost.com/dispatch/news/health/120709/zimbabwe-surges-ahead-in-HIV-AIDS-fight>) Accessed 1 June 2014.
- Google Maps 2014 (<http://www.google.co.za/googlemaps/search/Marondera%location>) accessed on 21 March 2014 at 1650hrs.
- Government of Zimbabwe (1995). *Poverty Assessment Study 1*. Harare: Government Printers.
- Government of Zimbabwe, (2009). *Zimbabwe Poverty Assessment Study Survey Summary (PASS) Report*, Ministry of Public Service, Labour and Social Welfare, July 2009, Harare.
- Green, B., & Rogers, A. (2001). Determinants of social support among low-income mothers: A longitudinal analysis. *American Journal of Community Psychology*, 29, 419–441.

- Gregory, D. and Watts, M. (2009). "Quality of Life". Dictionary of Human Geography (5th ed.). Oxford: Wiley-Blackwell.
- Hair, J. F. Jr., Anderson, R. E., Tatham, R. L. and Black W. C. (2009). *Multivariate data analysis. 5th ed.* New Jersey: Prentice Hall.
- Hallerod, B. & Larsson, D. (2008). Poverty, welfare problems and social exclusion *International Journal of Social Welfare*, 17 p 15-25.
- Halpheny, A.M, Nixon, E and Watson, D (2010). *Parents' perspectives on Parenting Styles and Disciplining Children.* Dublin: The Stationery Office.
- Haralambos, M and Holborn, M (2004). *Sociology Themes and Perspectives, Sixth Edition.* HarperCollins Publishers Limited.
- Heard, H.E., B.K. Gorman, and C.A. Kapinus. 2008. "Family Structure and Self-Rated Health in Adolescence and Young Adulthood". *Population Research and Policy Review*27(6):773-797.
- Herbst, C. (2010). *Footloose and fancy free? Two decades of single mothers' subjective well-being.* Working Paper, School of Public Affairs, Arizona State University.
- Heuveline, P. T., Jeffrey, M. and Furstenberg, F. (2003). Shifting Childrearing to Single Mothers: Results From Western Countries. *Population and Development Review*, 29(1), 47-71.
- Hong, R.R. (2011). *The lived experiences of being a sole mother in Taiwan.* Queensland University of Technology, Taiwan.

- Hope, S., Power, C., & Rodgers, B. (1999). Does financial hardship account for elevated psychological distress in lone mothers? *Social Science & Medicine*, *49*, 1637-1649.
- Horrell, S. & Krishnan, P. (2007). Poverty and productivity in female-headed households in Zimbabwe. *Journal of Development Studies* **43** (8): 1351–80.
- Ifcher, J. & Zarghamee, H. (2011). Trends in the happiness of single mothers; evidence from the General Social Survey. *Working Paper, Department of Economics. Santa Clara University.*
- IRIN News (2005) Zimbabwe: Abortion figures underscore need for more reproductive health education. (<http://www.irinnews.org/report/53659/zimbabwe-abortion-figures-underscore-need-for-more-reproductive-health-education>).
- IRIN News (2012). ZIMBABWE: Sewage-fed vegetables give pause for thought (<http://www.irinnews.org/report/95297/zimbabwe-sewage-fed-vegetables-give-pause-for-thought>) Accessed June 2014.
- Johns, M. (2001). *Life Skills: What do fathers contribute to children?* California: University of California.
- Johnson, A. (2009). *Our Voices: Issues Facing Black Women in America*. Universal Press: New York.
- Kalil, A., Delerie, J., Jayakody, R. and Chin, M. (2001). Living Arrangements of Single-Mother Families: *Variations, Transitions and Child Development*. Population Research Center Pages 1-32.

Kambarami, M (2006). *Femininity, sexuality and culture: Patriarchy and female subordination in Zimbabwe* [online]. Available from: (<http://www.arsrc.org/downloads/uhsss/kmabarami.pdf>) Accessed June 2014.

Kang'ethe, S.M & Serima, J. (2014). Exploring Challenges and Opportunities Embedded in Small-Scale Holdings in Zimbabwe. *Journal of Human Ecology*, 46(2):177-185.

Kang'ethe, S.M & Mafa I. (2014a). Dynamics associated with matrifocality in Zimbabwe: A Literature Review. *Journal of Sociology*. Kamla Raj: India. 5(2), 131-139.

