

Challenges Encountered, Level of Support Received by Single Mother and Birth outcomes

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Abstract — In today's modern society, women's roles have evolved from that of a housewife to that of a multitasking professional. A working mother is a woman who can integrate the maternal role with her employment, especially regarding childrearing (Poduval & Poduval, 2009). Two distinct categories of working women may fall under this broad term: the first is the stay-at-home mom who takes care of all household chores to meet her children's needs, and the second is the working mom who manages to work outside the home while still fulfilling her role as a mother. Mothers who are raising their children alone are single mothers. Parenting alone may be difficult in a lot of different ways. Children from families with a single parent have varying health outcomes. Freeman (2017) claims that historically, societal mockery of lone parents was common. According to Freeman, mothers frequently felt pressure to meet expectations of what it meant to be a good mother. Single mothers are faced with several obligations. They had to deal with emotional, social, and financial issues. The primary source of stress for most single moms was their financial situation. They often felt alone, hopeless, unidentified, and insecure without support. These strains cause a variety of mental health issues, such as depression in single moms. During childbirth, single mothers may face hurdles and problems. As a result, they raise their children entirely on their own. Childbirth is regarded as one of the most essential physiological experiences in a woman's life, with profound physical, psychological, and emotional consequences. In certain rare circumstances, this experience is associated with psychological strain, discomfort, vulnerability, probable physical repercussions, and mortality in a woman during birth (Naghizadeh, Kazemi, Ebrahimpour, & Aghdampour, 2013). As a result of these events, nurses play an essential role in caring for women during labor. Furthermore, nurses are skilled individuals responsible for looking after mothers and newborns. Republic Act 8972, or the Solo Parents Welfare Act of 2000, is a response to the needs of solo parents. It promotes the family as the foundation of the nation by ensuring its total development through the provision of a comprehensive program that will address the needs of solo parents.

Keywords — **Challenges, Single Mother, Encountered, Birth Outcomes, Women, Children, Child Support, Parenting**

I. Introduction

In today's society, women's roles have changed from a purely household wife to a working individual who multitasks. Poduval and Poduval (2009) defined a working mother as a woman who can combine the motherhood role, particularly in child-rearing and career. Within this extensive term may be involved two different classifications of working women: the first is someone who stays at home and does all the household chores specifically to provide for the needs

of her children, and the other is someone who works outside of home while managing to fulfill her motherly obligations.

Of 12 million single-parent families with children under 18, 80% were unmarried (WHO, 2017). The 2014 survey in Australia revealed that 50.8% of the single mothers were employed. Noticeably, in 2015, the Philippine Statistics Authority (PSA) estimated that about three million household heads were without a spouse. According to the estimated report, two million were females. The Federation of Solo Parents also reported a member base of 80,000 (Cabato, 2018). Thus, it indicates that the number of single mothers in the labor force is increasing tremendously to sustain their children's welfare.

Single mothers may encounter challenges and difficulties during childbirth. It is for this reason that they solely raise their children by themselves. Childbirth is defined as one of the essential physiological experiences in a woman's life with profound physical, psychological, and emotional effects. This experience is linked with psychological strain, pain, susceptibility, possible physical effects, and death in some rare cases experienced by a woman during delivery (Naghizadeh, Kazemi, Ebrahimpour, & Eghdampour, 2013). Due to these occurrences, nurses have a significant role in caring for mothers during childbirth. Furthermore, nurses are skilled and responsible for looking after mothers and babies.

Some of the challenges that a mother undergoes during childbirth are emotional and psychological distress, often related to anxiety, vulnerability, fear, loss of control, treatment, and bodily function (Kabakian-Khasholian, El Nemer, & Bashour, 2015). Several women viewed the childbirth process with psychological and emotional distress as a big challenge that helped them gain a sense of personal control, mastery, competency, strength, and achievement from a breathtaking yet successful coping delivery process. Some women viewed this event as a frightening, unmanageable, and upsetting journey (Karlsottir, Halldorsttir, & Lundgren, 2014). Single mothers may encounter challenges and difficulties during childbirth.

Gibson (2014) stated that normal delivery pain has specific characteristics that are different from other excruciating experiences. Labor is not pathologic but is part of a normal physiological process in which an infant's birth is evidence of accomplishing the desired outcome. Pilliteri (2008) stressed that labor and delivery experiences are stressful for a woman. Maternal anxiety is known to be linked with a less positive childbirth experience. Additionally, the causes of anxiety during delivery include pain or discomfort at the onset and progression of labor; the loss of control; the adaptation of a passive role in the management of labor pain; unfamiliarity with the hospital environment and healthcare providers; and the problems of communication with healthcare providers.

