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To what extent does family structure impact on a person's quality of life?

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Abstract

This research project intends to contribute to the knowledge base on the quality of life among lone parents. The theoretical framework will be within the lines of the positivist paradigm under the impression that family structure can cause a substantial impact on a person's quality of life. A critical conflict theory approach will be taken, highlighting how lone parents lack the social, economic and cultural capital that might help improve their lives. The central question of this research project is; Does family structure impact on a person's quality of life?

Chapter 1: Introduction

1.1 Introduction

This project is a focus on the quality of life of lone parents compared to two parent families and the challenges faced by single parent households. It aims to highlight these challenges and how they can affect the health and family life of lone parents and to draw attention the substantial risks faced by lone parents, of experiencing a strained family life, ill health and poverty. The background to this research is quite in depth in terms of the amount of literature out there relating to lone parents. The literature highlights the implications for lone parent households that include economic hardship and illness due to chronic stress, brought about by living in persistent poverty. The literature also shows how maternal employment may reduce material deprivation but a lack of physical presence from the main caregiver can produce behavioural problems from the child. The rationale for undertaking this research topic is one that pertains to a concern for the quality of life of people from lower socioeconomic backgrounds. According to the children's charity Barnardos (2014), 59% of lone parent households experienced deprivation in a study done in 2014. These figures are a cause for concern and so the rationale for carrying out this type of research seems justified.

1.2 Aims and objectives

The Aims and objectives of this research intend to highlight the social indicators that can have a negative effect on a family's quality of life. The central questions being asked are; does the lone parent family structure have negative health consequences for both the child and the parent? Does the necessity for employment, particularly in lone parent households, have a negative effect in terms of a parent being able to spend quality time with their children? Are lone parent households more at risk of developing physical and mental health problems and an overall lower quality of life compared to their two-parent family counterparts? These questions will be answered by deriving data from key variables from the GUI index. The research only concentrated on the responses given by the primary care givers.

Variables such as socio demographics, which will give data relating to a person's ability to make ends meet, the quality of the area in which they live and a person's ability to engage in relatively inexpensive social activities, such as going for a meal or drink with friends at least once a month. The research will also explore aspects of a person's health and the impact the lone parent structure can have on a person's health. The variables used to explore the quality of a person's health will focus on responses given by respondents when asked; do you smoke? Did you smoke over the course of your pregnancy? Do you have any chronic physical or mental health issues that you have to live with? How has your child's health been in the past 12 months? The responses to these questions will give a good insight into a person's general health and wellbeing. For the purpose of gaining an insight into the quality of a person's family life, variables were selected on the basis of how they felt when spending time with their family and if they ever had to miss out on family occasions because of work responsibilities. To obtain another aspect in the quality of a person's family life, the research looked at the responses given when asked if their child had ever had any experience of drug taking or alcoholism from someone in their immediate family. As a consequence of the increasing amount of lone parents within Irish society, highlighted by Millar et al (2012:34), the exploration of the connection between quality of life and family structure is more important now than ever before. In depth research needs to be carried out in order for policy makers to be best equipped to deal with this situation. The objective of this research is to hopefully add to this contribution by drawing attention to the unique challenges lone parents face on a day to day basis.

1.3 Potential contribution

In terms of what this research hopes to contribute, there have been significant developments within contemporary Irish society, especially under austerity. For example, homelessness is on the rise and lone parents living in private rented accommodation are highly vulnerable to the risk of themselves becoming homeless. Focus Ireland (2014) report that there were 450 families and over 1000 children homeless in 2014. It doesn't explicitly state that the exact numbers of families were lone parents but because of rising rents and the harsh economic realities of lone parenthood, this group would be highly vulnerable to becoming homeless. The risk of homelessness is just one example of the chronic stress causing situations caused by living in persistent poverty. This research hopes to contribute in highlighting the stress caused to lone parents, mostly due to economic hardship, that can have a detrimental impact

on their quality of life. This is in the hope of highlighting some viable and targeted policy solutions to tackle these issues and raising the standard of a lone parent's quality of life.

Chapter 2: Literature review

2.1 Introduction

In order to determine a comparison between two parent families and lone parents in terms of quality of life, it is important to recognise what indicators can be used to measure the quality of a person's life. The encompassing approach this research topic intends to take in this investigation will focus on different aspects pertaining to an individual's quality of life (QOL). For this reason it was important to have literature related on how QOL can be measured in order to accurately measure a somewhat subjective area, through an analysis of the GUI data.

It is also important to recognise the dynamics of family structure and its relationship to state and society. The literature reviewed on family structure indicates a strong correlation between family structure and vulnerability to socioeconomic disadvantage resulting in material deprivation. Socioeconomic disadvantage brings with it its own set of problems. The literature showed that being disadvantaged leaves an individual at heightened risk of experiencing ill health, both mental and physical, and problems with substance abuse, juvenile delinquency and a strained family life.

The difficulties of lone parenthood are multi-faceted and not just associated with socioeconomic disadvantage. Lone parents who find themselves in a position to work are left to try and balance the responsibilities of employment coupled with the domestic duties required to raise a child. Lone parents who work, may be able to provide for their children on a material level, however the literature highlights that these children are at risk of developing behavioural problems because of the lack of quality interaction between parent and child. Lone parents are provided with the double edged sword dilemma of working to provide an adequately resourced material existence versus the investment of quality time from parent to child needed to ensure the development of positive social skills within their child.

2.2 Quality of Life

Defining the quality of life of an individual or a specific cohort of people can be looked at from multiple perspectives. Happiness; life satisfaction; well-being; self actualisation; freedom from want; objective functioning; a state of complete physical, mental and social well-being not merely by the absence of disease are the terms used to characterise a good quality of life by the World Health Organisation (1997:1). Mark Rapley's (2003), 'Quality of Life: A Critical Introduction' was a useful resource in helping determine how 'quality of life' can be measured. Both macro objective indicators such as health, poverty and unemployment which is contrasted and supplemented with micro subjective indicators such as the individuals perception and evaluation of their own personal social conditions. Factors such as sense of community, happiness, family relations and class identification, make up the subjective QOL indicators (Rapley, 2003:10). The literature below will first look at how Irish families are taking shape in contemporary society. It will then explore how certain family structures, namely lone parent families, can impact on a family's quality of life. The literature reviewed is themed in a way that highlights the different indicators that can be used to measure a person's quality of life.

