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Social Support Needs of African American Single Parent Women Residing in Atlanta

Tyneisha Douglas
Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Tyneisha Donsha Douglas

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Walden University

2022

Abstract

Social Support Needs of African American Single Parent Women Residing in Atlanta

by

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MSW, The University of Alabama, 2014

BSW, Jacksonville State University, 2012

Dissertation Submitted in Partial
Fulfillment of the Requirements for the
Degree of Doctor of Social Work

Walden University

February 2022

Abstract

Social workers may serve marginalized groups of people such as single parents who may face challenges and barriers to raising a healthy family. African American mothers are more likely to have adverse experiences with parenting without a partner or additional supportive primary caregiver than women in other racial groups. The purpose of this qualitative phenomenological study was to explore the mental health challenges that impact African American women who are single parents. Social cognitive theory provided the theoretical framework for the study. Data were collected from individual interviews with ten parents from daycare centers in the metropolitan Atlanta area that service preschool and prekindergarten-age children. Findings from coding and thematic analysis indicated that the level of engagement from family, peers, and the community influences the parenting process for single African American mothers. The participants felt a stigma attached to being women of color needing assistance with parenting. In turn, this caused a delay in seeking professional help to assist with the mental health challenges experienced by parenting independently. However, positive self-awareness and self-actualization among this population led to the practice of resiliency. This study may contribute to positive social change by enabling social workers to develop and facilitate supportive social programs that address the mental health needs of African American women who identify as single parents residing in the Atlanta metro area.

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Dedication

I dedicate this study to all of the single mothers out there who inspired me to complete this study. To all of the single mothers out there, your strength is unmatched. Keep shining; you may not see it now, but your hard work and dedication to your children will shine through for generations to come.

To my children, Taylor and Grayson, I dedicate this study to you. Because of you two, I had the strength and motivation to take this journey. All of the long nights and endless sacrifices were because of you two. Your entire existence has made me a better human being. The love that I have for you two kept me going on the many sleepless nights staying up trying to finish this study. I love you both; thank you, my sons.

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Last but not least, I want to dedicate this to my grandmother, Clemntine Davis, and my grandfather, Robert Fuqua, for always inspiring me and pushing me to be the very best version of myself. To my newest Angel Uncle Vester, thank you for always supporting me. Love your pumpkin. As all three of you watch me from above, I hope that I continue to make you proud. This is only the beginning.

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Table of Contents

List of Tables	iv
Section 1: Foundation of the Study and Literature Review	1
Background	2
Problem Statement	3
Purpose Statement and Research Questions	5
Definition of Terms.....	6
Nature of the Doctoral Project	6
Significance of the Study	7
Theoretical Framework.....	8
Values and Ethics.....	9
Review of the Professional and Academic Literature.....	10
Literature Search Strategies	11
Single Parenting	11
Kinship.....	12
Parenting Stress and Social Support	14
Maternal Depression and Mental Health	15
African American Single Mothers and Maternal Depression.....	17
Limitations	17
Summary	18
Section 2: Research Design and Data Collection	20
Research Design.....	21

Methodology	21
Participants.....	22
Instrumentation	23
Data Analysis	25
Ethical Procedures	26
Summary	28
Section 3: Presentation of the Findings	29
Data Analysis Techniques.....	29
Sampling and Sample Characteristics.....	31
Data Collection Procedures.....	33
Data Analysis and Coding	34
Categories and Themes	35
Validity of Study.....	38
Credibility and Trustworthiness.....	38
Dependability and Confirmability	40
Limitations	41
Findings.....	42
Research Question 1	43
Research Question 2	45
Research Question 3	49
Research Question 4	53
Summary.....	57

Section 4: Application to Professional Practice and Implications for Social

Change	58
Application to Professional Ethics in Social Work Practice.....	61
Recommendations for Social Work Practice	63
Action Steps	64
Personal Practice	65
Transferability.....	66
Usefulness	66
Limitations	67
Recommendations for Further Research.....	68
Dissemination of Research Findings	68
Implications for Social Change.....	69
Summary	70
References	72
Appendix A: Recruitment Flyer.....	82
Appendix B: Multidimensional Scale of Perceived Social Support	83
Appendix C: Interview Questions.....	86

List of Tables

Table 1. Sample Characteristics.....	33
Table 2. Code Frequency	37
Table 3. Categories to Themes.....	38

Section 1: Foundation of the Study and Literature Review

Family dynamics today often look quite different than they did a century or even 50 years ago. The classic nuclear family structure that society has held as the blueprint of how a family should look is not consistent with the current familial structures provided in the data (Prince, 2016). Specifically, single-parent homes have slowly been on the rise. In 2005, 32% of children in the United States lived in single-parent homes (Kids Count Data Center, 2020). However, data showed that in 2018, 35% of children in the United States lived in single-parent homes (Kids Count Data Center, 2020).