Studies revealed that 90% of women claimed to have desirable labor and delivery experiences. They believed that health-care providers should perform the following aspects during and after delivery: giving information, participation, encouragement, reception, presence, merit,

and capability (Bahri, Vafae-Najar, Askari, & Bashiri, 2014). The study conducted by Naghizadeh et al. (2013) revealed that most mothers were satisfied with the manner of support they received, such as physical, informational, and emotional aspects. Further, it was also shown that nurses and midwives are among the prime members of the primary health-care delivery services, which have significant roles in pre-labor and postpartum care (Naghizadeh et al., 2013; Rakow, 2015).

Support from the family and health-care providers, such as midwives and nurses, is a significant factor in having a positive outlook on the childbirth experience for working mothers. The welfare benefits of support from doulas and health care providers include a greater sense of control, better self-perception, less analgesia and anesthesia use, fewer cesarean births, shorter labors, higher Apgar scores, and more satisfaction with the delivery experiences (Fontier & Godwin, 2015).

Brown's (2018) study revealed that social support did not change. Family and health care provider support were significantly correlated, concurrently and predictively, with perceived competence and satisfaction at most data collection points. Future social support intervention studies using social support as a modifiable variable with this high-risk group of African American adolescent new mothers are advocated. The researchers recommended that health-care professionals be encouraged to examine existing social support within these mothers' identified family units. Social support is essential for positive birth outcomes; therefore, social support is indeed vital for positive birth outcomes. The more support a single working mother receives from the people around her, the more positive results she will have, specifically in the childbirth outcomes.

Clearly, from the information stated above, single mothers have undergone significant changes after the pregnancy stage. They experience childbirth challenges that test them, and they need support from the people around them to avoid complications. Due to limited research on the challenges encountered and the level of support received by single mothers during childbirth, the study was conducted in the locality of Dipolog City during the calendar year 2019. Only those single mothers who had undergone childbirth were the survey respondents.

This study is primarily anchored on the Health Promotion Model (HPM), designed by Nola J. Pender in 1982 as a complementary counterpart for health protection. The HPM defined health as a vigorous affirmative state rather than the nonexistence of disease. Health promotion is modified to be consistent within the context of a woman's childbirth outcomes. Additionally, this model describes the multidimensional nature of individuals as they interrelate within the environment to pursue fitness (Nursing Theory, 2016).

According to Pender, the HPM has three factors: individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. These factors can influence the challenges encountered and the single mother's level of support towards the childbirth experience. The three factors are unique to each individual and impact the person's commitment to act and

assess the health status, particularly on the childbirth outcomes. Moreover, these characteristics provide a baseline experience from which a person chooses to actively regulate healthy behaviors, such as coping with the challenges encountered and the level of support received from family, friends, and relatives as a single mother. Further, this model's desired outcome is to improve health and enhance the functional ability of life at all stages of human development (Nursing Theory, 2016).

A single mother is defined as a woman who is unmarried, widowed, or divorced and has a dependent child or children. She is someone who is working to provide for the welfare of her child/children (Marta, 2019).

Childbirth is one of the meaningful events that every woman can experience. Along with this painful yet remarkable event, there is always a challenge that could test a mother's patience and total well-being (Marta, 2019). Accordingly, Hodnett (2013) stressed that the childbirth experience is highly personalized, and it varies according to the view of women, which constitutes a joyful and satisfying experience. Thus, satisfaction among women is complex, multidimensional, and may change occasionally.

Some mothers describe themselves as failures, and they may express feelings of disappointment because they cannot achieve their goals and expectations in life during childbirth because of anger, guilt, and loss of control (Overgaard, Fenger-Gron & Sandall, 2012). This kind of disappointment is among the common challenges every mother can undergo, which is part of the postpartum stage.

The physical stresses during and after childbirth include uterine contraction, pain, exertion, fatigue, and postpartum blues. Floris and Irion (2015) stated that some women accept the pain of childbirth as usual, harmless, and necessary for fetal descent. Furthermore, some women trust the natural process of birth that yields to the pain, focus inward, and allow their body to take over. The emotional and psychological distress of women who undergo childbirth is often related to anxiety, vulnerability, fear, loss of control, treatment, and bodily function (Kabakian-Khasholian et al., 2015). Some women viewed the childbirth process's psychological and emotional distress as a big challenge that helped them gain a sense of personal control, mastery, competency, strength, and achievement from a breathtaking yet successful coping delivery process. Further, some women viewed this event as a frightening, unmanageable, and upsetting journey (Karlsottir et al., 2014).