2.3 Family structure

Recent studies in Ireland have found that the changing family structures in the country have seen an increase in one parent families (Millar et al 2012:). This goes against the traditional view of an Irish nuclear family with a husband, wife and X amount of children. Byrne (2003: 443) has argued that womanhood, in familist societies such as Ireland, has historically been attained and recognised through heterosexual attachment, marriage and reproduction. Bunreacht na hEireann (1937:Article 41) affords special protection to the institution of marriage and with it guarantees that the mother of a child shall not have to engage in economic activity which would cause her to neglect her domestic duties. The constitution however was heavily reliant on the consensus of the population to engage in the institution of marriage for the purpose of reproduction and this narrow view on how a family should be structured has left one parent family structures at risk of, and vulnerable to, deprivation, social exclusion and poverty. The St. Vincent de Paul conducted a study on lone parent families to explore the extent to which lone parents are at risk of deprivation, exclusion and poverty. It found that 29.1 % were at risk of poverty while 17.4% experienced consistent poverty and 49.5% experienced deprivation (SVP, 2014:4). This indicates the importance of family structure as a determinant of life outcomes for the children of lone parents and a major factor in an individual's quality of life.

2.4 Family life

Millar et al (2012:36) highlights how the situation of working couples and working lone parents are comparably similar but the lone parent is without the support of a spouse or partner. The working lone parent felt that although there children were provided for in the material sense, their time with their children could not be 'quality time' (Byrne, 2012:37). The lone parent would be stressed and exhausted by the time they got home from work and juggling work and care required a high a high degree of organisation, leaving their daily lives feeling rushed which they felt affected their quality of life (Millar et al, 2012:37). The concerns that lone parents have about not being able to spend quality time with their children are far from unwarranted. Zagel et al. (2013) conducted a study concerned with an investigation that found negative consequences for children of lone parents who were working in paid employment through welfare to work schemes in the UK. The analysis found that maternal employment does not alleviate the disadvantages faced by lone mothers in a way that relieves the risk of behavioural and emotional difficulties her children might develop. Supporting literature from Ven Vander (2003) also supports this argument. His book, Working Mothers and Juvenile Delinquency, argues that maternal employment reduces the social capital of the child and that the investment of time, physical proximity and energy is critical to ensuring the transmission of non-delinquent and prosocial behaviour in the child (Ven Vander, 2003:24).

Millar et al (2012:37) make reference to interviews conducted with lone parents stating that on arriving home from work, lone parents conceded that they could be snappy and agitated with their children due to the stresses that they experience in work. Their children would also complain about the hours that they had to work and the parent's lack of availability (Millar et al, 2012:37). Factors helping generate the development of behavioural problems amongst the children of working lone parents could partly stem from a mixture of parents being snappy on arrival home from work and a lack of structured parenting due to work commitments. One respondent stated that if there is no structure there is no parenting. Family environment and family functioning have been determined as key factors in the development of juvenile delinquency and alcohol abuse among teenagers aged 15-16 (Fergusson et al, 1996:484). SVP (2015:37) found that many of the respondents to their research lived in unsafe neighbourhoods where drugs and anti-social behaviour was widespread.

2.5 Health

A lack of quality time with the child can have a negative effect on the child's social outcomes but what about the physical and mental health outcomes of being a lone parent? Lone parents who are unable to work find themselves struggling with regards to their physical and mental health. Many lone parents find themselves feeling isolated with strong feelings of loneliness which negatively impacts on their mental health (SVP, 2014:8). A lack of income makes it difficult for lone parents to make healthy choices when shopping for food. Friel and Conlon (2004:120) highlight how people on low incomes spend a higher proportion of their income on food compared to more affluent groups. They also have difficulty accessing a variety of nutritionally balanced and affordable foods, eat less well and are restricted physically and mentally from making healthy food choices by a lack of resources (Friel and Conlon, 2004: 120). Dowler (1997:406) states that the budgeting economy for food tends to consist of people on low-income. Many lone parents that were interviewed by Dowler (1997:410) expressed that they found food shopping to be a particularly depressing experience due to the lack of choice they had in a shop full of choice. This lack of choice stemmed from their inability to make healthy choices due to a lack of income and the constant exercise of trying to find value for money (Dowler, 1997:410).

The National Economic and Social Council (2009:146) assert that positive mental health is linked with having a job, an adequate income, a good education and having good supportive relationships. Having a job and an adequate income would normally be enough for an individual to have a healthy diet and allow them to partake in adequate social and leisure time, however lone parents who find themselves in employment also have difficulty maintaining a healthy lifestyle. Being a lone parent who works and then has to look after children when they return from work can impact on the amount of leisure time a person can give themselves (McGinnity and Russell, 2007:320). A lack of leisure time can lead an individual feeling rushed and stressed (Bitmann, 2004:45). McGinnity and Russell (2007:324) refer to this lack of time as 'time pressure' and it is associated with mental and physical health problems and a deteriorating quality of life.

2.6 Poverty and Addiction

Problems with substance misuse also seemed a common theme among lone parents. Lone Parents are at a high risk of poverty and therefore are vulnerable to developing addiction problems (SVP, 2015:12). SVP (2015:47) reported that although no personal questions were

asked of the respondents with regards to their lifestyle, replies to other questions highlighted personal problems such as difficulties in dealing with addiction. The non-resident parent of the child were also said to be living an impoverished life and experiencing problems with addiction (SVP, 2015:50). Mulia et al (2008:1284) proclaim that life in poverty brings with it several unique sources of stress with the most obvious being the chronic burdens associated with economic deprivation. Haufstein (2005:525) states that people from lower socioeconomic backgrounds have always had higher prevalence rates with drugs, both legal and illegal, and notes that poor people can spend up to 20% of their income on smoking. Smoking drinking and illicit drug use are all heavily associated with people from disadvantaged backgrounds and are an attempt for people to escape their everyday problems (Haufstein, 2005:525). Family structure can also be a factor in the onset of substance misuse among teenage children. Ledoux et al (2002:482) proposed that, although there was no strong data to suggest that children of lone parents developed patterns of substance misuse, parental use of alcohol and tobacco, coupled with low parental support and monitoring, can act as precursor to children smoking and drinking. Green et al (1990:1497) support this argument stating that there is a wealth of evidence showing that children whose parents smoke are more likely to smoke than those whose parents do not smoke. Studies showed that there was a strong correlation between alcohol misuse and property damage/violent offending among adolescents (Ledoux, 2002:485). (Fergusson et al, 1996:483). Fergusson et al (1996:483) found that the risk factors associated with alcohol misuse in this particular age bracket are related to a number of different variables, among them being family structure. These studies highlight the vulnerabilities faced by lone parents in raising children that could possibly develop anti-social behaviour.