In today's culture, single parenting often carries a stigma that includes negative concepts, perspectives, and ideas about parents who must parent their child or children independently. In a study by Valiquette-Tessier et al. (2016), participants disclosed that they had negative perceptions regarding single parenting based on their family structure status. The study concluded that members of society often view single mothers as less sufficient, less intelligent, less reputable, and less economically/financially stable than mothers who are married. These negative perceptions along with the barriers and challenges that single parents face may play a vital role in the mental health of these types of parents, especially when it comes to African American single mothers.

Bodnar-Deren et al. (2017) found that out of 130 participants, 12% of African American single mothers scored positive for depression after becoming a parent, and 21% of African American single mothers reported having a history of depression before becoming a single parent. The current study was conducted to gain an understanding of the social support needs of African American single mothers in relation to their mental

health. Section 1 includes the background, problem statement, purpose, nature, significance, theoretical framework, consideration of ethics, and literature review.

Background

According to the United States Census Bureau (2020), approximately 7.7 million households contained mothers and child(ren) only in 2019. Although it is more likely for single-parent households to be headed by women, African American women are more likely to parent children independently in comparison to other races of women (Barnhart & Maguire-Jack, 2016; Taraban et. al, 2019). Subsequently, there is a disproportionate rate of African American single-parent homes led by women (Prince, 2016). Twenty-three percent of single-parent homes are led by African American women, which shows that there is an increasing trend of this type of household makeup in the United States in the last 5 years (Prince, 2016).

Several studies have addressed the socioeconomic disadvantages of single-parent households, especially among households led by minorities. There is sufficient evidence that supports the claim that single-parent households including minorities tend to be more financially and economically unstable than two-parent households (Nieuwenhuis & Maldonado, 2018). However, few studies focused on maternal depression that is associated with the correlation of single parenting and social support. Research indicated that single-parent households can become as stable as other households if there are more protective factors than risk factors (Conger, 2017). Concerning African American single-parent households, there is a need for further understanding of how this family dynamic functions when there are many potential barriers or challenges. In the current study, the

focus was understanding how the well-being and functional status of African American single mother-headed households are shaped when depression is present, and there is an absence of perceived social support.

Problem Statement

Single parents may face many challenges and barriers to raising a healthy family while parenting alone. These challenges and barriers can prevent single mothers from achieving overall well-being and increase their chances of experiencing high-risk factors such as mental health challenges or inability to engage in positive self-care (Taylor & Conger, 2017). African American single mothers are a part of a vulnerable and marginalized population, which makes them more likely to have an adverse experience while single parenting than other women belonging to other races and ethnicities who also identify as single parents (Atkins, 2017). Barnhart and Maguire-Jack (2016) conducted a study among African American, White, and Hispanic single mothers and found that African American single mothers reported maternal depression and parenting stress at a higher rate than the other research participants. Furthermore, African American single mothers are more likely to reside in higher populated areas, receive lower wages, lack financial stability, and lack higher education, and are less likely to have an abundance of resources to assist them throughout their independent parenting journey (Royal et al., 2017).

Also, African American women who identify as single parents have a greater risk of encountering adverse challenges such as poverty, homelessness, economical stressors, and health issues compared to other races (Anton et al., 2015). Consequently, African

American women experience higher rates of psychological distress, anxiety disorders, and other mental health disorders than any other race (Rousou et al., 2016). Recent studies showed that 70% of African American women who identify as single mothers reported experiencing depressive symptoms (Atkins, 2017).

African American single mothers tend to carry a burden that comes with demanding and onerous responsibilities and duties that can be difficult to process alone (Atkins, 2017). This population endures many challenges while attempting to parent their children and take care of themselves individually. African American women who identify as single mothers have an undue burden that causes them to be stigmatized by society, which can be difficult to cope with (Barr & Caruso-Mcevoy, 2018). This type of stigma can play a part in the deterioration or disruption of positive mental health (Rousou et al., 2016) along with the other negative consequences that come with single parenting.

In the state of Georgia, 64% of Black or African American children live in single-parent homes (Kids Count Data Center, 2020). Specifically, there are 43% of children living in single-parent homes in Fulton County, where the county seat is the city of Atlanta (County Health Rankings & Roadmaps, 2018). For the current study, the social issue of concern was the negative mental health impact of single parenting among African American women age 21–41 who reside in the metropolitan Atlanta area (see Royal et al., 2017). Without the assistance of social support programs provided by social workers that address mental health challenges related to single motherhood in the African American community, several risk factors can manifest into intractable barriers that can be difficult to overcome (Stack & Meredith, 2018).