Kang'ethe, S.M (2010). Attitudes to ARV access and factors undermining HIV and AIDS prevention. Lessons from the 2008 Tsabong stigma case study (Botswana). *Social Work/Maatskaplike Werk 2010: 48 (xx)*. Pp 433-449.

Kang'ethe, S.M (2012). Attitudes of PLWA and other selected communities in Tsabong towards operationalizing bio medical and traditional therapies in tandem to face the AIDs epidemic. *Social Work/Maatskaplike, 2012.46 (1)*. PP 55-69.

Kang'ethe, S.M. & Mafa, I. (2014b). Evaluating the survival strategies adopted by single mothers to enhance their livelihood in Zimbabwe. Accepted for publication for the *Journal of Sociology*. Fort Hare University.

Kang'ethe, S.M. & Munzara, M. (2014). Exploring an inextricable relationship between feminization of poverty and feminization of HIV and AIDS in Zimbabwe. In the press of *Journal of Human Ecology*.

- Kang'ethe, S.M. (2013a). Feminization of Poverty in Palliative Care Giving of People Living with HIV and AIDS and Other Debilitating Diseases in Botswana. *Journal of Virology & Microbiology*, (http://www.ibimapublishing.com/journals/JVM/jvm.html Vol. 2013) (2013), Article ID 772210, 7 pages. DOI: 10.5171/2013.772210.
- Kanji, S. (2010). Labor Force Participation, Regional Location, and Economic Well-Being of Single Mothers in Russia. *Journal of Family and Economic Issues*. 32(1):62-72.
- Kaplan, G., Siefert, K., Ranjit, N., Raghunathan, T., Young, E. & Tran, D. (2005). The health of poor women under welfare reform. *American Journal of Public Health*, 95, 1252-1257.
- Katz, I., Corlyon, J., La Placa, V. and Hunter, S. (2007). *The relationship between parenting and poverty*. York: York Publishing Services Ltd.
- Kotwal, N. and Prabhakar, B. (2009). Problems faced by single mothers. *Journal of social science*, 21 (3): 197-204.
- Landau, J. and Griffiths, J. (2007). The South African Family in Transition: Training And Therapeutic Implications: *Journal of Marital and Family Therapy*. 7(3), 339-344.
- Lee, M.Y., Law, C.K. & Tam, K.K. (1999). Life satisfaction of single parents in Hong Kong. *International Journal of Sociology of the Family*, Vol. 29, No. 1, pp. 23-38.

- Levinger, G., & Moles, O.C. (1997). *Divorce and Separation*. New York: Basic Books.
- Lewit, E. M., Terman, D. L. and Behrman, R. E., (1997). The impact of poverty on children: *Journal Issue Children and Poverty*, Volume 7 (2).
- Leyhman, J. (Not Dated) *Empowering Parents: child behavior help*. (<http://www.empoweringparents.com/Stop-the-Show-Putting-a-Lid-on-Your-Childs-Attention-seeking-Behavior.php#>) accessed May 2014.
- Lombe, M., Safadi, N. & Newransky, C. (2011). Predictors of Welfare and Child Outcomes in Female-Headed Households in Sub-Saharan Africa. *Journal of Comparative Social Welfare*, 27(1), 75-89.
- Loxton, D., Mooney, R. & Young, A.F. (2006). The Psychological Health of sole mothers in Australia. *Medical Journal of Australia*, 18(6), 265-266.
- MacArthur, J. (2013). *Perfect Relationships: Marriage*. Available on line (<http://www.gty.org/blog/B130708?term=perfect>) Accessed 2 June 2014.
- Malaba, J (2006). *Poverty Measurement and Gender: Zimbabwe's Experience*. *Inter-Agency and Expert Group Meeting on the Development of Gender Statistics*. United Nations. New York. ESA/STAT/AC.122/14.2.
- Malhotra, N. K. & Birks, D. F. (2006). *Marketing research: An applied approach 2nd ed*. London: Pearson Prentice Hall.
- Mandara, J., Johnson, J.S., Murray, C.B., & Varner, F. (2008). Marriage, money and African American mothers' self-esteem. *Journal of Marriage and Family*, 70, 1122-1199.