2.7 Theoretical framework

The theoretical approach for this research project is grounded in the positivist paradigm. Positivism is governed by the principles of cause and effect (Haralambos and Holborn, 1991:17). Under this guiding principle, this research intends to explore the relationship between family structure and quality of life. In this sense, the research intends to discover if family structure is a determining factor in a person having a good or bad quality of life. This approach will be taken through the lens of a critical conflict theorists perspective. Pierre Bourdieu (1986) enlightened the world about the different forms of capital a person can possess within a society. Economic capital was already heavily covered by Marx but Bourdieu clarified that it can take other forms such as social and cultural capital. An

evaluation of the literature informs me that the majority of lone parents are lacking in all three. They are materially deprived and can engage in substance misuse as a way of dealing with their harsh economic reality. The literature highlighted that this type of behaviour can be reproduced in the children, thus perpetuating the cycle of inequality.

Wilkinson and Pickett (2009) conclude that asides from income inequality, frequency in health and social problems are heightened by an increased social status differential. Lone parents, particularly lone mothers are a highly stigmatised group. Media discourse has had a part to play in this as Owen Jones highlights in his book 'Chavs'. He points to the portraying of the satirical character 'Vicky Pollard' in the popular sketch show 'Little Britain'. Jones (2011:127) reminds us that we are laughing at two ex-private school boys dressing up as, what they view as a working class mother, which is a grotesque, promiscuous woman who can barely string a sentence together and could care less about her children. There are many examples such as this which satirise the type of people working class people are across the spectrum of the media. This in a way dehumanises an entire sub-set of people and leaves them to be seen as an object to be mocked. This research would aim to reduce the stigma attached to lone parenting by highlighting the difficult challenges that they face.

2.8 Conclusion

On review of the literature there seems to be a substantial correlation between a person's quality of life and how their family is structured. Even when a lone parent has the opportunity to work, coming home after a hard day's work can make the job of parenthood more laborious and the time spent with the child is not the quality interaction a child needs. Physical and mental health is also at risk due to the time pressure of the working lone parent and the low quality food that the socioeconomically disadvantaged parent has to consume. Behavioural issues in a lone parent's child are more common and teenagers are more likely to engage in substance misuse. Lone parents also have disclosed that they themselves have engaged in substance misuse as a form of escapism from the everyday problems that living in poverty can produce.

Chapter 3: Methodology

3.1 Research design

The research design for this project will be based on a cross-sectional analysis of the Growing Up in Ireland data between two groups, namely two parent households and one

parent households. The variable which distinguishes between lone parent and two parent households will be cross-tabulated against variables which I feel are good measures in determining a person's quality of life. This design is best suited to this project because the research intends to find out how the quality of life between one parent and two parent families compare. There are two cohorts available to conduct a cross-sectional analysis, namely the child cohort wave 1, which consists of the 9 year olds; and the child cohort wave 2, which consists of the 13 year olds. For the purposes of this project I will only be using the child cohort wave 1. I decided to only use the child cohort because this is a cross-sectional analysis and not a longitudinal analysis and so there was no need to use both. The size of the sample cohort I am investigating consists of 8,568 nine year olds. The variables that I used for the purpose of this analysis were the questions directed at the primary care giver of the child. I felt that the primary care giver responses would be the most accurate in determining their quality of life and the quality of life of their child. I felt this because the primary care giver would be acutely aware of their current living situation, be it positive or negative.

The first step I took in this research project was to thoroughly scan the wave 1 cohort questionnaire, in order to find the most appropriate variables which would best inform me as to measuring a person's quality of life.

3.2 Secondary data analysis

This research project was conducted purely on the basis of a secondary data analysis. O'Leary (2014:243) is of the opinion that the use of secondary data can be problematic because the data may have been collected for an alternative purpose, however she states that there is a wealth of existing data out there available for an observant researcher to capitalise on. The Irish Social Science Data Archive (2016) tells us that the main aim of the GUI study is to find out how children are developing as they grow up in the current social, economic and cultural environment. This is not dissimilar to the research I intend to carry out as I want to find out how family structure can have an effect on a households quality of life.

3.2.1 Conceptualisation

In order to conceptualise a person's quality of life, I looked at several aspects of a person's life that could help determine if a person has a high quality of life or a low quality of life. I conceptualised quality of life under three main headings, namely health, poverty and family life. These are aspects of a person's life that can have an immense impact on the quality of a

person's life. With the concepts selected I needed to operationalise these into workable sub-concepts that could give a more specific description of the three main concepts.

3.2.2 Operationalisation

For health, I selected variables that I felt could give a good insight into a person's health, both physical and mental. The questions I used that were asked of the primary care givers were, do you smoke; did you smoke when you were pregnant; have you any chronic physical or mental health issues; and how would you describe the study child's health the past year. For poverty, I used questions directed at the primary care giver asking, to what degree of difficulty do you find making ends meet; is their vandalism and visible alcohol/drug taking in the area where you live; and are you able to have friends for a meal or a drink at least once a month, which would help determine if a person is socially excluded or not. For family life, I looked at questions directed at the primary care giver which asked, do you feel your family time is pressured and less enjoyable; have you missed out on family events that you would have liked to have attended; and has your child ever experienced drug taking or alcoholism from someone in their immediate family.

The selected variables above, under the concepts of health, poverty and family life are the dependent variables. The independent variable that these variables will be analysed against, in the bi-variate analysis section, is the question asked of the respondents, do you have a partner living with you in the household. This variable will allow me to distinguish between the two different family structures that I want to analyse, namely lone parent and two parent families. It should also be noted that there is a large disparity between the amount of lone parents surveyed compared to the amount of two parents families surveyed. 11.6% of respondents answered that they had no partner living with them in the household and 88.4 answered that they did live with a partner. For this reason it was important to make note of the percentage of the independent variable when compared against a dependent variable.

3.3 Analytical approach

Having identified the relevant variables for the execution of this research project, I know had to go about the process of navigating the GUI data sets using SPSS. This process first began with the opening of the main master file on SPSS to access all the GUI data. I had to create a syntax file within SPSS and input the variables that I had selected from the master file. The

variables I had inputted into the syntax file were than saved to a newly created alternative SPSS data set by running the 'save outfile' command. This made it considerably easier to access the variables I had selected and had I not done this, I would have had to navigate the master file each time I wanted access to the data and this has 850 different variables in it. To run a univariate frequency table on the syntax file, I had to type 'freq' and beside 'freq', I had to type the variable code. For example, 'freq partner' would run a frequency table on the variable, 'is there a partner living in the household'. To determine the relationship between the independent variable and the dependent variable, I had to perform a bivariate analysis with the use of a cross tabulation. This would allow me to conduct an inferential analysis and highlight any correlation or association between the two variables.

