A Study on Unwed Mothers residing in the Licensed Homes in Kerala

INTRODUCTION

The age of menarche among Indian girls, which is reported to be declining, ranges from 11.5–14.5 years, with the current average age being 13.5 years. This has resulted in earlier onset of puberty and secondary sex characteristics, and increased reproductive exposure. (Bhatia, 1993) With sexual maturation taking place earlier and the age of marriage delayed, the period of non-marital fecundity, is increased, exposing more people to more years at risk of an unwanted, premarital pregnancy. (Cutright, 1975)

An estimated eight million induced abortions are performed in India, (FPAI, 2004) and anecdotal evidence suggests that a fairly large proportion of them are performed for adolescent mothers and unmarried teenage girls. While no realistic or accurate data are available, the enormity of the problem may be judged by the fact that 8–10 percent of those who seek medical terminations of pregnancy are teenage mothers and unmarried girls. The real percentage may be far larger.

It is difficult to have a correct estimate of the number of unmarried mothers in India because such incidences are always kept as a family secret, and seldom come to the public notice. Even to estimate the number of unmarried mothers coming to the hospitals seems to be practically impossible because these hospitals, specially the private ones, are not willing to give out any such type of information, because of the nature of the problem.

Unplanned childbirth leaves the single mother vulnerable to a wide range of issues related to the following: a) interrupted education; b) children having children; c) welfare dependency; d) emotional factors; e) social factors; f) domestic violence; g) child abuse; and h) delinquent behavior (Conard, Nitz, Felice, 2000 cited in Cooper-Lampley, P.2003).

STATEMENT OF THE PROBLEM

A paradox in Indian society is that, on the one hand, it greatly values fertility and motherhood with in marriage, but on the other, it totally rejects and ostracises the unwed mother and the child born out of wedlock, to the extent that the mother is compelled to give up her child for adoption.

There is limited statistics in the country to reveal the intensity of the problem of unwed mothers and the child born out of wedlock; but the setting up of an increasing number of foundling homes and admissions to more new born babies is an indication towards it. The extend and magnitude of the problem is indicated by the fact that almost all children given in adoption are illegitimate ones.
Among the so-called socially handicapped, the unmarried mothers occupy the lowest place because of the stigma attached to their plight. Hence the status of an unmarried mother is more deplorable and pathetic in comparison to other women in the Indian Society. Lack of adequate programmes and interventions for these unwed mothers has definitely an economic, social and educational impact.

The present study aims at an indepth analysis of the problem of unwanted pregnancies and lone motherhood, especially those residing in the licensed homes in Kerala. The researcher also aims to evolve an intervention model for the Institutionalised Unwed mothers for their Future life. It is necessary to explore and create new educational programmes that will reduce the probability of these young unwed mothers, becoming pregnant again and which will also help them to have the greatest opportunities for success in their life.

OBJECTIVES OF THE STUDY

The general objective of the study is to understand the conditions of unwed mothers residing in the licensed homes in Kerala with the following specific objectives:

1. To study the socio-economic and demographic conditions of the unwed mothers.
2. To investigate into the circumstances which led to unwed motherhood?
3. To study the nature of family and social relations of the unwed mothers.
4. To enquire into the psychological and social problems experienced by the unwed mothers.
5. To find out whether the unwed mothers have adequate knowledge about sex.
6. To develop an intervention module for unwed mothers and to assess the impact of intervention on sexual knowledge, self esteem and subjective well being of unwed mothers.

HYPOTHESES

There is association between age and sexual knowledge of unwed mothers.

There is association between education and sexual knowledge of unwed mothers.

There is no significant difference in the social problem among unwed mothers belonging to different age groups.

There is association between family & social relations and circumstances which led to unwed motherhood.

There is association between problems due to the attitude & reaction of family members and the age of unwed mothers.
There is association between problems due to the attitude & reaction of putative father and the age of unwed mothers.

There is significant increase in the subjective- well being of unwed mothers after intervention.

There is significant increase in the self esteem of unwed mothers after the intervention.

Intervention is effective for increasing the sexual knowledge among unwed mothers.