Purpose Statement and Research Questions

The purpose of this phenomenological study was to explore the mental health challenges that impact African American single mothers age 21–41 in the metropolitan Atlanta area. This study may contribute to social change by enabling social workers to develop and facilitate supportive social programs that address the mental health needs of African American women who identify as single parents residing in the Atlanta area. African American single mothers are a part of a group of parents with a nontraditional family dynamic. This family dynamic is often misjudged, misrepresented statistically, and perceived in society as a negative family structure without consideration of the elements and stressors that single parenting may cause (Stack & Meredith, 2018). Royal et al. (2017) presented evidence that African American single-family households have been represented in society as deficient rather than resilient. Royal et al. also concluded that African American single mothers who lack adequate social support feel insufficient or express mental health challenges such as depression. It was important to explore the perceptions of members of this group and fairly represent them and their needs in research. The following research questions (RQs) were used for the study:

RQ1: Do African American female single parents age 21–41 residing in the Atlanta metro area have social support to assist with parenting?

RQ2: If no perceived social support is reported, what do African American female single parents age 21–41 residing in the Atlanta metro area perceive as barriers to accessing social supports?

RQ3: What are the mental health challenges that single African American women age 21–41 residing in the Atlanta metro area experience due to parenting?

RQ4: What do African American single mothers age 21–41 residing in the Atlanta metro area perceive as barriers to accessing mental health services?

Definition of Terms

Maternal depression: A serious mental illness that negatively impacts the psychosocial functioning and overall well-being of women who have birthed a child or children (Atkins, 2017).

Single parent: A family unit in which a single parent is providing parenting to a child or children without the other parent, sometimes a strongly gendered parental unit (Nieuwenhuis & Maldonado, 2018).

Social Support: The psychological and material resources provided by having relationships with others that enhance or contribute to an individual's coping skills and ability to manage stressors (Cherry, 2020; Williams, 2016).

Nature of the Doctoral Project

The nature of this study was a phenomenological qualitative research approach that aimed at understanding the phenomenon of single parenthood in minority households, specifically African American households. This study focused on exploring the real-life experiences of African American single mothers. Qualitative methodology was the focus of this study as I examine the experiences of the target population through individual interviews with participants. The results from this qualitative study may address the gap in the literature in understanding how the lack of social support affects

African American single mothers who experience mental health challenges such as depression, anxiety, and undue stress. Data for this study included interviews with African American single mothers residing in the Atlanta metro area. The data for the study came from the responses obtained from individual interviews with each participant. Data also came from the demographic surveys and responses from the Multidimensional Scale of Perceived Social Support Scale that participants completed before the interviews.

Conducting a phenomenological study was the best approach for this study due to the importance of needing to understand the firsthand experiences of African American single mothers to better understand and address the needs of this population. Within a phenomenological study, it is important to understand how the subjects of the study experience living in the world and how certain characteristics of their life impact how they experience their lives within the world (Carl & Ravitch, 2016).

Significance of the Study

The findings of this study may contribute new knowledge to address the gap in research regarding the social support needs of single African American mothers who reside in a metropolitan area of Atlanta, Georgia. Because of the significance of ethnicity regarding family structure and familial success, it was important to focus on the needs of African American single mothers. The results of this study may help community social workers better address the challenges and needs that single African American mothers face in parenting their children. More specifically, this study focused on how the mental health of the targeted population is affected when there are barriers to receiving support.

Findings in the study may be used to equip social workers with the knowledge to address the challenges within this community and bring awareness to the unique needs of this target population.

Theoretical Framework

Social cognitive theory was the theoretical framework that was most appropriate for this target population because it focuses on concepts such as reciprocal determinism, observational learning, self-efficacy, positive reinforcements, and goal-setting agendas (see Bandura, 2007). This framework supports the theory that African American single mothers can change their perspectives, thoughts, feelings, and behaviors due to positive reinforcement from their environment (Cherry, 2018). Using this theory enabled me to build on the understanding of how African American single mothers can be agents of change and responders to change when it comes to identifying needs and working toward meeting those needs through the means of social support (see Plow & Chang, 2018).