3.4 Ethical considerations

Clive Seale (1998) is of the assumption that when taking ethical considerations into account, the sensitivity of your subject should determine the attention given to them. Quality of life and family structure are what form the basis of this research project and the issues that were highlighted could be deemed to be of a considerably sensitive nature. We have a moral obligation to the social group being researched that we must never be offensive, degrading, humiliating, or dangerous (O'Leary, 2014). Although this was a secondary data analysis, I feel as a researcher we must be acutely aware, to take care to always have the interests of vulnerable and marginalised social groups at the forefront of our minds when conducting this type of research. That our aim should be always be, how can we improve the lives of these people? The issues confronted in this research are highly complex and if we do not convey them in a coherent and critical sociological manner, then we leave particular social groups vulnerable to the labelling of negative stereotypes that can slow down and even halt policy measures that would have improved the lives of these people. The Irish Longitudinal Study on Ageing (TILDA) outline the process on anonymization to ensure the personal details of the respondents cannot be accessed. They also do not allow access to highly sensitive or potentially identifiable information (ISSDA, 2016). However, although the respondents to this research have been thoroughly anonymised, there is a level of stigma towards lone parents and so special care must be taken not to amplify this stigma and try to highlight the structures of inequality within in society that can have a negative effect on a particular social group's quality of life.

3.4 Limitations

Although I enjoyed this method of research and this is the first time I have conducted this type of analysis, there are some limitations. Quantitative data gathering is great at producing large scale data sets that are generalizable to the general population but it lacks what can be gained from qualitative data gathering. Chambliss and Schutt (2013) state that although survey research can give good generalizability and reliability they give poor validity. Validity is concerned with the truth value and recognises that multiple truths may exist (O'Leary, 2014). However I believe the validity of this research was improved, as some of the findings from the literature review were derived from qualitative research methods such as interviews and they corresponded with the findings in this research project.

Chapter 4: Findings

4.1Univariate analysis

4.1.1Lone parent families

This research is intent on exploring the nature of family structure and how being a lone parent can have a detrimental effect on a person's quality of life and the life of their children. The analysis will begin with a univariate analysis of the variable which tells us how many of the respondents have a partner living with them in the household. This analysis will allow us to ascertain how many respondents are lone parent families and how many are two parent families.

Fig.1

Partner in household

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No partner	991	11.6	11.6	11.6
	Has partner	7577	88.4	88.4	100.0
	Total	8568	100.0	100.0	

Figure 1 shows the analysis of this variable exhibits that of the respondents surveyed 11.6% of them were living in a households without a partner. This tells us that 11.6% of the respondents were lone parents. The level of measurement for this particular variable is nominal.

4.2 Health

The research intended to explore connections between health and family structure. For this reason, variables were selected on the basis of how healthy a respondent's lifestyle was.

4.2.1 Smoking

Below, figure two asked the primary care giver respondents if they smoked and respondents were able to answer daily, occasionally or never. 26.3% of respondents answered in the affirmative, answering either that they smoked daily or occasionally. 73.7% of people stated that they did not smoke at all.

Fig. 2

F1. Currently smoke daily/occasionally/never

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	1694	19.8	19.8	19.8
	Occasionally	559	6.5	6.5	26.3
	Not at all	6315	73.7	73.7	100.0
	Total	8568	100.0	100.0	

4.2.2 Chronic health problems

Primary care giver respondents were also asked if they had any ongoing chronic physical/mental health issues. Figure 3 below details the responses given by the interviewees. They had to answer a yes or no in response to the question. The analysis showed that 13.1% of respondents answered yes to this question while the majority of respondents, 86.9% answered no, that they did not have any chronic physical or mental health issues.

Fig. 3

E2. Any ongoing chronic physical/mental health problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	1126	13.1	13.1	13.1
	no	7440	86.8	86.9	100.0
	Total	8566	100.0	100.0	
Missing	Refusal	2	.0		
Total		8568	100.0		

4.2.3 Study child's health

Primary care giver respondents were asked how their own child's health had faired over the past year. Respondents were given three different answers that they could respond with. They could respond that their child was very healthy with no problems; healthy with a few minor problems; or that their child could get quite ill and they were almost always unwell. Figure 4 below details the responses that the primary cares givers provided. The responses given indicate that for the most part the study child was very healthy with no problems with 74.2% answering with this response. 24.4% answered that their child was healthy with only a few minor problems and 1.3% answered that their child was almost always unwell.

Fig. 4

B10. Study Childs health past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very healthy, no problems	6360	74.2	74.2	74.2
	Healthy, but a few minor problems	2094	24.4	24.4	98.7
	Sometimes quite ill/Almost always unwell	114	1.3	1.3	100.0
	Total	8568	100.0	100.0	

4.2.4 Smoking when pregnant

Primary care giver respondents were asked about their lifestyle during the time that they were pregnant with the study child. They were given three responses that mirrored the question 'do they currently smoke?' Figure 5 below details the responses given by the primary care givers. While the majority of respondents, 77.8%, answered that they never smoked during their pregnancy, 9.6% admitted to smoking occasionally during their pregnancy and even more so answered that they smoked daily for the duration of their pregnancy with 12.7% answering with this response.

Fig. 5

B5. Did you smoke during your pregnancy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	never	6402	74.7	77.8	77.8
	occasionally	787	9.2	9.6	87.3
	daily	1045	12.2	12.7	100.0
	Total	8234	96.1	100.0	
Missing	System	334	3.9		
Total		8568	100.0		

4.3Poverty

This section is a univariate analysis on poverty and highlights the variables that can give an indication of how many respondents are living in poverty or at risk of poverty. A person who lives in poverty would be at serious risk of having a low quality of life. According to the Combat Poverty Agency (2016), lone parent are more likely to experience poverty than any other social group and so this research intends to explore if this is in fact the case.

4.3.1 Making ends meet

Figure 7, in the appendix, shows the responses to the question asking the degree of difficulty people found making ends meet. They were able to answer with six different responses ranging from very easily making ends meet to having great difficulty. 24.5% indicated that they had some degree of difficulty making ends meet while 75.5% indicated that they could fairly easily to very easily make ends meet. This data tells us that there is a substantial number of people in Irish society who have some degree of difficulty making ends meet.

4.3.2 Neighbourhood

Another downside for people living in poverty is the lack of choice they have with regards to where they live. Because they are socioeconomically disadvantaged they can end up in a neighbourhood that is not suitable for raising a child. Figure 8, in the appendix, is the table with the responses given by the primary care giver cohort. It asked if people taking drugs or being drunk was a common occurrence in their area. The respondents were given 4 different answers they could respond with, ranging from not at all common to very common. 12.5% indicated that this was a fairly common to very common occurrence with the remainder indicating that it was not very common to not common at all. This tells us that a fairly substantial number of families are subjected to this type of anti-social behaviour.