**CLARIFYING CONCEPTS**

**Unwed mother**

An unwed mother is a girl or woman (13-35 Years) who is not legally married to a man by whom she has conceived a child. She may be separated, divorced, widowed, married to someone other than the child’s father or never married. She may be pregnant or has already delivered a child and is living presently in any one of the nine licensed institutions in Kerala for a minimum of one month period.

**Licensed homes**

This refers to those institutions in Kerala that have got the recognition-license from Social Welfare Department to keep the women in distress (Unwed Mother in the present context) for a temporary period. All these homes are functioning along with the foundling homes from where babies are given for legal adoption. There were nine such homes in Kerala, during the time of data collection as per the record of ACA, Kerala (Adoption Co-coordinating Agency).

1. Sisubhavan, Sisters of Nazareth, Ernakulam.
5. Holy Angels Foundling Home, Pullazhy, Thrissur
7. Dina Sevana Sabha, Pattuvam, Kannur.

**Socio-economic & Demographic profile**

Profile is the outline or contour of the human face viewed from one side or a vivid and concisely written sketch of the life and characteristics of a person (Webster’s Dictionary).
In this study, profile refers to the selected characteristics of the unwed mothers such as their age, educational qualification, birth place, religion, Family details-age, education and occupation of parents, place of upbringing, number of siblings, ordinal position, monthly income of the family and major health problems in the family.

**Circumstances**

Any situation or reason that led a woman to conceive because of illicit relationship, love affair, rape or deceived on false promises to marry, conflicts in the family, broken family due to death, divorce and seperation. This refers to personal, familial, social or other causes which resulted to the present situation of unwed motherhood and who referred them to the institution.

**Family and Social relations**

In this study Family Relations refers to the unwed mothers’ interaction among family members, home situation, conflicts in the family, parent-child relationship, marital relationship of respondent’s parents, family get together, respondent’s role model in the family.

Social Relations –How the respondent mingles with others especially in a mixed group and her relationship with friends, neighbours, and relatives, participation in social groups, confidence in associating with opposite sex and restrictions in the family while interacting with opposite sex.

**Psychological and Social problems**

The Psychological problems refer to generalized feelings of fear and apprehension. Any thought which creates fear, worry and insecurity feelings in the unwed mother connected relationship and pregnancy. This includes emotions of the respondent when she realized that she was pregnant, acceptance in the family, attitude of family members towards her pregnancy, the way they reacted, putative fathers attitude, feelings of guilt experienced by the respondent, attempts to take own life(suicide), attempts to terminate pregnancy(abortion), worry about delivery and anxiety about child’s future.

Social Problems refers to the fear of society’s reaction (social stigma) attached to unwed pregnancy, isolation, feelings towards men after the unwed motherhood, acceptance in the community, inability to take decision for ones own future, financial insecurity, marriage and future plans.

**Knowledge about sex**

Overall knowledge regarding the physical and psychological changes during adolescence, menstruation, reproductive process, sexually transmitted disorders, sexual orientation, sexual abuse etc.
In this study it refers to the sexual knowledge inventory which is a 50 item multiple choice test developed by Rao.A(2007). For each item there are 3 choices like true, false and don’t know. There are 24 positive statements and 26 negative statements in this knowledge inventory.

**Self Esteem**

*Self esteem* is a positive or negative orientation towards one self; an overall evaluation of one’s worth or value. It is the totality of an individual’s thoughts and feelings with reference to himself or herself as an object (Battle, 1981).

In this study, *self-esteem* refers to the unwed mothers’ evaluation about their strength and weakness and efforts to improve the confidence as measured by self esteem inventory by Battle(1981). It consists of 40 statements with three dimensions as social self esteem, general self esteem, and personal self esteem which are related to the overall feelings of self-worth or self-acceptance of the respondents.

**Subjective well being**

Subjective well being is a composite measure of independent feelings about a variety of life concerns in addition to an overall feeling about life in positive and negative terms.(Nagpal and Sell,1992)

In this study, Subjective well being refers to positive and negative feelings experienced by the unwed mothers in various day to day life situations which are measured by Nagpal and Sell’s Subjective well being inventory. It is a questionnaire containing 40 items with 11 domains: General well being positive effect, Expectation-achievement congruence, Confidence in coping, Transcendence, Family group support, Social support, Primary group concern, Inadequate mental mastery, Perceived ill-health, Deficiency in Social contacts and General well being –negative effect.