- Martin, D. and Joomis, K. (2007). *Building Teachers: A Constructivist Approach to Introducing Education*, Belmont, CA: Wadsworth.
- Mbafeno, C. (2013). *Levels and correlates of single motherhood in Southern Africa*. University of Witwatersrand: Johannesburg.
- McIntyre, L., Glanville, N., Raine, K., Dayle, J., Anderson, B., & Battaglia, N. (2003). Do low income lone mothers compromise their nutrition to feed their children? *Canadian Medical Association Journal*, 168, 686-691.
- McLanahan, S. & Sandefur, G. D. (1994). *Growing up With a Single Parent: What Hurts, What Helps*. Massachusetts: Harvard University Press.
- McLanahan, S. (1994). "The Consequences of Single Motherhood", *American Prospect* 18: 48-58.
- McLanahan, S. and Percheski, C. (2008). "Family Structure and the Reproduction of Inequalities." (*Annual Review of Sociology*341):257-276.
- Miller, D.C. (1987). *Helping the Strong: An Exploration of the Needs of Families Headed by Women*. Silver Spring MD: National Association of Social Workers.
- Montenegro, X.P (2004). *The Divorce Experience: A Study of Divorce at Midlife and Beyond*. Washington D.C: American Association of Retired Persons.
- Morrisette, M. (2008). *Choosing Single Motherhood: The Thinking Women's Guide*. Wadsworth: Belmont.

- Moyo, O. and Kawewe, S. (2009). Lone Motherhood in Zimbabwe: The Socioeconomic Conditions of Lone Parents and their Children. *Social Work in Public Health*, 24(1-2), 161-177.
- Mpofu, B. (2010). *Some perceptions on the Poverty Question in Zimbabwe*. University of Pretoria: Pretoria.
- Mungwini, P. (2008). *Shona Womanhood: Rethinking Social Identities in the Face of HIV and AIDS in Zimbabwe*. Masvingo: Great Zimbabwe University.
- Musekiwa, P. (2013). *Livelihoods Strategies of Female-Headed Households in Zimbabwe: The case of Magaso Village, Motoko District in Zimbabwe* (Master's thesis) South Africa, University of Fort Hare.
- Mwaba, K. & Naidoo, P. (2005). Sexual practices, attitudes toward premarital sex and condom use among a sample of South African university Students' Social Behaviour and Personality: *An International Journal* 33(7), 651–656.
- Nyanungo, H.N. (2010). Urban Poverty in Zimbabwe: The Case of Mutare. *Field research report*.
- Nyoni, K. (2012) *Zimbabwe: Is divorce an indication of women's empowerment?* Available online (<http://www.genderlinks.org.za/article/zimbabwe-is-divorce-an-indication-of-womens-empowerment-2012-02-15>) Accessed 02/06/2013.
- O'Neil, R. (2002). *Experiments in living: The fatherless Family*, London: Mezzanine Elizabeth House.

O'Reilly, A. (2010). *Encyclopedia of motherhood: Vol 1: (family and relationships)*
London: Sage Publications.

Oberhauser, A.M. (1998). *Gendered Livelihood Strategies in Rural South Africa and
Appalachia*. Research Paper 9814. West Virginia University: Faculty
Research Associate Regional Institute.

Parliament Research Department, (2011). *Marondera central constituency profile*,
Marondera.

Pasura, D. (2009). *Zimbabwean Migrants in Britain: An Overview. Network migration in
Europe*, www.migrationeducation.org (accessed September 2013).

Phillips, D. (2006). Quality of life and sustainability. *International Journal of
Environmental, Cultural, Economic and Social Sustainability*, 2 (2), 103-112.

Piaget, J. (2001). *The psychology of intelligence*. London: Routledge.

Polit, F. and Beck, C. (2010). *Social research: Theory and practice*. London: Madison
Publishers.

Quality of Life Research Center (2005). Available from Internet:
<http://www.livskvalitet.org/cms.ashx/> English. (Accessed 9 August 2013).

Rafieei, N. (2013). Examining the role of social support on adjustment to widowhood.
Arizona State University: Available online
([http://repository.asu.edu/attachments/110498/content/Rafieei_asu_0010E_1290
8.pdf](http://repository.asu.edu/attachments/110498/content/Rafieei_asu_0010E_12908.pdf)) Accessed 12 May 2014.