Bandura (2007) coined the term *social cognitive theory*. However, social cognitive theory had previously been referred to as social learning theory. In 1959, Bandura and Walters (as cited in Grusec, 1994) published a book with concepts and principles that led to the social learning theory being officially coined by Bandura in 1977. Bandura (2007, as cited in Grusec, 1994) rebranded his theory as social cognitive theory due to his take on self-efficacy and similar concepts. Bandura's self-efficacy theory also correlated with the current study because this theory focuses on an individual's belief in themselves (Ramsey, 2019). Sources of the self-efficacy theory suggested that external support from an individual's environment such as psychological

arousal and verbal encouragement can shape an individual's belief in their success (Ramsey, 2019). Additionally, concepts from Bronfenbrenner's ecological systems theory explore human development that takes place through the process of an individual and their interaction with the environment over time (Dunst, 2011). Bronfenbrenner's theory suggests that an individual's development is affected by every element in the individual's environment (Tudge et al., 2016). The ability to thrive and develop successfully requires having positive factors stimulating the individual's environment for the best outcome. The self-efficacy and ecological systems theories aligned with the social cognitive theory provided the core concepts of the current study.

Values and Ethics

Due to the sensitive nature of the study, safeguards were put in place to ensure that all research participants were protected and free from harm due to participating in this study. Potential barriers included difficulty recruiting research participants to provide adequate data to be contributed to the study. Because of the sensitivity of discussing two stigmatized concepts such as mental health and single parenting, I was concerned that participants may not be transparent and forthcoming during the interview process. To address these challenges, I provided research participants with informed consent, knowledge of what the interviews would entail before they took place, and an explanation of how participants' identities and experiences would be protected by the Health Insurance Portability and Accountability Act. Also, it was important to create an environment for the interview site that ensured confidentiality and comfort for all research participants. The validity of the study was rooted in the integrity of how the data

were collected and presented. It was especially important that data would not be misinterpreted by bias or misplaced subjectivity. I upheld the standard, values, and professional expectations of the National Association of Social Workers (NASW) Code of Ethics.

Review of the Professional and Academic Literature

African American single mothers who take on the role of single parenting face many challenges and barriers. These barriers and challenges have many variables that correlate with each other, which is why it was important to examine the relationships between these different variables for this study. To thoroughly review the literature, I explored the concepts and variables of kinship, social support, parenting stress, and maternal depression that can result from the strain of single parenting.

Royal et al. (2017) provided insight on the correlation between parental stress and social support in African American single-mother households and how this impacted their children's well-being. Their study also highlighted how social support and positive reinforcements are needed to cope successfully with single parenting. Massey's (2015) work aligned with the current study's methodology of interviewing participants belonging to the target population individually to reflect on their real-life experiences. Throughout this literature review, I explored other studies that were relevant to the concepts and variables and were correlated to the ones addressed in this study. Most studies that had been conducted on single parenting focused on how single parenting affects the child's well-being. However, in the current study, I focused on the impact of single parenting on African American single mothers.

Literature Search Strategies

The keywords that were used to search for the appropriate literature for this study were *single parenting*, *African American mothers*, *maternal stress*, *maternal depression*, *mental health*, and *parental support*. The databases that were used in this study to retrieve appropriate empirical literature were the following: Research Gate, Science Direct, SAGE Journals, Kids Count Data Center, and Walden University's Thoreau multi-database search. These keywords, terms, and databases helped with creating a foundation for this study's literature review.

Single Parenting

Single parenting is not a new theme of parenting structures within households and is not a new theme for households within the African American community. African American single mothers are more likely to provide care for children alone than any other race (Elliott et al., 2015). African American women surpass other races with having the highest rates of children born to unmarried or single mothers (Dlugonski et al., 2017). African American mothers are also more likely to raise their children in poverty with minimum social support (Elliott et al., 2015). However, some studies showed that in African American families, single mothers can have a strong family structure if there are strong kinship bonds that contribute to social support (Royal et al., 2017).

Furthermore, single parenthood is a common risk factor for depression, stress, and other psychological disorders (Liang et al., 2019). Assuming dual roles for a single mother is a daunting, demanding, and complex task. Multiple studies have indicated that children and caregivers in a two-parent home have better health and psychological

outcomes than children and caregivers living in single-parent households (Berryhill & Durtschi, 2017). Single mothers are also more likely to be impoverished than any other parental unit and experience psychological and economic reactions to the demands and responsibilities of parenting than other familial structures (Barnhart & Maguire-Jack, 2016; Berryhill & Durtschi, 2017). When the role of single parenting is not addressed and supported adequately, it can lead to negative outcomes for not only the children in one-parent households but also for the parent who is providing care alone (Atkins et al., 2019).