II. Methodology

The study utilized a descriptive-correlational design that collected data from the population of interest to examine the challenges encountered, the level of support received by single mothers, and birth outcomes. It utilized the data from the respondents (Campbell, 2015). The data were elicited through a modified research questionnaire. The data were treated statistically before they

were analyzed and interpreted. The design selected allows flexibility in investigating and describing the relationship between independent and dependent variables.

The study was conducted at Zanorte Medical Center and Corazon C. Aquino Memorial Hospital in Dipolog City, Zamboanga del Norte Province. Dipolog City is the gateway to Western Mindanao through the Western Nautical Highway. The city is the province's capital in Zamboanga del Norte, Mindanao, and is geographically surrounded by rolling hills to the southeast and the Sulu Sea to the north. It is bounded on the north by Dapitan City, on the east by the Municipality of Polanco, on the south by the Municipality of Katipunan, and the west by the Sulu Sea. Dipolog City is known as the Orchids City and the capital of bottled sardines in the Philippines.

The study respondents were 120 postpartum single mothers who reside in Dipolog City. Purposive sampling and the snowball technique were used to select the actual respondents. The following were the criteria for selecting the respondents: single postpartum mothers ages 18- 25 who were admitted to the two identified hospitals in Dipolog City and had given consent to participate in the study.

The following were the research instruments used in gathering the data and information:

A. Challenges Encountered by the Respondents. This adapted questionnaire assessed the respondents' physical, financial, social, and emotional challenges they encountered. This is a four-point Likert Scale. Presented below is the continuum used in interpreting and analyzing the data gathered. The research-made questionnaire was tested for validity and yielded a Cronbach's Alpha of 0.8523.

	Continuum	Responses	Interpretation
4	3.41 – 4.00	Always (A)	Very High (VH)
3	2.61 – 3.40	Often (O)	High (H)
2	1.81 – 2.60	Seldom (S)	Low (L)
1	1.00 – 1.80	Never (N)	Very Low (VL)

B. Level of Support Received Questionnaire. This adapted questionnaire determined the level of support received by respondents from family and healthcare providers. It used the four-point Likert Scale. Presented below is the continuum used in interpreting and analyzing the data gathered. The research-made questionnaire was tested for validity and yielded a Cronbach's Alpha of 0.7460.

	Continuum	Responses	Interpretation
4	3.41 – 4.00	Strongly Agree (SA)	Very High (VH)
3	2.61 – 3.40	Agree (A)	High (H)
2	1.81 – 2.60	Disagree (DA)	Low (L)
1	1.00 – 1.80	Strongly Disagree (SD)	Very Low (VL)

C. Birth Outcomes Questionnaire. This researcher-made questionnaire looked into the newborn's birth outcomes in terms of APGAR score and birth weight and the maternal outcomes of length of labor and type of delivery.

Birth Outcome

Apgar		Birth Weight	
Scores 7-10	Very Good	8 pounds and above	High Birth Weight
Score 4-6	Fair	6-7 pounds	Normal
Scores 3 and below	Very Poor	Below 6-pound	Low Birth Weight

Maternal Outcome

Length of Labor		Type of Delivery	
Less than 10hours	- Very Good	Normal Spontaneous Delivery	- Good
Within 10-14 Hours	- Good	Cesarean Section	- Poor
More than 14 hours	- Poor	CS with complications	-Very Poor

Before the research instrument was actually distributed, the researcher asked permission from the Dean of the Graduate School to administer the questionnaires to the target respondents. She also wrote to the Chief of the Hospital and the Chief Nurse asking permission to conduct the study and distribute the questionnaires to the single mothers identified as the study's respondents.

Upon the approval of the letter requests, the questionnaires were distributed to the respondents. During the individual distribution of the questionnaires, the researcher assured the respondents of their utmost confidentiality and anonymity.

The data were tabulated and presented to the statistician for statistical treatment. The results were analyzed and interpreted based on the study's objectives.

This study adhered to the ethical concerns outlined by Bryman and Bell (2007). First off, no harm was done to the research participants. The responders' dignity was respected above everything else. An appropriate degree of secrecy for the study data, the research responders' privacy protection, and the research participants' anonymity were all guaranteed. Moreover, deception and exaggeration about the aims and objectives of the research were avoided, affiliations in any form, sources of funding, and any possible conflicts of interest were declared. Finally, communication about the research was done honestly and transparently, and any misleading information and representation of primary data findings were avoided.

The following were the statistical tools used in this study:

Frequency and Percentage. This tool determines the number of respondents from the respondents.