- Ross, C. & Mirowsky, J. (2001). Neighborhood disadvantage, disorder, and health. *Journal of Health and Social Behavior* 42, 258-276.
- Ross, C.J., Mirowsky, J. and Goldsteen, K (1990). The impact of the family on health: The decade in review. *Journal of Marriage and the Family*, 52(4):1059-1078.
- Ross, J., Boylorn, R., Black, J.E and Cooper, B. (2012). *The lived experiences of black single mothers*. Tuscaloosa: University of Alabama.
- Russell, M. (1993). Women, children and marriage in Swaziland. *International Journal of Sociology of the Family*, 23:43-57.
- Saphira, M., & Herbert, A. (2004). *Exiting commercial sexual activity*. Retrieved from (<http://www.ecpat.org.nz/Other/Researches/ExitingCommercialSexualActivity.asp> accessed June 2014).
- Shaw, M. (2004). Housing and public health. *Annual Review of Public Health* 25, 397-418.
- Shrestha, S.B (2011). *Child Poverty in Sweden*. Goteborgs University. Sweden.
- Skalli, L. (2001). "Women and poverty in Morocco: The many faces of social exclusion," *Feminist Review*, No. 69, pp. 73-89.
- South African Migration Project (SAMP). (2005). In brief: *Queen's University* - <Http://www.Queensu.Ca/Samp> (accessed 2013 September).

- Susniene, D and Jurkauskas, A. (2009). *The concept of Quality of life and happiness- correlation and differences*. Kaunas University of Technology, Panevezys Institute.
- Tabutin, D. & Schoumaker, B. (2004). The Demography of Sub-Saharan Africa from the 1950s to the 2000s. *Population (English Edition)* 59(3), 455-555.
- Takyi, B.K. (2001). Marital Instability In An African Society: Exploring the Factors *that Influence Divorce Processes in Ghana*. *Sociological Focus* 34(1), 77-96.
- Terbush, K., (2008), Social Work with Affluent and Low- income Families: Attribution Theory, (http://digitalcommons.providence.edu/cgi/viewcontent.cgi?article=1024&context=socialwrk_students (accessed 7 September 2013)).
- Tharps, L. L. (2005). The single mom's survival guide. *Essence*, 36(1), 307-315.
- The World Bank. (2003). *Caribbean Youth Development: Issues and Policy Directions*. Washington DC.
- Thyer, B. (2010). *The handbook of social work research methods*. London: SAGE Publications.
- Turner, H. (2006). Stress, social resources and depression among never-married and divorced rural mothers. *Rural Sociology*, 71, 479–504.
- UNDP (2010). *Millennium Development Goals Status Report*, Zimbabwe UNDP.
- UNICEF (2010). *Strategic Priority Action Plan for Gender Equality*. 2010-2012.

United Nations Report (1997) *Social Aspects of Sustainable Development in Zimbabwe* (<http://www.un.org/esa/agenda21/natlinfo/countr/zimbabwe/social.htm>) accessed 1 June 2014.

United Nations, (2000), *The World's Women 2000: Trends and Statistics*, New York: United Nations.

WebMD (2014). *The physical effects of sleeping problems*. <http://www.webmd.com/sleep-disorders/guide> (accessed May 2014).

WHO (1997). *World health organization quality of life: Measuring quality of life*.

Wise, S. (2003) *Family structure, child outcomes and environmental mediators: An overview of the Development in Diverse Families Study*. Australian Institute of Family Studies.

Wickrama, K., Lorenz, F., Conger, R., Elder, G., Abraham, W., & Fang, S. (2006). Changes in family financial circumstances and the physical health of married and recently divorced mothers. *Social Science & Medicine*, 63, 123–136.

Zalta, E.N. (2011). *The Stanford Encyclopedia of Philosophy*. Stanford University, Stanford.

Zikmund, W.G., and Babin, B.J. (2010). *Essentials of Marketing Research*. 9th Edition. Ohio: Cengage Learning South Western.

Zimbabwe Economy profile. 2013. *Zimbabwe*. (<http://www.indexmundi.com>). Accessed 22 March 2014.

Zimbabwe Vulnerability Assessment Committee (ZimVac), (2009). *ZimVac Rural Household Livelihoods Survey Report No.11*, October 2009, Harare.

Zindiye, S. (2008). *An empirical investigation into the factors affecting the performance of small and medium enterprises in the manufacturing sector of Harare: Zimbabwe*. South Africa: University of Fort Hare (Master's Thesis).