African American single mothers are a vulnerable population because of race and other disadvantages that may work against them such as lower class status, economic hardship, less access to resources, and higher rates of maternal depression (Taylor & Conger, 2017). The family stress model created by Burr (1973) indicated that single-headed families are impacted by the stress and demand that they are experiencing (Smith & Landor, 2018). Although single parenting can involve a high level of stress and demands, single parenting can create positive outcomes for the parent/caregiver and child (Liao, Wei, & Yin, 2020). Single parenting can be shaped positively or negatively by the amount of kinship support parents receive, the available social support, and the role of stress and mental health management.

Kinship

In the current study, it was important to examine the role of kinship in single-parent households headed by African American mothers. Informal and formal care and support provided by extended family and nonrelated individuals are essential components

that make up the kinship network (Gleeson et al., 2016). Kinship can also be seen in the form of children living in the care of their grandparents or other relatives or foster care situations. However, in the current study, kinship was defined as care/support provided to single mothers who are raising children without the support of a partner or other parent in the home. Kinship creates better access to meet family needs. According to Gleeson et al. (2016), the definition of kinship support includes access to emotional, physical, economic, and other resources such as transportation from close relatives, extended family, and peer support. Research suggested that kinship relationships among single-parent families can buffer the negative and unintended consequences of single parenting (Lin et al., 2018).

Kinship is a cultural norm within the African American community. This type of support provides positive outcomes for a single parenting household as high levels of social support increase the overall well-being of single parents and decrease risk factors that can damage the family structure (Jackson & Preston, 2019). The historical significance of kinship among African American families stems from the horrific days of slavery (Labella, 2018). The interrelated concepts of slavery among Black people have left a long trail of pain, trauma, and brokenness. However, community and kinship have provoked unity and belongingness among the African American community. Strong kinship bonds provide support that positively impacts the way African American single-parent families' function (Jackson & Preston, 2019). This is part of the foundation of the sense of kinship among African American families.

Parenting Stress and Social Support

A person's stress level can be triggered by significant life-changing events; however, when a person is faced with managing multiple roles to single parent a child, the stress is magnified. Caregiving demands can often lead to social isolation, which can further increase parental stress (Lin et al., 2018). Research confirmed that parenting stress can be influential in the outcomes of raising children alone (McKee, Faro, O'Leary, Spratt, & Jones, 2015). The most recent literature indicated that parental stress is a strong moderator in the behavioral outcomes of children living in single-parent homes led by women (Royal et al., 2017).

Parenting stress and social support are two variables that often run parallel to each other when addressing parenting experiences whether negative or positive. Barnhart and Maguire-Jack (2016) described parenting stress as being causally related to parental responsibilities and the pressures of caregiving outweighing the available resources and support for that parent. According to Gleeson et al. (2016), parenting stress can be perceived as a negative impact on the capacity of parenting that is provided by single parents, especially single mothers. Stress induced by the demands and collective impact of daily caregiving can be taxing on the well-being of the parent. African American single mothers are more likely to experience parental stress than any other race of women who are parenting without a partner or secondary caregiver (Anton et al., 2015; Brown et al., 2018; Kotchick et al., 2005).

Gleeson et al. (2016) used a 12-item inventory scale (Parenting Distress Subscale) to assess the extent of stressful experiences that African American mothers have while

filling the role of parenting independently. Gleeson et al. included the Family Support Scale with 18 items and asked their participants to rate the level and type of support that they received from their informal or formal social network. Their results indicated a direct correlation between caregiver stress and social support. Where there was higher caregiver stress reported, there also was lower social support reported.

Individuality is important and celebrated, but when it comes to single-parent households, external social support is necessary for familial stability and success (Royal et al., 2017). The literature presented strong and consistent associations between the lack of support from extended family, community outreach programs, or other social support components and a poor parenting experience for single mothers, especially African American single mothers (Anton et al., 2015). Social support serves as a buffer for African American single mothers who may be experiencing exacerbated maternal psychological distress due to the sole responsibility of raising a child without the other parental unit. The functionality of African American single-parent households can thrive when met with unwavering social support, no matter whether that support is formal or informal (Damaske et al., 2017). Studies showed that a lack of social support for single parents can lead to increased social withdrawal, extreme loneliness, substance abuse, depression, or suicide (Cherry, 2020). Accessing social support for African American single mothers could mean that effective and positive parenting is much more attainable.

Maternal Depression and Mental Health

Kinship and social support are concepts that are associated with single mothers having greater optimism and lower depression in comparison to single mothers who do

not have either form of support (Lin et al., 2018). Some studies have shown that single mothers are likely to experience and display higher levels of emotion dysregulation and higher levels of externalizing problems that most likely result in depression and other psychological disorders (Berryhill & Durtschi, 2017). The idea of paternal stress having a direct impact on the mental and physical functioning of a single parent is not an exaggerated concept to fathom (Soffer-Elnekave, Haight, & Jader, 2020). Recent data indicated that 73% of low-income single mothers experience maternal depression due to their responsibilities of parenting a child or children (Atkins et al., 2019).