Mean and Standard Deviation. This was used to determine the respondents' challenges encountered and level of support.

Pearson product-moment correlation coefficient, or Pearson's r , is a tool for testing the significant relationship between the independent variables of challenges encountered and support received and the dependent variables of birth outcomes.

III. Results and Discussion

Table 1 presents the physical, financial, social, and emotional challenges encountered by the respondents. As presented in the table, the findings revealed a low level of challenges faced by the respondents ($M=2.56$; $SD=0.58$). A low level of challenges enhances the mental and emotional health of single mothers. Being free from anxiety and worry due to challenges may affect a person's emotional and mental health status. Anxiety is a regular part of life that prepares a person to face an intense situation. However, frequent and intense anxiety can have a devastating effect on a person's physical and mental health. The study findings of Liang, Berger, and Brand (2019) reported that single mothers with young children are more predisposed to mental health disorders than mothers with partners, especially when facing financial, social, or adversities. Appropriate social support programs and screening measures are necessary to reduce further disparities. However, this study showed that the respondents encountered low challenges, which is advantageous to their health and well-being.

However, the data also showed that among the four constructs, the respondents perceived themselves as having high financial challenges. Research suggests that single mothers are an increasingly vulnerable group. The lack of financial resources and low control over their work situation significantly limited the mothers' ability to combine various responsibilities and practice the kind of mothering they preferred (Roman, 2017). Single mothers own fewer economic resources, earn less, and have limited credit access (Klasen et al., 2015). Such depletion of financial resources restrains their desire and ability to fulfill life goals and fundamental needs, which are indispensable for achieving positive subjective well-being (Tay & Diener, 2011).

Moreover, financial strain is usually seen as a life stressor. Its effects can be profound and damaging if left untreated (Son & Wilson, 2015), especially considering its spillover effect on other life domains (Tay et al., 2017). It is well-documented that financial strain results in adverse conditions and a lower psychological well-being level (Davis & Elgar, 2014; Martin, Grünendahl, & Martin, 2001). Financial strain may adversely influence single mothers' subjective well-being.

Table 1
Challenges Encountered by the Respondents
(n=120)

Challenges	WM	SD	Interpretation
Physical	1.85	0.45	Low
Financial	3.28	0.56	High
Social	2.55	0.49	Low
Emotional	2.56	0.49	Low
Overall Weighted Mean	2.56	0.58	Low

Legend: 3.41- 4.00 – Very High 1.81-2.60 – Low
2.61-3.40 – High 1.00-1.80 – Very Low

Table 2 presents the data on the level of support received by the respondents' families and health-care providers. The respondents received high support from their parents and health-care providers ($M=3.08$; $SD=0.05$). Single mothers may experience a high degree of stress and are at risk of suffering from emotional and mental difficulties compared to married mothers. The increased demands of single parenting can create emotional and psychological distress for the mother and place the single parent at risk of experiencing adjustment difficulties that can harm the child. Studies indicated that social support and self-efficacy could reduce parenting stress, moderate the negative effects of parents, and improve maternal behaviors (Hernandez, 2019).

Table 2
Level of Support Received by the Respondents
(n=120)

Level of Support	WM	StDev	QI
Family	3.04	0.45	High
Health Care Provider	3.11	0.41	High
Overall Weighted Mean	3.08	0.05	High

Legend: 3.41- 4.00 – Very High 1.81-2.60 – Low
2.61-3.40 – High 1.00-1.80 – Very Low

Table 3 presents the data to determine the newborn birth outcomes, including APGAR score and newborn weight, and the maternal outcomes, including length of labor and type of delivery.

APGAR Score. The table reveals that 64.17 percent of the newborns are assessed to have a very good APGAR score. This means that some of the newborns scored below the desirable APGAR score. Of the 120 newborns, 30 percent were assessed as fair, while 10 percent had poor APGAR scores. APGAR scoring is a quick assessment for a newly delivered baby within 1 to five minutes after birth to determine the newborn's physical condition. A score of 7, 8-9-10 is normal and signifies that the newborn is healthy. According to Cnattingius, Johansson, and Razaz (2020),

APGAR scores at 5 to 10 minutes provide prognostic information about neonatal survival across gestational age strata.

Newborns' Weight. The data revealed that 84.17 percent of the newborns have a normal weight, while 15.83 percent have high birth weight. Also, out of 120 newborns, no one weighed normally. Newborns weighing 8 pounds or larger are considered large babies. Bigger newborns are not always better regarding babies' weight, as their shoulders could be trapped in the mother's pelvic bones and damage the nerves in their neck or break their collarbones or arms (Menticoglou, 2018). Large or big babies may need help breathing and have abnormally thick heart muscles. Mothers with gestational diabetes often give birth to big babies.