**Intervention**

*Intervention* is defined as an influencing force or act that occurs in order to modify a given state of affairs. In the context of behavioural health, an intervention may be any outside process that has the effect of modifying an individual's behaviour, cognition, or emotional state (Encyclopedia of Mental Disorders).

In this study, the term ‘Intervention’ refers to the systematic, scientific and planned sessions (3hrs/day X 10 days=30 hrs in two weeks) provided for the unwed mothers residing in the two licenced homes in Ernakulam district (Sisubhavan, Angamaly and Nirmala Sisubhavan, Ernakulam), with the aim of enhancing the sexual knowledge, self esteem and subjective well being of unwed mothers.
PILOT STUDY

The researcher held a series of discussion with experts who were involved in the field of adoption, licensed home authorities and functionaries and also with the experts in the research field to test the feasibility of the study, to finalize the universe, and to decide the tools of data collection. During ACA General Body Meeting, the Researcher briefed the Licensed Home authorities and functionaries about the research study on Institutionalised Unwed Mothers in Kerala and sought their permission and support for the study.

RESEARCH DESIGN

The Study design was basically descriptive in nature with a pre –experimental (one group pre test –post test) design built into it. (Laldas,2005).The particular design was adopted because the study describes the conditions of unwed mothers residing in the licensed homes in Kerala and then an intervention was given to a selected group of unwed mothers and the effect was tested. Intervention was given to 30 unwed mothers residing in the two licensed homes in Ernakulam District (Sisubhan, Angamaly and Nirmala Sisu Bhavan, Ernakulam) during the time of present study .The respondents were selected on the basis of Inclusion –Exclusion criteria.

It is a type of Pre Experimental Design called one group pre test –post test design.

\[ E \rightarrow Y_1 \rightarrow X \rightarrow Y_2 \]

where:
- \( E \) = experimental group
- \( Y_1 \) = dependent variable before introduction of \( X \) (pre-test)
- \( X \) = independent variable (intervention)
- \( Y_2 \) = dependent variable after introduction of \( X \) (post test)

UNIVERSE

All unwed mothers who are residing in the nine licensed homes in the State of Kerala.

UNIT OF STUDY

A single unwed mother satisfying the following operational criteria :

Inclusion Criteria

- Unwed Mothers belonging to the age group of 13-35 years .
- Pregnant or delivered the child out of wedlock.
- Presently living in any one of the nine licensed homes in Kerala for more than a month.

Exclusion Criteria

- Unwed mothers (above 35 years of age).
• Unwed mothers who have not stayed in the home for a minimum period of one month.
• Unwed mothers having mild mental illness.

Based on the rate of admissions per month (1-3) approx. from the nine licensed homes in Kerala for a period of two years, there were 432 unwed mothers. From this, 362 unwed mothers satisfied the inclusion criteria. Among this, around 60% were selected randomly using lottery method and accordingly, the sample size was 210.

Only two homes (Nirmala Sisubhavan, Ernakulam and Sisubhavan Angamaly) gave consent for intervention. Accordingly intervention was given to 30 unwed mothers, who were admitted to these homes during the time of present study.

TOOLS FOR DATA COLLECTION
The tools were carefully prepared after thorough examination of the available literature on the topic and surveyed the methods used for data collection in other studies.

The tools of data collection were divided into three parts-Part I, II & III.

Part-I is a structured interview schedule with close ended questions consisting of Four sections developed by the researcher herself.

Section –i : Socio-demographic profile of unwed mothers,
Section –ii : Circumstances that led to unwed motherhood,
Section-iii : Family relations and Social relations of the unwed mothers
Section –iv : Psychological and Social Problems.

Part II is the Sex and Sexuality Knowledge Inventory developed by Rao.A (2007).