Primary care giver respondents were also asked if there was a degree of vandalism in the area where they lived. Again the responses ranged from very common to not common at all. The responses were quite similar to the answers given in figure 8 with 12.3% stating that it was a fairly common or very common experience with the remainder of the respondents stating that it was fairly uncommon or not common at all. One might hazard a guess that it is the same population sample experiencing a degree of visible substance misuse and vandalism in the area where they reside.

4.3.3 Social exclusion

Another facet of poverty is social exclusion. People may have enough money to feed themselves and run their household but when all their basic needs are met, this can leave very little in resources to engage with the cultural and social activities that any given society has to offer. Figure 10 shows the responses given by the primary care giver cohort, when asked if they had friends or family for a meal or drink at least once a month. The analysis of this variable tells us that 26.7% of the respondents did not because they could not afford it or for another reason unspecified. This tells us that a large sample of the population cannot engage in the fairly inexpensive social activity of going for a meal or drink due to a lack of resources.

Fig. 10

L1H. Does the household have family or friends for a drink or meal once a month?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6277	73.3	73.3	73.3
	No cannot afford/ Other reason	2286	26.7	26.7	100.0
	Total	8563	99.9	100.0	
Missing	Dontknow	5	.1		
Total		8568	100.0		

4.4 Family life

4.4.1 Pressure during family time

The literature review highlighted the difficulties lone parents faced when trying to juggle home life with their work life. Lone parents who are able to work can often feel too tired to properly spend time with their children and indulge them with the positive attention that they crave. Figure 11, on the appendix, gives the responses of the primary care giver cohort when

asked if they felt that their family time was more pressured and less enjoyable. They had a choice between 5 different responses ranging from strongly agree to strongly disagree. 23.2% responded that they agreed or strongly agreed. This indicates that nearly a quarter of the cohort surveyed feel that their family time is more pressurised.

4.4.2 Missing out on family activities

Respondents were also asked if they had to miss out on family activities that they would have like to take part in due to work responsibilities. Figure 12 shows that for just over 37.1% this question was not applicable to them. For the respondents that it was applicable to, 38.8% disagreed or strongly disagreed while 20.7% stated that yes they had to miss out on home and family activities. Again, this is a substantial number of people. Over one fifth of the respondents had to miss out on family activities due to commitments to work.

4.4.3 Drug taking or alcoholism in immediate family

Respondents were asked if their child had ever experienced drug taking or alcoholism in the immediate family. Quite a low percentage answered that yes in fact their child had come into contact with an immediate family member with just 2.5% answering that yes in fact, their child had come into contact with a family member with a drug or alcohol problem but 97.5% answered that no, their child had not. This is highlighted in figure 13 below.

Fig. 13

Drugs/alcohol in immediate family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	8356	97.5	97.5	97.5
	1.00	212	2.5	2.5	100.0
	Total	8568	100.0	100.0	

4.5 Bi-variate analysis

The uni-variate analysis has given us a general sense of how the lives of the primary care giver cohort live their lives and how their experiences differ from one another. The bi-variate analysis will show us if being a lone parent can have an impact on the different aspects of quality of life outlined above, namely health, poverty and family life.

The independent variable in this analysis will ask whether the primary care giver respondent lives with a partner in their household, as shown in figure 1 above. The independent variable will be cross-tabulated with all of the variables shown in the uni-variate analysis section. This will show if these aspects of a person's quality of life are affected if a person lives without a partner in their household.

4.6 Health

4.6.1 Smoking

The uni-variate analysis indicated that 26.3% of primary care giver respondents smoked occasionally or on a daily basis. When this variable is cross-tabulated with the partner in household variable, we can see a significant difference between those who had partners and smoked and those who did not have partners and smoked. Figure 14, in the appendix, signifies that 50.1% of lone parents do not smoke at all compared to 76.8% of parents that live with a partner in their household. 41.5% of the lone parents surveyed stated that they smoked on a daily basis compared to 16.9% who had a partner. A chi-square test of less than .5 would indicate a significant difference between these statistics and the test here showed .000 indicating a significant difference. Altogether, 23.2% of parents with a partner in the household indicated that they smoked occasionally or on a daily basis, while 49.9% of lone parents stated this. This highlights that a highly substantial number of lone parents are smokers compared to two-parent families which means that lone parent families are much more likely to experience smoking related illnesses thus negatively impacting on their quality of life.

4.6.2 Smoking and pregnancy

Figure 15 is a cross-tabulation of partner in household against 'did you smoke during your pregnancy. 41.9% of lone parents indicated that they did occasionally or on a daily basis and 19.7% of primary care givers in two parent families indicated the same. Again, we can already see a significant difference between the two and a chi-square test of .000 confirms that there is indeed a noteworthy difference. The Centre for Disease Control and Prevention (2015) asserts that women who smoke can cause the foetus to get less oxygen during the gestation period which can lead to a wide range of health implications. The health implications can impact on both the mother and child which would have detrimental consequences on their quality of life.

4.6.3 Chronic health issues

Figure 16 explored if there was a difference in the impact on a person having chronic mental or physical health problems dependant on if they were lone parents or a two parent family structure. 13.9% of lone respondents answered that yes they did have some form of chronic physical or mental health problems, while 9.7% of the primary care givers in two parent families answered that they did. While a difference of 4.2% may not seem like a significant disparity, a chi-square test of .000 indicates that this is a significant difference between both statistics. Although this data does not tell us why you are more likely to experience chronic health problems as a lone parent, these results indicate you have a higher chance of experiencing them if indeed you are a lone parent.

4.6.4 Childs health

Figure 17 asked primary care givers how their child's health has been the past year. 2.6% of Lone parents answered that their child was almost always unwell while 1.2% of the primary care givers of two parent families reported that their child was almost always unwell. This indicates that more than twice the parents who reported that their child was almost always unwell came from the lone parent family structure compared to two parent families who conveyed the same answer. A chi-square test of .000 reveals that this is a statistically significant difference.

On all the aspects of health tested in this analysis, lone parent families have consistently shown to be more vulnerable to health issues than their two parent family counterparts and all chi-square tests have shown to be statistically significant. This indicates a strong correlation between a person's health and the family structure that they are part of.

4.7 Poverty

4.7.1 Making ends meet

Primary care giver respondents were asked to what degree was the ease or difficulty of making ends meet. They were given six different responses to which they could use to reply. Figure 18 shows that 57.4% of lone parents answered with great difficulty, difficulty or some difficulty compared to 20.3% of two parent families answering with the same responses. At first glance this seems statistically significant, with a disparity of 37.1% between the two cohorts and a chi-square test of .000 confirms the significance. This shows a strong correlation between family structure and a person's ability to make ends meet and also confirms that lone parents are significantly more vulnerable to experiencing poverty than two parent families.