Types of Delivery. The data showed that most mothers delivered through normal spontaneous delivery (NSDV), and 8.33 percent delivered through cesarean section. Of the 120 deliveries, five mothers suffered cephalopelvic disproportion (CPD). This implies that the five newborns had large heads to fit through the mother's pelvis. Hence, the five cesarean sections were due to CPD.

Table 3
Respondents' Birth Outcomes (n=120)

Birth Outcomes	Frequency	Percentage
<u>APGAR Score</u>		
Very Good	77	64.17
Fair	30	25.00
Very Poor	13	10.83
<u>Newborn's Weight</u>		
High Birth Weight	19	15.83
Normal Birth Weight	101	84.17
Low Birth Weight	-	-
<u>Length of Labor</u>		
Very Good	43	35.83
Good	62	51.67
Poor	15	12.50
<u>Type of Delivery</u>		
NSDV	105	87.50
CS	10	8.33
CS due to Complications	5	4.17

Significant Relationship between the Challenges Encountered and Birth Outcomes of Single Mothers

Table 4 shows the data that determined the significant relationship between the respondents' physical, financial, social, and emotional challenges and the newborn and maternal outcomes. The table revealed that most of the constructs of the challenges encountered and the birth outcomes showed no significant relationship. The p-computed is higher than 0.05. On the other hand, physical challenges affect the maternal outcomes as to the length of labor, financial challenges that influence newborn weight, and emotional difficulties related to emotional

challenges. Their p-values are below 0.05. The finding implies that certain factors significantly influence labor and delivery.

Financial Challenges and Newborn Weight. The r-value of 0.193 with a p-value of 0.03 implies a strong association between the two variables. This implies that when single mothers' financial status is affected, pregnant mothers cannot buy adequate, nutritious, and healthy foods for themselves and the developing baby. Maternal poor nutrition, inadequate diet in pregnancy, anemia, and illnesses during pregnancy were identified as the major causes of newborn low birth-weight.

Emotional Challenges and APGAR Score. The r-value of 0.185 with a p-value of 0.04 implies a significant relationship between the two variables. The emotional challenges single mothers encounter are a factor to consider in the Newborn APGAR score. Granat, Gadassi, Gilboa-Schechtman, and Feldman (2017) described how subtle micro-level processes by which maternal depression across the postpartum year disrupts the development of infant emotion regulation.

Table 4
Significant Relationship between the Challenges Encountered
and Birth Outcomes of Single Mothers

Variables	Test Statistics		Remarks
	r-value	p-value	
Challenges Encountered as to Physical and Birth Outcomes in Terms of:			
Apgar Score	0.072	0.435	Not Significant
Newborn's Weight	0.022	0.811	Not Significant
Length of Labor	0.199	0.03*	Significant
Type of Delivery	0.062	0.502	Not Significant
Challenges Encountered as to Financial and Birth Outcomes in Terms of:			
Apgar Score	0.038	0.684	Not Significant
Newborn's Weight	0.193	0.03*	Significant
Length of Labor	0.157	0.086	Not Significant
Type of Delivery	0.141	0.124	Not Significant
Challenges Encountered as to Social and Birth Outcomes in Terms of:			
Apgar Score	0.117	0.202	Not Significant
Newborn's Weight	0.037	0.686	Not Significant
Length of Labor	0.081	0.381	Not Significant
Type of Delivery	0.045	0.624	Not Significant
Challenges Encountered as to Emotional and Birth Outcomes in Terms of:			
Apgar Score	0.185	0.04*	Significant
Newborn's Weight	0.014	0.879	Not Significant
Length of Labor	0.004	0.961	Not Significant
Type of Delivery	0.026	0.778	Not Significant

Legend: 0.00- 0.01**- Highly Significant; 0.02-0.05* - Significant; above 0.05 Not Significant

Significant Relationship between the Level of Support and Birth Outcomes of Single Mothers

Table 5 presents the data that determined the significant relationship between the respondents' families and healthcare providers' support and their birth outcomes. The data revealed that the health-care providers' support did not influence their birth outcomes regarding the newborn APGAR score, newborns' weight, maternal outcomes regarding the length of labor, and the type of delivery. On the other hand, a significant relationship was found between family support and birth outcomes regarding the newborns' weight and the type of delivery.