Furthermore, depression is a serious mental health illness that negatively affects the psychological functioning of an individual. Depression can also seriously impact the well-being and quality of life of an individual. Maternal depression is caused when a mother experiences depression as a parent due to parental responsibilities (Delaney, 2017). Johnson and Padilla (2019) identified depression as a continuous variable when examining maternal stress among mothers with less social support. Single mothers who may have experienced depression before becoming mothers are at a higher risk of experiencing depressive symptoms or being diagnosed with depression after giving birth (Bullock, 2020). However, Johnson and Padilla found that only 38% of mothers who reported being depressed received treatment. Stigmatism or a lack of access to treatment could be some of the reasons why single mothers do not receive the treatment that is necessary to address the symptoms and cause of depression. Regardless of the reason why single parents do not seek help for maternal depression, it is imperative that their depression be addressed for the best parenting experience.

African American Single Mothers and Maternal Depression

There are many different views of how African American single mothers perceive maternal depression and how self-efficacy can be a protective factor. Poor psychological functioning affects minority single-mother households in comparison to other races.

Taylor and Conger (2017) found that interventions such as peer support groups, cognitive behavioral therapy, and other social support programs may significantly lower the rate of maternal depression for African American single mothers. Maternal depression among African American single mothers may look different in comparison to other single mothers' experiences. Barnhart and Maguire-Jack (2016) offered the perspective that maternal depression among African American single mothers can be adequately acknowledged and supported if social cohesion can be met. In 2005, Kotchick et al. found that African American single mothers from New Orleans reported feeling that if they had better psychological functioning they could maximize effective parenting. This conclusion supports the idea that poor perception of self as a parent due to the impact of maternal depression can also lead to limited fulfillment with parenting.

Limitations

As I collected and reviewed the literature, it became apparent that there were some research gaps when it came to exploring and understanding the social support and mental health needs of African American single mothers. The impact of inadequate social support among African American single mothers had been underexplored. There was limited literature that explored the perceived mental health challenges that African American single mothers face due to parenting independently of any other parental unit.

This could be due to the sensitivity of the discussion of mental health among study participants. However, depression was the targeted mental health issue in the literature despite depression being among many other mental health challenges that mothers could face due to the strain of single parenting. Also, most of the literature did not focus solely on mental health and social support as mutually inclusive concepts when exploring the needs of African American single mothers.

Among the studies that explored the needs of African American single mothers, the focus was low-income participants, who did not include the experiences of single motherhood among middle-class or higher-class African American single mothers. In much of the literature explored, the perceived barriers for accessing social support among this population were not examined; therefore, individual experiences could not be accounted for. Lastly, there was no research available that discussed the role of social support among African American single mothers residing in Atlanta, Georgia.

Summary

For different backgrounds, single parenting can be challenging but rewarding. The transition to parenthood can be a challenge for any parent; however, single parenting can carry a much more difficult and complex set of challenges. Social support is an important protective factor that fosters positive parenting. With an adequate amount of social support and a level of social cohesion, single parenting can have many more protective factors that outweigh risk factors. African American single mothers who have more confidence in the familial and social support that is available to them have better coping

strategies to deal with single parenting and have a more positive parenting experience with their children (Taylor & Conger, 2017).

Understanding how the concepts of social support, kinship, parental stress, and mental health shape single parenting experiences for African American single mothers was the phenomenon explored in the current study. There was a need for further research to explore the experiences of African American single mothers and how it impacts the person and not only the household. This study addressed the gap in research regarding the social support needs concerning the mental health of single African American mothers. Section 1 provided the background, framework, and nature of the study. The methodology is explained in further detail in Section 2.

Section 2: Research Design and Data Collection

As the makeup of family units evolves, so do the needs and demands of having a functional and stable family unit. Single-parent families continue to be one of the most compelling and intriguing familial units to study and understand (Williams, 2021). The rise in single parenthood among African American families, predominantly with mothers leading the homes, is a phenomenon that has been studied for several decades (Corley, 2016). Single parenthood in African American households can look different in comparison to other single-parent households and holds a certain level of responsibility to study and understand. African American households face many social inequalities and disparities. These disparities that impact the nuclear family unit are amplified as applied to African American single-mother-led homes (Berryhill & Durtschi, 2017).

It is evident that African American single mothers may find themselves in need of informal and formal social support to address the challenges and complexities of single parenting. I sought to understand the perceived social support and mental health needs of African American single-parent mothers who reside in Atlanta, Georgia to determine their perceived barriers to receiving social support. The existing literature lacked the understanding of how these factors intersect to impact African American single-parent homes that are led by mothers.