4.7.2 Neighbourhood

As highlighted above in the uni-variate analysis, people who live in poverty have little choice in where they choose to live and raise their children. Primary care giver respondents were asked about the prevalence of vandalism in their area. This was cross-tabulated with the variable partner in household to find out if lone parents experienced more vandalism than their two parent family counterparts. The responses given ranged very common and fairly common to not very common and not at all common. A chi-square test of .000 indicated that the analysis was statistically significant. On review of the analysis we can see that again lone parents are more at risk of experiencing vandalism in their area than two parent families. Figure 19, in the appendix, conveys that 21.9% of one parent families stated that vandalism was fairly common or very common compared to 11% of two parent families who answered with the same responses. This suggests that lone parent families are more likely to experience vandalism in the area where they raise their children, thus negatively impacting on their quality of life.

Neighbourhoods where there are high levels of poverty can also have high prevelance of substance misuse. As highlighted in the literature review Haufstein (2005:525) states that people use drugs, both legal and illegal as a form of escapism from the everyday problems associated with poverty. Primary care giver respondents how were asked common was their experience of people taking drugs and being drunk in the area where they reside. Figure 20 shows that 22.4% in lone parent families responded that people taking drugs or drinking was a fairly common or very common experience as opposed to 11.1% of two parent families who had experience of this. A chi-square test of .000 indicates that these figures are statistically significant which indicates that lone parent families are more likely to experience this in the area where they lived.

4.7.3 Social exclusion

For a person to fully enjoy the social and cultural aspects of life they need to have enough resources left over, after all their responsibilities are taken care of such as bills and food. Figure 21 shows the cross-tabulation of lone parent and two parent households against their ability to have a meal or drink at least once a month. The results of the analysis show a chi-square test of .000, indicating that this analysis is statistically significant. 32.4% of lone parents stated that they could not afford to, while a still fairly substantial 25.9% of two parent

families said they could not. Although a large number of two parent families are unable to partake in this relatively inexpensive social activity, lone parents score higher again as they have done so consistently throughout this analysis.

Again the data is confirming the negative consequences that can befall upon people living in the lone parent family structure. The adverse effects of poverty have consistently correlated with lone parent households more so than their two parent family counterparts and consequently will have a detrimental impact on their quality of life.

4.8 Family life

4.8.1 Pressure during family time

As highlighted in the literature review, lone parents, particularly working lone parents, can find that time with their families is less enjoyable because they are exhausted when they get home from work. Millar et al (2012:37) stated that juggling work responsibilities with family responsibilities required a high degree of organisation which left them feeling rushed in their daily lives. The GUI survey asked respondents if they felt that their family time was more pressured and less enjoyable because of work responsibilities. This variable was cross-tabulated with the partner in household variable to explore whether there was a significant statistical difference which would confirm the qualitative research that was conducted by Millar et al, is generalizable to the wider population. Figure 22 indicates that there is a significant statistical difference between lone parent and two parent families who feel that their family time is more pressured and less enjoyable. 29.2% of lone parent families, compared to 22.4% of two parent families, found family time to be more pressure and less enjoyable. A Pearson chi-square test of .000 confirms the statistical significance and clarifies that more lone parents find their family time more pressured and less enjoyable than two parent families.

4.8.2 Missing out on family activities

Working lone parents felt that they were able to provide for their children in the material sense, however because of work responsibilities, they some felt that they could not spend ‘quality time’ with their children (Byrne, 2012:37). To explore this claim by Byrne (2012), the variable which asked respondents; had they missed out on family events due to work responsibilities, was cross-tabulated with the partner in household variable. This would highlight if Byrne’s claim was statistically significant. The results, in figure 23 on the

appendix, show that 30.6% of lone parents stated that they agree or strongly agree that they had to miss out on family events because of work responsibilities. This is compared 19.4% of primary care giver respondents from two parent families, who answered the same. Again, the chi-square test resulted in a .000 which tells us that this difference is statistically significant. A disparity of 11.2% is a significant difference and again highlights how the lone parent family structure can have a negative impact on a person's quality of life.

4.8.3 Drug taking/alcoholism in immediate family

The literature highlighted that substance misuse was a common theme among lone parents because of the problems they had to cope with living in poverty (SVP, 2015:12). Primary care giver respondents were asked if their child had ever experienced drug taking or alcoholism in their immediate family. The result of this variable being cross-tabulated with the partner in household variable indicate that the child of a lone parent was at a substantially higher risk of experiencing drug taking and alcoholism from a member in their immediate family. 9.6% of lone parents stated that their child had come into contact with this type of anti-social behaviour. When compared to two parent families we can see that see there is a substantial difference with only 1.5% responding that their child had experienced this type of behaviour from an immediate family member. A chi square test of .000 indicates that this finding is statistically significant which tells us there is a strong correlation between family structure and a child experiencing drug taking/alcoholism in their immediate family.

Chapter 5: Conclusion

On review of the analysis, the findings have consistently shown that lone parent households, have a considerably lower quality of life than two parent households on all three concepts, namely health, poverty and family life. Although these results were somewhat expected, the level of difference between some of the variables was to say the least surprising, particularly on the smoking question, where half the lone parents responded that they smoked. This links in with Haufstein's (2005:525) claim that people from lower socioeconomic backgrounds use drugs, both legal and illegal as a sort of coping mechanism, to help them deal with the harsh reality of their situation. Despite the widespread knowledge on the damage of smoking on a person's health and the health of an unborn child, 42% of lone parents disclosed that they smoked during the course of their pregnancy. This demonstrates precarious nature of lone parenthood and highlights the stresses associated with it and many seem to use smoking as a way of coping with it. When asked about personal chronic health issues and the health of the

study child in the past twelve months, lone parents again scored higher. The literature review highlighted the work of the St. Vincent de Paul (2015) and Dowler (1997), who espoused that lone parents can have mental health issues due to feelings of loneliness and a lack of income can lead lone parents being forced to make unhealthy choices in their food shopping. It should come as no surprise then that the data revealed higher prevalence rates of ill health in both the lone parents and the children of lone parents.

When analysing the numbers on the concept of poverty, again it came as no surprise that lone parents consistently scored higher on the indicators associated with poverty but what was surprising was the large disparity between the two family structures. When it came to making ends meet 57.4% of lone parents affirmed that they had some difficulty to great difficulty making ends meet compared to 20.3% of two parent families. These numbers are highly significant a go some way to confirming why lone parents develop smoking, alcohol and drug problems. Research has shown that the stress of living day to day with the struggle of trying to make ends meet can cause people to develop drug and alcohol dependency issues as a way to escape their everyday problems (Mulia et al, 2008:1284) (Haufstein, 2005:525). The experience of anti-social behaviour in their neighbourhood, such as vandalism and visible alcohol and drug use was also shown to score significantly higher in the data among lone parents compared to two parent families. This corresponded with the findings in 'The Hardest Job in the World' study, conducted by the St. Vincent de Paul, which found that many of the lone mother respondents professing that they lived in unsafe neighbourhoods where ant-social behaviour was common place (2015:37). Social exclusion was also a particular problem for lone parents with nearly one third of respondents confirming that they were unable to meet friends or family at least once a month for a drink or meal. The SVP study (2015:8) proclaimed that mental health issues could arise due to the loneliness experienced by lone parents and a lack of social interaction with friends and family can only increase the proclivity of mental health issues amongst lone parents.