An r value of 0.198 with a p -value of 0.03 signifies that the single parents' families greatly influenced their newborn's weight. The finding implies that families assume a crucial mediating role in providing support, protection, and opportunity to single pregnant mothers within their families. According to Shimpuku, Madeni, Horiuchi, Kubota, and Leshabari (2019), identifying a health facility for emergencies, family accompanying birth facilities, antenatal visits, and involvement of women in decision-making is a key factor for improving birth outcomes. Family support can be a factor that contributes to protecting maternal and child health. There is an association between family support and the circumstances of a pregnancy (Sámano, 2019).

Paternal involvement and birth outcomes have shown at least a moderate association level (Godbole et al., 2020). Low paternal support during pregnancy may be a missed opportunity to increase healthy practices during pregnancy and decrease the risks associated with limited social support during pregnancy. It is important to consider varying socio-cultural family dynamics in different populations and how they may influence paternal involvement during pregnancy (Godbole et al., 2020)

Table 5
Significant Relationship between the Level of Support and Birth Outcomes

Variables	Test Statistics		Remarks
	r-value	p-value	
Family Support Received by the Respondents and their Birth Outcomes as to:			
Apgar Score	0.157	0.087	Not Significant
Newborn's Weight	0.198	0.03*	Significant
Length of Labor	0.26	0.776	Not Significant
Type of Delivery	0.259	0.00**	Highly Significant
Health-Care Providers' Support Received by the Respondents and their Birth Outcomes as to :			
Apgar Score	0.063	0.491	Not Significant
Newborn's Weight	0.069	0.453	Not Significant
Length of Labor	0.123	0.179	Not Significant
Type of Delivery	0.043	0.642	Not Significant

Legend: 0.00- 0.01**- Highly Significant ; 0.02-0.05* - Significant ; above 0.05 Not Significant

IV. Conclusion

The study determined the challenges encountered, support received, and birth outcomes of single mothers. The following were the specific objectives of the study: (1) determine the challenges encountered by single mothers as physical, financial, social, and emotional challenges; (2) identify the level of support received by the respondents from their families and health-care providers; (3) determine the birth outcomes of newborns in terms of APGAR score, and maternal outcomes as to the length of labor and delivery; (4) explore the significant relationship between the challenges encountered by the respondents and their birth outcomes; and (5) explore the significant relationship between the level of support received by the respondents and their birth outcomes.

The study used a quantitative approach using the descriptive-correlational design. It was conducted in Dipolog City, particularly at Zanorte Medical Center and Corazon C. Aquino Memorial Hospital. One hundred twenty (120) single postpartum mothers participated in the study and were selected through a purposive and snowball technique. A researcher-made questionnaire was used to gather the data and information. It was tested for the validity of the data gathering tool. The data were analyzed using Frequency and Percentage, Mean and Standard Deviation, and Pearson's r Correlation Coefficient.

The following are the salient findings of the study:

1. The respondents encountered low physical, social, and emotional challenges. However, they claimed to experience a high level of financial challenges.
2. The respondents claimed to receive high support from their family and the healthcare workers.
3. Most of the newborns were found to have very good APGAR scores and normal birth weights. On the other hand, the mothers experienced a good to very good labor duration, primarily through normal spontaneous delivery.
4. There was a significant relationship between the respondents' physical challenges, the mothers' length of labor, financial challenges, and the newborns' birth weight and emotional challenges and their APGAR scores.
5. There was a significant relationship between the level of support received from the families and health-care providers, the newborns' APGAR scores, and the type of delivery.

V. Recommendations

The single mothers who participated in the study were healthy and well-being. They felt supported by their families and healthcare providers. They had a positive experience during labor and delivery. Their newborns were healthy and without complications or deformities.

The physical challenges encountered affect the length of labor. The respondents' financial capabilities greatly influence newborns' birth weight. Lastly, the emotional challenges encountered by the respondents affect newborn APGAR scores. On the other hand, the support from families and health-care providers greatly influences the newborns' birth weight and the type of delivery.

1. Health and mental health facilities must recognize the distress experienced by single mothers and understand the impact of financial difficulties on them. It is essential to consider the sources of help available to single parents, particularly help related to their mental health and financial conditions. A focus on mental health support for single parents in need may have an additional impact on children's adjustment and well-being growing up with single parents.
2. Health-care providers may build social support networks for single mothers to help them cope with the challenges. Skill-building programs and interventions may be implemented in future studies, specifically for single mothers focusing on self-improvement, developing confidence, and building social support in the community to help identify ways to manage stress and allow longevity and stability.
3. Lastly, another study may be conducted looking into the stigma experienced by single mothers and their coping mechanisms.