APPENDIX A: QUESTIONNAIRE FOR SINGLE MOTHERS



University of Fort Hare
Together in Excellence

My name is Memory Munzara, From the University of Fort Hare in the Department of Social Work pursuing a Master of Social Work degree. I am conducting a research on the quality of life associated with single motherhood in Marondera town, Zimbabwe. A single mother is someone who is widowed, divorced, never married and not living with a male or female partner and has at least one biological child. You are guaranteed that the information you supply for this study will be utilized for academic purposes **ONLY**. Your responses will be treated as confidential as possible. Your participation determines the success of this study. Thank you.

(Mark with an X where appropriate)

SECTION A: Background information

A1) Age

18 - 24		25 - 30	
31 -40		40+	

A2) Marital Status: You are a single mother through?

DIVORCED		WIDOWED	
Pre-marital pregnancy and never married		Never married by choice	
		OTHER, Specify	

A3) Educational Level

GRADE 7		O' LEVEL	
A' LEVEL		DIPLOMA/DEGREE	

A4) Employment status

UNEMPLOYED	
SELF-EMPLOYED	

EMPLOYED	
-----------------	--

A5) Income status

Less than US\$500	
US\$501-US\$1000	
US\$1001-US\$1500	
US\$1501-US\$200	
US\$2001-US\$2500	
More than US\$2500	

SECTION B: Research questions

B1) How many children do you have?

1	2	3	4+
---	---	---	----

B2) what is the age of your youngest child?

0-5yrs	6-10yrs	11-15yrs	16-18yrs
--------	---------	----------	----------

SECTION C: Residential satisfaction

The following questions are on satisfaction related to housing and neighborhoods that single mother families live in. Please answer the following statements with the level of stress you feel for each scenario. Your response can range from 1 to 3. 1 mean you feel “no stress at all” to 3 means you feel stress “to a greater extent.” (Please circle each answer).

Type of stress	Not stressed at all	A bit stressed	Very stressed
i. The neighborhood that you live in	1	2	3
j. The condition of your home	1	2	3
k. The number of bedrooms that you have	1	2	3
l. Heating your home when it is cold	1	2	3
m. Cooling your home when it is hot	1	2	3
n. The plumbing in your home	1	2	3
o. Security in your community	1	2	3
p. Crime in your community	1	2	3

SECTION D: Social Support

The following questions are about the kinds of support you receive from structures in the society that is family, friends, community, government and NGOs. Mark your answer to each question with X.

SITUATION	Strongly agree	Agree	Disagree	Strongly disagree	neutral
1. In the event of an emergency there are people I can count on	1	2	3	4	5
2. There is no one I feel comfortable talking about serious matters with.	1	2	3	4	5
3. I lack a feeling of intimacy with another person	1	2	3	4	5
4. I receive maintenance money from the father of my children	1	2	3	4	5
5. I receive help from the government	1	2	3	4	5
6. Have received loans for projects from NGOs	1	2	3	4	5
7. The government/NGOs help me pay school fees for my children	1	2	3	4	5

SECTION E: Health

E1) when is the last time you visited a Doctor?

Less than a week go 6months ago over year ago

E2) Do you have access to contraceptives? YES NO

E3) Do you have medical insurance? YES NO

E4) Do you have access to medical facilities? YES NO

1. In general, do you consider your health to be excellent, very good, good, fair or poor?

Please Circle.

1= Excellent 2= Very Good 3=Good 4=Fair 5=Poor

In the past 6 months, to what extent have you experienced any of the listed problems below on a scale of 1 (no problem at all) to 3 experienced the problem (to a great extent).

In the past 6 months, I found my myself...

	<i>No problem at all</i>	<i>A bit</i>	<i>To a greater extent</i>
<i>a. Having problem sleeping</i>	1	2	3
<i>b. Feeling sad</i>	1	2	3
<i>c. Being nervous</i>	1	2	3
<i>d. Being depressed or stressed</i>	1	2	3
<i>e. Feeling helpless</i>	1	2	3

SECTION F: Financial

Indicate the extent to which you are able to meet your financially needs (please circle your response).