Part III consists of two Scales :
Self – Esteem Inventory Form AD (Battle, 1981) &
Subjective Well Being Inventory-Nagpal and Sell (1992)

PREPARATION OF INTERVENTION PACKAGE

The intervention package was designed based on the pre-assessment results, discussion with Doctoral guide, Licensed home authorities, and referring the already standardized intervention programmes, implemented by UNESCO, NCERT, SCERT, CDC and WHO.
Final Package consisted of the following ten sessions:

1. Introduction to the Intervention Package and Ice breaking
2. Adolescence-an introduction and Psychological issues
3. Adolescence-Social issues
4. The Reproductive System
5. Self esteem
6. Life Skills
7. Sexual and Reproductive Health
8. Conception and Birth
9. Sexual Abuse
10. Sexually Transmitted Diseases and AIDS

DATA ANALYSIS

Analysis of the study was done using the statistical Package SPSS. Data were presented using the descriptive statistics like frequency tables, pie charts and bar diagrams. Tests like Chi Square, ANOVA, Independent T-test, and paired t-test, correlation etc. were used to analyse the data.

CHAPTERISATION

The study was reported in seven chapters.

MAJOR FINDINGS

Socio-demographic profile

More than sixty percent of the unwed mothers belonged to the age group of 15-25 years. Younger age groups experienced high problems than older age groups. This indicates there was significant association between age and problems experienced by the respondents due to the attitude of family members. Results showed that chi-square was significant at 0.01 levels and so the hypothesis was accepted.

Majority of the respondents (72%) were having education Matriculation and below. Nearly 65% of the respondents were unemployed at the time of admission to the home.
Majority of the unwed mothers (72%) were from Nuclear families, followed by extended (16.2%) and joint families (12%). Regarding the family income, about 35 percent were having a monthly family income of Rs.3000 and 39 percent of the respondents reported as having no family income which reveals the financial insecurity prevailing in the family.

About the traumatic experiences, 40 percent of the respondents experienced death of parent and 18 percent were having substance abusers in their family and another 13 percent were facing chronic health problems. Nearly 25 percent experienced desertion, separation of parents and divorce.

**Circumstances that led to Unwed motherhood**

Among the 210 respondents, majority, 74 percent had love affair leading to unwed motherhood and about 26 percent had Rape/Sexual abuse resulting in unwed motherhood.

**Rape**

Among the 55 rape victims, 35 of them (63.6%) were raped at their home itself. Almost 25 percent of the Unwed mothers were raped by their own family members and majority (75%) were raped by outsiders and others. Among the 11 Unwed mothers (20%) who informed the Police, action was taken in the form of punishment. However, it was a tragedy that the majority (80%) did not inform the Police.

**Love affair**

Regarding the marital status of the lover, it was found that nearly 35 percent of the Unwed mothers loved persons who had already been married to someone earlier. Regarding the duration of love affair it was less than one year for 65.9% of the unwed mothers. Regarding the promise to marry, 75% of the unwed mothers shared that they continued the love affair with the assurance of marriage.

**Family and Social relations of the Unwed mothers**

**Family relations**

Majority of the Unwed mothers (72%) were having either poor family relation or average family relations. Only 28.1 percent were having good family relations. This shows that unwed mothers were lacking good family relationships.

Chi square value computed for testing the association between family relation and circumstances was found to be non-significant at 0.05 levels. This shows that there is no association between family relation and circumstances. Though it was statistically non-significant it was noted that
percentage of unwed mothers having high family relation were comparatively lesser than that of the unwed mothers having low and average family relations. Hypothesis was rejected.

**Social relations**

Majority of the Unwed mothers (96%) were having either poor social relation or average social relations. Only 3.8 percent were having good social relations. Significant chi-square value at p=0.002 indicate that there was significant association between social relations and that of circumstances. Results shows that in the case of respondents having only low and average social relation, the circumstances which led to unwed motherhood was love affair compared to rape. However, among the case of respondents having high social relations, the chance for rape and love affair was equal. Hypothesis was accepted.

**Psychological and Social problems of Unwed mothers**

*Psychological problems*

Family members were not able to accept the fact of unwed pregnancy (81%). Percentage of respondents having high problems associated with the reaction of family members were higher in older age group (31-35 age groups). This indicates there was significant association between age and problems due to the reaction from family members. Hypothesis accepted.