In Section 1, the purpose, nature of the study, and current literature were examined. In Section 2, I discuss how the research was conducted and how the data were collected. The research design is explained as well as the rationale for the research design. I also discuss the strategy that was used to recruit participants for the study. The

instrumentation and data analysis are discussed, and the ethical procedures utilized for the protection of study participants are clarified.

Research Design

The research design for this study was a phenomenological qualitative approach. This study focused on exploring the real-life experiences of African American single mothers. Qualitative methodology helped me support the focus of this study by examining the experiences of the target population. In qualitative research, it is important to advocate for vulnerable populations through understanding and calling explicit attention to the social problem at hand that impacts this population (Shaw & Holland, 2014). The results from the current study may help address the gap in the literature in understanding how a lack of social support affects African American single mothers who may also experience mental health challenges.

Methodology

Qualitative methodology helped me support the focus of this study by examining the experiences of the target population. Qualitative research is conducted to make sense of people's experiences and the meaning of those experiences (Carl & Ravitch, 2016). This study focused on exploring the real-life experiences of African American single mothers; therefore, the appropriate research design for this study was qualitative. For this study, it was important to document and understand the experiences of African American single mothers. Participants for this study were not recruited at random but were purposively sampled.

Participants

Due to the disproportionate rate of African American single-parent homes led by women, it was important to recruit African American women who identified as single parents (see Prince, 2016). I recruited 10 participants who were parents of pre-kindergarten-age children (0–5 years) who resided in the metropolitan Atlanta area. For recruitment, I received permission from partner organizations to distribute flyers at two daycares in the Atlanta metro area. The two local daycares were contacted via email and asked to distribute recruitment flyers to parents who had children 0–5 years old. Participant recruitment was coordinated in a matter that was noncoercive because I gave the invitation flyer to the contacts at the daycare centers to distribute to parents instead of giving out the research interview recruitment flyers directly to parents.

Research participants were also recruited through solicited outreach at two reputable state and national social work organizations: Georgia Social Work Network and Black Therapists Rock to ensure that there would be a sufficient sample size for the study. Due to COVID-19, there were some barriers to making face-to-face contact for recruitment, so the methods of communication were email outreach (with consent) to contact potential research participants interested in taking part in the study. I provided an electronic flyer was provided via email to founders and organizers of the Georgia Social Work Network and Black Therapists Rock organization. The flyers were then posted to the organizations' social media pages for recruitment. Because the only role of the partner organizations was to post or distribute the recruitment flyer/invitation, there was no need for letters of cooperation for this study.

I did not screen participants, but I did ensure that all participants who responded to the invitation flyer met the inclusion requirements for the study. Carl and Ravitch (2016) defined purposive sampling as a purposeful type of sampling that involves choosing participants for strategic reasons in relation to a research question. Purposive sampling can produce the most useful and appropriate results for the study due to the participants being strategically chosen (Campbell et al., 2020). Purposive sampling was the chosen type of sampling method to recruit participants for this study because of the unique population that was being studied. This type of sampling allowed me to select participants who had shared experiences of single parenting in the African American community with young children ages 0–5 years without the assistance of another parent or partner.

Instrumentation

In this qualitative study, I adopted a naturalistic engagement perspective and sought to learn from the experiences of others throughout the data collection process. In qualitative research, researchers seek to understand the meaning of experiences of a certain group of people (Carl & Ravitch, 2016). Therefore, my role as the researcher in the current study was to be the primary instrument by conducting interviews with research participants to learn about their experiences of single parenting. Aside from partnering with two local daycares and two reputable organizations for recruitment purposes, I was the instrument for this study. Many participants voluntarily contacted me via email to participate in the study in response to recruitment flyers that they had seen at the partnering locations. Once I screened the participants to determine whether they met

the study's requirements, the participants were sent a consent form via email. In the body of the email, the participants consented to participate by clicking continue, which was hyperlinked to the demographic survey that was required for all participants to complete. Consent was further explained during the discussion of ethical procedures. Once the participants finished the demographic survey, they completed the Multidimensional Scale of Perceived Social Support Scale (MSPSS).

The MSPSS was an instrument used for this study to capture the responses of each participant as a segue to the interviews that were conducted. The MSPSS was developed in 1988 by Zimet et al., and the researchers were interested in creating an instrument to assess the social support perceived by individuals who may or may not have meaningful relationships with family, friends, or significant others. The MSPSS is a 12-item questionnaire that has scale-based responses that measure the level of social support that is perceived by an individual (Ngamake et al., 2014). The test-retest reliability has been demonstrated because this instrument has been used for almost 40 years.