For lone parents who were in a position to work in paid employment and provide for themselves often found themselves 'time poor' rather than poor in a material sense. Parents who have to work and then come home to care for their family would be exhausted, agitated and snappy with their children (Millar, 2012:37). The GUI survey data showed that 29.2% of lone parents felt that their time with their children felt more pressured and less enjoyable due to work responsibilities compared to 22.4% of the primary care givers in two parent families. This correlates with the research findings described by Millar et al (2012) and indicates that

the time spent with their families is not quality time. The literature review highlighted the hazards of low parental support and monitoring of their children with Ledoux et al (2002:452) stating that this type of parenting can act as a precursor for a teenager developing anti-social behavioural habits such as smoking and drinking. These problems are only amplified for children who would experience drug taking and alcoholism within their immediate family. Ledoux et al assert that parental alcohol misuse can lay the foundation for their teenage children to experiment with alcohol and in the worst case scenario this can lead to violent and property offences.

In conclusion, we can verifiably assert that family structure can be a cause in the effect on a person's quality of life. However, this is an oversimplification and one must be aware that the problems faced by lone parents are multifaceted. Class, social inequality, cultural norms and an outdated constitutional article with a very narrow view on what a family looks like, are just some of the issues that need to be addressed in order to bring about a better quality of life for lone parents. The GUI research is a longitudinal study and at the moment, relatively young in its commencement, but by the looks of it, the pessimist in me feels that lone parents are on course for a future of ill-health, a strained family life and a perpetual state of poverty with all the degradation that goes with it. Policy makers need to take note and avert this inevitable disaster.

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Appendix

Fig. 7

L2. Degree of ease or difficulty of making ends meet

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	With great difficulty	152	1.8	1.8	1.8
	With difficulty	301	3.5	3.5	5.3
	With some difficulty	1648	19.2	19.3	24.5
	Fairly easily	3310	38.6	38.7	63.2
	Easily	2130	24.9	24.9	88.1
	Very easily	1020	11.9	11.9	100.0
	Total	8561	99.9	100.0	
Missing	Refusal	1	.0		
	Dontknow	6	.1		
	Total	7	.1		
Total		8568	100.0		

Fig 8

M2d. How common in your area: people being drunk/taking drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very common	276	3.2	3.2	3.2
	Fairly common	789	9.2	9.2	12.5
	Not very common	2959	34.5	34.6	47.1
	Not at all common	4528	52.8	52.9	100.0
	Total	8552	99.8	100.0	
Missing	Dontknow	16	.2		
Total		8568	100.0		

Fig. 9

M2c. How common in your area: vandalism

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very common	274	3.2	3.2	3.2
	Fairly common	777	9.1	9.1	12.3
	Not very common	3820	44.6	44.6	56.9
	Not at all common	3687	43.0	43.1	100.0
	Total	8558	99.9	100.0	
Missing	Dontknow	10	.1		
Total		8568	100.0		

Fig. 10

M2c. How common in your area: vandalism * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
M2c. How common in your area: vandalism	Very common	Count	78	196	274
		% within Partner in household	7.9%	2.6%	3.2%
	Fairly common	Count	138	639	777
		% within Partner in household	14.0%	8.4%	9.1%
	Not very common	Count	459	3361	3820
		% within Partner in household	46.4%	44.4%	44.6%
	Not at all common	Count	314	3373	3687
		% within Partner in household	31.7%	44.6%	43.1%
Total		Count	989	7569	8558
		% within Partner in household	100.0%	100.0%	100.0%

Fig. 11

Family time is more pressured and less enjoyable

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1082	12.6	12.8	12.8
	disagree	1933	22.6	22.9	35.7
	Neither agree nor disagree	367	4.3	4.3	40.1
	agree	1433	16.7	17.0	57.0
	Strongly agree	524	6.1	6.2	63.2
	Not applicable	3103	36.2	36.8	100.0
	Total	8442	98.5	100.0	
Missing	Refusal	1	.0		
	Dontknow	125	1.5		
	Total	126	1.5		
Total		8568	100.0		

Fig. 12

K6A. missed out on home/ family activities you would have liked to taken part in

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1377	16.1	16.3	16.3
	disagree	1899	22.2	22.5	38.8
	Neither agree nor disagree	289	3.4	3.4	42.2
	agree	1170	13.7	13.9	56.1
	Strongly agree	575	6.7	6.8	62.9
	Not applicable	3134	36.6	37.1	100.0
	Total	8444	98.6	100.0	
Missing	Dontknow	124	1.4		
Total		8568	100.0		

Fig. 14

F1. Currently smoke daily/occasionally/never * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
F1. Currently smoke daily/occasionally/never	Daily	Count	411	1283	1694
		% within Partner in household	41.5%	16.9%	19.8%
	Occasionally	Count	84	475	559
		% within Partner in household	8.5%	6.3%	6.5%
	Not at all	Count	496	5819	6315
		% within Partner in household	50.1%	76.8%	73.7%
Total		Count	991	7577	8568
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	358.559[a]	2	.000
Likelihood Ratio	311.932	2	.000
Linear-by-Linear Association	357.991	1	.000
N of Valid Cases	8568		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 64.66.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.205	.000
	Cramer's V	.205	.000
N of Valid Cases		8568	

Fig. 15

B5. Did you smoke during your pregnancy * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
B5. Did you smoke during your pregnancy	never	Count	531	5871	6402
		% within Partner in household	58.0%	80.2%	77.8%
	occasionally	Count	155	632	787
		% within Partner in household	16.9%	8.6%	9.6%
	daily	Count	229	816	1045
		% within Partner in household	25.0%	11.1%	12.7%
Total		Count	915	7319	8234
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	233.597[a]	2	.000
Likelihood Ratio	204.495	2	.000
Linear-by-Linear Association	219.794	1	.000
N of Valid Cases	8234		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 87.46.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.168	.000
	Cramer's V	.168	.000
N of Valid Cases		8234	