REFERENCES

- [1] Aggarwal, A., Dhaliwal, R. S., & Nobi, K. (2018). Impact of structural empowerment on organizational commitment: the mediating role of women's psychological empowerment. *Vision*, 22(3), 284-294. Retrieved on October 31, 2019 from <http://tiny.cc/b2ypmz>
- [2] Aiken, L. H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2018). Patient satisfaction with hospital care and nurses in England: an observational study. *BMJ open*, 8(1), e019189. Retrieved on October 31, 2019 from <http://tiny.cc/gzypmz>
- [3] Aiken, L. H., Sloane, D. M., Barnes, H., Cimiotti, J. P., Jarrín, O. F., & McHugh, M. D. (2018). Nurses' and patients' appraisals show patient safety in hospitals remains a concern. *Health Affairs*, 37(11), 1744-1751. Retrieved on October 31, 2019 from <http://tiny.cc/wvypmz>
- [4] Aksoy, M., Aksoy, A. N., Dostbil, A., Celik, M. G., & Ince, I. (2019). The relationship between fear of childbirth and women's knowledge about painless childbirth. *Obstetrics and gynecology international*, 2014.
- [5] Asti, T., Turan, N., Aydin, G. O., & Kaya, H. (2017). Nursing Care Technology and Patient Safety. Retrieved on October 31, 2019 from <http://tiny.cc/hz3cnz>

- [6] Avolio, B. J., & Bass, B. M. (Eds.). (2001). *Developing potential across a full range of Leadership Tm: Cases on transactional and transformational leadership*. Psychology Press. Retrieved on November 5, 2019 from <http://tiny.cc/u9xpmz>
- [7] Avolio, B. J., Bass, B. M., & Zhu, F. W. W. (2004). *Multifactor leadership questionnaire: manual and sampler set*. Mind Garden, Incorporated. Retrieved on November 5, 2019 from <http://tiny.cc/8fympz>
- [8] Bass, B. M. (1998). The ethics of transformational leadership. *Ethics, the heart of leadership*, 169-192. Retrieved on November 5, 2019 from <http://tiny.cc/39ypmz>
- [9] Bass, B. M., & Bass Bernard, M. (1985). *Leadership and performance beyond expectations*. Retrieved on November 5, 2019 from <http://tiny.cc/w5ypmz>
- [10] Bass, B. M., & Steidlmeier, P. (1999). Ethics, character, and authentic transformational leadership behavior. *The leadership quarterly*, 10(2), 181-217. Retrieved on November 5, 2019 from <http://tiny.cc/rfzpmz>
- [11] Bender, M., Williams, M., Su, W., & Hites, L. (2017). Refining and validating a conceptual model of Clinical Nurse Leader integrated care delivery. *Journal of Advanced Nursing*, 73(2), 448-464. Retrieved on October 31, 2019 from <http://tiny.cc/apzpmz>
- [12] Bennett, D. (2019). The relationship between leadership behaviors and commitment to organizational team in an academic institution. *International Journal of Education and Management Studies*, 9(2), 69-74. Retrieved on October 31, 2019 from <http://tiny.cc/ftzpmz>
- [13] Bercaw, R. G. (2013). *Lean leadership for healthcare: approaches to lean transformation*. CRC Press. Retrieved on October 31, 2019 from <http://tiny.cc/30zpmz>
- [14] Brown-Reid, J. P. (2018). *Cultural Backgrounds and Leadership Styles in the Virtual Work Environment* (Doctoral dissertation, Walden University). Retrieved on October 31, 2019 from <http://tiny.cc/65zpmz>
- [15] Chatterjee, R., Suy, R., Yen, Y., & Chhay, L. (2018). Literature Review on Leadership in Healthcare Management. *Journal of Social Science Studies*, 5(1), 38-47. Retrieved on November 7, 2019 from <http://tiny.cc/o9zpmz>
- [16] Clavo-Hall, J. A., Bender, M., & Harvath, T. A. (2018). Roles enacted by Clinical Nurse Leaders across the healthcare spectrum: A systematic literature review. *Journal of Professional Nursing*, 34(4), 259-268. Retrieved on October 31, 2019 from <http://tiny.cc/0b0pmz>
- [17] Cnattingius, S., Johansson, S., & Razaz, N. (2020). Apgar score and risk of neonatal death among preterm infants. *New England Journal of Medicine*, 383(1), 49-57. Retrieved on October 24, 2019 from <https://bit.ly/3bNtXQq>
- [18] Connolly, C., & Buggy, D. J. (2016). Opioids and tumour metastasis: does the choice of the anesthetic-analgesic technique influence outcome after cancer surgery?. *Current Opinion in Anesthesiology*, 29(4), 468-474. Retrieved on October 31, 2019 from <http://tiny.cc/sf0pmz>
- [19] Den Hartog, D. N., & Belschak, F. D. (2016). Leadership and employee proactivity. In *Proactivity at work* (pp. 429-451). Routledge. Retrieved on November 8, 2019 from <http://tiny.cc/in0pmz>
- [20] Devilata, T., & Swarna, S. (2015). Effectiveness of pre delivery preparation on anxiety among Primigravida mothers at maternal child health centr Tirupati, AP, India. *IOSR Journal of Nursing and Health Science*, 4(6), 19-24. Retrieved on November 12, 2029 from <https://bit.ly/3bKuaE3>
- [21] Doherty, J., Gilson, L., & Shung-King, M. (2018). Achievements and challenges in developing health leadership in South Africa: the experience of the Oliver Tambo Fellowship