Younger age groups experienced high problems than older age groups. This indicate there was significant association between age and problems experienced by the respondents due to the attitude of family members and so the hypothesis was accepted.

Majority of the Putative fathers (57%) did not accept the fact of pregnancy. Older age groups (31-35 years) were having high level of problems associated with the attitude of putative father. Hypothesis accepted.

Percentage of respondents having high emotional problem were found to be highest in the adolescent age group (15-20 years) followed by 31-35 age group. This indicates there is significant association between age and problems associated with the reaction of putative father. Hypothesis accepted.

Majority of the respondents (88%) felt that it is a disgrace to their house and 84% felt guilty of their present condition. Percentage of respondents having high guilt feelings were found in the 21-25 category (21%) followed by 31-35 age group (14.3%).Respondents in all the age groups had average level of guilt feelings. This indicates there is significant association between age and guilt feelings of the respondents. Hypothesis accepted.

Only 8% of the unwed mothers realized their pregnancy in the first trimester.
The hypothesis adolescent unwed mothers, experience greater psychological problems than adult unwed mothers was accepted. In the case of fear and hatred it was significant at 0.01 levels and for anger it was significant at 0.05 levels. The results imply that there is significant association with age in the case of emotional problems like fear, anger and hatred. Thus the hypothesis was accepted.

For majority of the unwed mothers (86%) it was their first pregnancy. But for 14% of them it was a repeat pregnancy. More than 66% of them were very much worried about the complications of delivery. Three forth of them wanted to relinquish the child after delivery, except 21% who cherished to keep the child along with them. Majority of the Unwed mothers (84.3%) experienced an average level of overall Psychological problems.

**Social problems**

Majority of the unwed mothers (90%) were not having the freedom to take the child back home. About 98% of the Unwed mothers feared that the society do not accept them. About 40% were not all prepared to stay with their parents and family members after this trauma. Financial independence was a matter of concern for 75% of the unwed mothers and majority, 90% were not at all confident to bring up the child by themselves.

Future married life was cherished by 40% of the respondents. Majority, 68% were experiencing severe anxiety to reveal their past history to their husbands in future. Forty four percent of the unwed mothers experienced negative feelings towards men.

Results of ANOVA showed that higher age groups experienced higher social problems followed by adolescent age groups. Thus the hypothesis was accepted and conclude that there is significant difference in the social problem among unwed mothers belonging to different age group.

Social ostracism and social stigma were the main reasons for relinquishing the child for 87% of the unwed mothers, followed by helplessness and financial dependence. They were not having any hatred towards the child. Majority of the unwed mothers (68.6 %) were having high level of Social problem. About 31.4 percent were having average level of social problem. No one was there having low social problem.

**Sexual knowledge among the Unwed mothers**

The percentage of unwed mothers having high sexual knowledge were very low (7%). The results indicate that overall sexual knowledge of the unwed mothers were very low. Association of sexual knowledge with age of the unwed mothers was tested using chi square test. Results show that chi square value is non significant at 0.05 significance level and hence hypothesis was rejected.
As the respondents become more educated the percentage of respondents belonging to higher level of sexual knowledge increases and percentage of respondents having lower level of sexual knowledge decreases. This indicates there was significant association between education and sexual knowledge of the respondents. Hypothesis accepted.

**Impact of Intervention on Sexual knowledge, Self esteem and Subjective well being of unwed mothers**

The Researcher did a pre assessment test on Knowledge about Sex --*Sexual Knowledge Scale (Rao. A, 2007)*, Self Esteem--*Self Esteem Scale (Battle, 1981)* and Subjective well being (*Nagpal and Sell, 1992*) among the 30 Unwed mothers residing in the two Licensed Homes in Ernakulam district. Pre assessment results revealed low score on Knowledge about Sex, Self esteem and Subjective well being. This led to the need for developing an Intervention Package for Institutionalized Unwed mothers and accordingly intervention was given to 30 unwed mothers and also assessed the impact of the intervention.