Fig.16

B11. On-going chronic illness etc. * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
B11. On-going chronic illness etc.	yes	Count	138	732	870
		% within Partner in household	13.9%	9.7%	10.2%
	no	Count	853	6845	7698
		% within Partner in household	86.1%	90.3%	89.8%
Total		Count	991	7577	8568
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	17.470[a]	1	.000		
Continuity Correction[b]	17.006	1	.000		
Likelihood Ratio	16.066	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	17.468	1	.000		
N of Valid Cases	8568				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 100.63.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.045	.000
	Cramer's V	.045	.000
N of Valid Cases		8568	

Fig. 17

B10. Study Childs health past year * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
B10. Study Childs health past year	Very healthy, no problems	Count	681	5679	6360
		% within Partner in household	68.7%	75.0%	74.2%
	Healthy, but a few minor problems	Count	284	1810	2094
		% within Partner in household	28.7%	23.9%	24.4%
	Sometimes quite ill/Almost always unwell	Count	26	88	114
		% within Partner in household	2.6%	1.2%	1.3%
Total		Count	991	7577	8568
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	26.826[a]	2	.000
Likelihood Ratio	23.851	2	.000
Linear-by-Linear Association	23.141	1	.000
N of Valid Cases	8568		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.19.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.056	.000
	Cramer's V	.056	.000
N of Valid Cases		8568	

Fig. 18

L2. Degree of ease or difficulty of making ends meet * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
L2. Degree of ease or difficulty of making ends meet	With great difficulty	Count	68	84	152
		% within Partner in household	6.9%	1.1%	1.8%
	With difficulty	Count	115	186	301
		% within Partner in household	11.6%	2.5%	3.5%
	With some difficulty	Count	385	1263	1648
		% within Partner in household	38.9%	16.7%	19.3%
	Fairly easily	Count	289	3021	3310
		% within Partner in household	29.2%	39.9%	38.7%
	Easily	Count	104	2026	2130
		% within Partner in household	10.5%	26.8%	24.9%
	Very easily	Count	29	991	1020
		% within Partner in household	2.9%	13.1%	11.9%
Total		Count	990	7571	8561
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	791.562[a]	5	.000
Likelihood Ratio	675.207	5	.000
Linear-by-Linear Association	655.769	1	.000
N of Valid Cases	8561		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.58.

Fig. 19

M2c. How common in your area: vandalism * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
M2c. How common in your area: vandalism	Very common	Count	78	196	274
		% within Partner in household	7.9%	2.6%	3.2%
	Fairly common	Count	138	639	777
		% within Partner in household	14.0%	8.4%	9.1%
	Not very common	Count	459	3361	3820
		% within Partner in household	46.4%	44.4%	44.6%
	Not at all common	Count	314	3373	3687
		% within Partner in household	31.7%	44.6%	43.1%
Total		Count	989	7569	8558
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	140.051[a]	3	.000
Likelihood Ratio	120.174	3	.000
Linear-by-Linear Association	127.544	1	.000
N of Valid Cases	8558		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 31.66.

Fig. 20

M2d. How common in your area: people being drunk/taking drugs * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
M2d. How common in your area: people being drunk/taking drugs	Very common	Count	71	205	276
		% within Partner in household	7.2%	2.7%	3.2%
	Fairly common	Count	150	639	789
		% within Partner in household	15.2%	8.4%	9.2%
	Not very common	Count	375	2584	2959
		% within Partner in household	38.0%	34.2%	34.6%
	Not at all common	Count	391	4137	4528
		% within Partner in household	39.6%	54.7%	52.9%
Total		Count	987	7565	8552
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	138.682[a]	3	.000
Likelihood Ratio	123.362	3	.000
Linear-by-Linear Association	135.236	1	.000
N of Valid Cases	8552		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 31.85.

Fig. 21

L1H. Does the household have family or friends for a drink or meal once a month? * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
L1H. Does the household have family or friends for a drink or meal once a month?	Yes	Count	669	5608	6277
		% within Partner in household	67.6%	74.1%	73.3%
	No cannot afford/ Other reason	Count	321	1965	2286
		% within Partner in household	32.4%	25.9%	26.7%
Total		Count	990	7573	8563
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	18.768[a]	1	.000		
Continuity Correction[b]	18.439	1	.000		
Likelihood Ratio	18.114	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	18.766	1	.000		
N of Valid Cases	8563				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 264.29.

b. Computed only for a 2x2 table

Fig. 22

Family time is more pressured and less enjoyable * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
Family time is more pressured and less enjoyable	Strongly disagree	Count	110	972	1082
		% within Partner in household	11.2%	13.0%	12.8%
	disagree	Count	248	1685	1933
		% within Partner in household	25.3%	22.6%	22.9%
	Neither agree nor disagree	Count	51	316	367
		% within Partner in household	5.2%	4.2%	4.3%
	agree	Count	204	1229	1433
		% within Partner in household	20.8%	16.5%	17.0%
	Strongly agree	Count	82	442	524
		% within Partner in household	8.4%	5.9%	6.2%
	Not applicable	Count	284	2819	3103
		% within Partner in household	29.0%	37.8%	36.8%
Total		Count	979	7463	8442
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	43.131[a]	5	.000
Likelihood Ratio	42.971	5	.000
Linear-by-Linear Association	6.238	1	.013

N of Valid Cases	8442		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 42.56.

Fig. 23

K6A. missed out on home/ family activities you would have liked to taken part in * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
K6A. missed out on home/ family activities you would have liked to taken part in	Strongly disagree	Count	140	1237	1377
		% within Partner in household	14.3%	16.6%	16.3%
	disagree	Count	215	1684	1899
		% within Partner in household	22.0%	22.6%	22.5%
	Neither agree nor disagree	Count	37	252	289
		% within Partner in household	3.8%	3.4%	3.4%
	agree	Count	188	982	1170
		% within Partner in household	19.2%	13.2%	13.9%
	Strongly agree	Count	112	463	575
		% within Partner in household	11.4%	6.2%	6.8%
	Not applicable	Count	287	2847	3134
		% within Partner in household	29.3%	38.1%	37.1%
Total		Count	979	7465	8444
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	79.159[a]	5	.000
Likelihood Ratio	73.190	5	.000
Linear-by-Linear Association	.509	1	.476

N of Valid Cases	8444		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 33.51.

Fig. 24

drug * Partner in household Crosstabulation

			Partner in household		
			No partner	Has partner	Total
drug	.00	Count	896	7460	8356
		% within Partner in household	90.4%	98.5%	97.5%
	1.00	Count	95	117	212
		% within Partner in household	9.6%	1.5%	2.5%
Total		Count	991	7577	8568
		% within Partner in household	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	234.887[a]	1	.000		
Continuity Correction[b]	231.566	1	.000		
Likelihood Ratio	152.939	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	234.859	1	.000		
N of Valid Cases	8568				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 24.52.

b. Computed only for a 2x2 table