- Programme 2008–2014. Health policy and planning, 33(suppl_2), ii50-ii64. Retrieved on October 31, 2019 from <http://tiny.cc/ur0pmz>
- [22] Farnese, M. L., & Livi, S. (2016). How reflexivity enhances organizational innovativeness: The mediation role of team support for innovation and individual commitment. *Knowledge Management Research & Practice*, 14(4), 525-536. Retrieved on October 31, 2019 from <http://tiny.cc/vt0pmz>
- [23] Frank, C., Davis, C. G., & Elgar, F. J. (2014). Financial strain, social capital, and perceived health during economic recession: a longitudinal survey in rural Canada. *Anxiety, Stress, & Coping*, 27(4), 422-438. Retrieved on October 30, 2019 from <https://bit.ly/38QIp8w>
- [24] Gilson, L., Barasa, E., Nxumalo, N., Cleary, S., Goudge, J., Molyneux, S., ...& Lehmann, U. (2017). Everyday resilience in district health systems: emerging insights from the front lines in Kenya and South Africa. *BMJ Global Health*, 2(2), e000224. Retrieved on November 8, 2019 from <http://tiny.cc/s70pmz>
- [25] Ginsburg, L. R., Chuang, Y. T., Blair Berta, W., Norton, P. G., Ng, P., Tregunno, D., & Richardson, J. (2010). The relationship between organizational leadership for safety and learning from patient safety events. *Health services research*, 45(3), 607-632. Retrieved on March 30, 2020 from <https://bit.ly/3ebZ4UH>
- [26] Godbole, N. B., Moberg, M. S., Patel, P., Kosambiya, J., Salihu, H. M., Campos, E. A., & Wilson, R. (2020). Paternal Involvement and Adverse Birth Outcomes in South Gujarat, India. *International Journal of Maternal and Child Health and AIDS*, 9(1), 161. Retrieved on November 12, 2020 from <https://bit.ly/38QAHEP>
- [27] Granat, A., Gadassi, R., Gilboa-Schechtman, E., & Feldman, R. (2017). Maternal depression and anxiety, social synchrony, and infant regulation of negative and positive emotions. *Emotion*, 17(1), 11. Retrieved on November 12, 2020 from <https://bit.ly/3qrV2ge>
- [28] Grossman, S., & Valiga, T. M. (2016). The new leadership challenge: Creating the future of nursing. FA Davis. Retrieved on November 8, 2019 from <http://tiny.cc/qa1pmz>
- [29] Henriksen, L., Grimsrud, E., Schei, B., Lukasse, M., & Bidens Study Group. (2017). Factors related to a negative birth experience—a mixed methods study. *Midwifery*, 51, 33-39. Retrieved on November 12, 2020 from <https://bit.ly/3bLp22p>
- [30] Hernandez, D. (2019). The Effects of Social Support and Self-Efficacy on Parenting Stress in Single Latino Mothers (Doctoral dissertation, The Chicago School of Professional Psychology). Retrieved on November 13, 2020 from <https://bit.ly/38PWQJI>
- [31] Ilsever, O. (2014). how relevant is transformational leadership to technology adoption and infusion in sales channels? *Business Studies Journal*, 6. Retrieved on October 31, 2019 from <http://tiny.cc/6c1pmz>
- [32] Klasen, S., Lechtenfeld, T., & Povel, F. (2015). A feminization of vulnerability? Female headship, poverty, and vulnerability in Thailand and Vietnam. *World Development*, 71, 36-53. Retrieved on November 12, 2020 from <https://bit.ly/2XOuGsw>