T-value computed (24.156) for comparing Sexual knowledge before and after intervention was found to be significant at 0.01 levels and the mean post test score (76.00) was greater than mean pre-test score (15.87). This indicates that there was significant increase in knowledge after exposing to intervention. This results showed that intervention was effective in increasing the Sexual knowledge among unwed mothers and the hypothesis was accepted.

Results showed that before exposed to intervention about two third of the unwed mothers were having only low level of self esteem and one third were having medium level of self esteem. However after intervention their self esteem level increased and all of them attained a medium level of self esteem. T-value for comparison (9.629) was found to be significant at 0.01 levels and so the hypothesis was accepted.

The overall subjective well being of 77 percent of the respondents were at low level before intervention. However after intervention, 90 percent of the unwed mothers reached medium level over all subjective well being and 10 percent attained high level of over all subjective well being. The t-value for comparison (23.602) was found to be significant at 0.01 levels. Thus the hypothesis was accepted and conclude that there is significant difference in the subjective- well being of unwed mothers after intervention.

**RELEVANCE OF THE STUDY TO SOCIAL WORK EDUCATION**

One of the objectives of this study was to develop an intervention model for working with these young unwed mothers. While dealing with unwed mothers it should be kept in mind that each individual is unique and the intervention should not be a blanket approach. There is an urgent need of trained professionals to provide quality interventions. It is in context that the Researcher gave an orientation programme for the Social workers and functionaries of the licensed homes.
with the objective of enhancing their knowledge, attitude and skills while working with these marginalized and deprived group of unwed mothers. This was actually an outcome of this study which in turn rendered sustainability to the intervention programme. This not only benefit the unwed mothers but also the children born out of the wedlock, thereby reducing the trauma of the unwed mothers who were institutionalised.

Qualitative Researches with the unwed mothers has to be initiated by the Social work educators and practitioners working in this field will throw more light on the emergence of the problem of unwed motherhood and also help in designing appropriate intervention strategies for their effective rehabilitation. This would help the professional social workers working in this area about what are the emerging trends that need immediate attention. Based on the research, various training workshops at individual level, Family level, Community level and NGO level can be planned to address this increasingly emerging social problem so that it can be effectively contained and controlled.

Adoption of the neighbourhood community by the Schools of Social Work to provide awareness classes to different target groups and thereby strengthen the community support system will reduce the stigma of unwed motherhood and also helps in preventing the incidence of rape and sexual abuse, preventing the incidence of illegal abortion, foeticide, infanticide, child abuse and child abandonment. Awareness creation through value added sex education for the adolescents at schools and colleges will prevent or reduce the incidence of premarital sex and out of wedlock births. Social work educators can effectively implement the above mentioned psychosocial interventions as part of the Field Practicum.

LIMITATIONS OF THE STUDY

The study was confined only to the unwed mothers who were admitted to the licensed homes in Kerala and not to the other unrecognized homes in Kerala.

Only two homes (Nirmala Sisubhavan, Ernakulam and Sisubhavan Angamaly) gave consent for intervention. Accordingly intervention was given only to the unwed mothers in these homes.

Only limited studies related to institutionalized unwed mothers in the Indian context.

ETHICAL CONSIDERATIONS

The respondents were informed in detail regarding the study and their consent was obtained before the study. Confidentiality was strictly observed regarding the responses.
**IMPLICATIONS OF THE STUDY**

This study has in fact added more clarity to the problems of institutionalized unwed mothers. Development of an Intervention Module for the Unwed mothers residing in the Licensed Homes and the intervention programme has proved that it has helped them to improve their sexual knowledge, self esteem and subjective well being which would help in their future life. Hence the Intervention module can be adopted as a model for all such homes in Kerala.

The intervention will reduce the trauma of the unwed mothers there by giving birth to healthy babies. The findings of the study opens new avenues for framing Social Policy in the context of Unwanted pregnancies and lone motherhood. The Orientation Programme (evolved as an outcome of this Research) conducted for the functionaries of the Licensed homes with the objective of equipping the Social Workers in terms of knowledge, attitude and skills while working with Institutionalised unwed mothers, has in turn rendered sustainability to the intervention programme with institutionalised unwed mothers.

**REFERENCES**