1. Sometimes we don't have enough money for our food and daily living expenses
True False
2. There have been times when I could not pay all the bills
True False
3. At times we have money to go for holiday with my kids
True False
4. Sometimes I do not have money to pay rent
True False
5. Sometimes I do not have money for school fees
True False

F b) General Life Satisfaction

Please tell us how you would rate your general satisfaction with life. Tell us whether you agree or disagree with each of the following statements. 1= strongly disagree to strongly agree (circle your response).

- | | <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly Agree</i> | <i>neutral</i> |
|---|--------------------------|-----------------|--------------|-----------------------|----------------|
| 1. The conditions of my life are excellent. | 1 | 2 | 3 | 4 | 5 |
| 2. So far I have achieved the important things I want in life | 1 | 2 | 3 | 4 | 5 |
| 3. If I could live my life over, I would change nothing | 1 | 2 | 3 | 4 | 5 |

	dissatisfied	Neither satisfied nor dissatisfied	satisfied
How satisfied are you with your life?	1	2	3
How satisfied are you with your ability to perform daily activities?	1	2	3
How satisfied are you with your work?	1	2	3
How satisfied are you with your personal relationships	1	2	3
How satisfied are you with your access to health services?	1	2	3
How satisfied are you with your provision of basic needs for the family?	1	2	3
How satisfied are you with the support you get from the father of children or relatives	1	2	3

Section G: Challenges faced by single mothers

The following is a list of challenges that one can experience as a single mother, may you please tick those that are applicable to you.

- 2. Financial problems
- 3. Relationships problems with the father/ relatives of the father of child
- 4. Difficulty in forming new relationships/keeping them
- 5. Psychological problems (depression, stress, emotional outburst)
- 6. Health related problems
- 7. Parenting
- 8. Discrimination
- 9. Difficulty instilling discipline in children
- 10. Difficulty meeting daily needs
- 11. Lack of support
- 12. Unemployment
- 13. Housing
- 14. Poverty

G1) How do you overcome above indicated challenges?

.....

.....

.....

.....

.....

.....

.....

THANK YOU FOR YOUR TIME

APPENDIX B- CONSENT FORM



University of Fort Hare

Together in Excellence

ETHICS RESEARCH CONFIDENTIALITY AND INFORMED CONSENT FORM

Please note:

This form is to be completed by the researcher(s) as well as by the interviewee before the commencement of the research. Copies of the signed form must be filed and kept on record

(To be adapted for individual circumstances/needs)

Our University of Fort Hare / Department is asking people from your community / sample / group to answer some questions, which we hope will benefit your community and possibly other communities in the future.

The University of Fort Hare / Department/ organization is conducting research regarding the quality of life for single mothers. We are interested in finding out the quality of life for single mothers in Marondera town. We are carrying out this research to help the policy makers, government and the department of social development to adjust, reformulate or restructure policies so as to address the challenge of single mothers. *Adapt for individual projects)*

Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, we would really appreciate it if you do share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere on the questionnaire and no one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential and there will be no "come-backs" from the answers you give.

The questionnaires will last around (15-20) minutes (*this is to be tested through a pilot*). You will be filling in a questionnaire and I ask that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. You will see some questions that you may not have thought about before, and which also involve thinking about the past or the future. We know that you cannot be absolutely certain about the answers to these questions but we ask that you try to think about these questions. When it comes to answering questions there are no right and wrong answers. When we ask questions about the future we are not interested in what you think the best thing would be to do, but what you think would actually happen. (*Adapt for individual circumstances*)

If possible, our organization would like to come back to this area once we have completed our study to inform you and your community of what the results are and discuss our findings and proposals around the research and what this means for people in this area.

INFORMED CONSENT by Participant

I hereby agree to participate in research regarding the quality of life of single mothers I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.

.....
Signature of participant

Date:.....

I hereby agree to the tape recording of my participation in the study

.....
Signature of participant

Date:.....

APPENDIX C- ETHICAL CLEARANCE CERTIFICATE



University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: LUP031SMUN01

Project title: **Exploring the quality of life associated with single motherhood in Zimbabwe: The case of Marondera town.**

Nature of Project: Masters

Principal Researcher: Memory Munzara

Supervisor: Ms VPP Lupuwana

Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
 - Any unethical principal or practices are revealed or suspected
 - Relevant information has been withheld or misrepresented
 - Regulatory changes of whatsoever nature so require
 - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

The Ethics Committee wished you well in your research.

Yours sincerely


Professor Gideon de Wet
Dean of Research

22 April 2014