Once the MSPSS was completed, I was notified through the Google platform that the participant had completed the preinterview materials. At this point in the data collection process, participants who completed the preinterview materials were emailed a request to state their availability for scheduling so that the individual interviews could be conducted. After the participants provided their availability to me, interviews were scheduled. Due to the COVID-19 pandemic, interviews were offered online and conducted through the Zoom platform. All participants were made aware at the time of

consent that they had to have access to the internet, which was also emphasized during the recruitment process. The consent for video recording was obtained in addition to participation consent forms for each study participant. Semistructured, 45–60-minute interviews entailed 12 guided and open-ended questions to maintain organization throughout the interviews (see Appendix D).

Data Analysis

Data analysis can be described as making sense of the data that has been collected (Carl & Ravitch, 2016). During the current study, my main role was to be the instrument for the study; however, my role was to collect the data and code data, interpret the data, and present the results. The data for the study came from the responses obtained from the individual interviews with each study participant. Some note-taking was used for data recording purposes for post-interview use throughout the interviews. Interviews were audio-recorded through the Zoom platform so that data could be transcribed. All audio recordings were transcribed through the Otter transcription online platform. The transcription of data was necessary to review, organize, and store the data for analysis. Coding the data in this qualitative research study helped me identify themes and concepts from the participants' responses. NVivo Windows (Academic) version was used for the storage and management of data for this study. I also manually coded to produce better-suited categories and themes to answer the research questions.

Every research study needs to have standards of credibility, transferability, dependability, and confirmability. To ensure that this research would be credible, I ensured that member checking was included in the data analysis process. Research

participants were given the opportunity to validate their responses and check for any discrepancies in their responses after the interviews were conducted and transcribed. Participants were allowed to speak with me one more time after the interview to hear what I noted and to share their feedback. This form of member checking took 10–30 minutes after transcription with each participant.

The transferability for this study can be seen through the data being presented in a descriptive manner, which can also be described as thick description (see Carl & Ravitch, 2016). I conducted direct, in-depth interviews with each participant. There were demographic surveys that were completed before interviews were conducted. The dependability of this study was shown by me making sure that the interview questions were constructed to answer the research questions that aligned with the purpose of the study. I made sure that the participants' experiences were represented in the data without bias or prejudice. These practices ensured confirmability within the study.

Ethical Procedures

I made certain that the study was ethically conducted, and all participants were fully protected throughout this process. I used strategies to protect the rights and welfare of research participants because their population was considered vulnerable. Informed consent was obtained, and participatory rights were thoroughly explained. Participants were given the right to withdraw from the study at any time. The request to be granted access to copies of all information collected up until the point of withdrawal was permitted. All consent forms were well written and clearly presented so that they would be understood. Informed consent forms were delivered electronically through the Google

mail platform that manages electronic communication securely. Only I had access to surveys and questionnaires completed online because the results transferred directly to my email, which was encrypted and password protected. This level of protection was communicated to research participants at the time that the informed consent was presented.

Along with the consent form, I included local mental health counseling information as resources if any psychological distress was experienced by participants due to their participation in the study. To minimize any psychological distress, I provided participants with sample questions in the informed consent form to give them an idea of what questions would be asked before the interview took place. I felt this was important because there could have been sensitive questions surrounding the participants' past or present parenting experiences and challenges.

I protected the privacy and confidentiality of the participants by not using their names throughout the study when presenting data. Pseudonyms were established at the transcription stage to protect participants' identities and ensure participants' confidentiality. In addition to creating pseudonyms, I did not disclose the identities of daycare centers that participated in the study or any other information about the study. I did not disclose any identifying information about partner organizations. The results of this study will not be shared with any other partner organization.

I ensured that interviews took place in a private, secure location via Zoom for privacy and confidentiality purposes. I was also in a private, secure location when Zoom interviews were conducted. Participants were allowed to skip any questions that they did

not feel comfortable answering. Also, participants were given the option to withdraw their responses after the interview if they chose to change their minds about their participation. Electronic data were stored in a computer file that included password security features, and only I had access to the file. Written data were filed in two locked cabinets that only I had access to.

Due to the COVID-19 pandemic, conducting the interviews via Zoom was necessary to ensure the comfort and safety of research participants throughout the data collection stage. I made sure participants were comfortable with sharing personal information by building rapport and clearly communicating my role as the researcher. Lastly, I offered incentives for participants; \$10 Walmart gift cards were provided via email after the interview to each study participant. Participants were told that they would be notified after the findings were completed and published for public view.

Summary

In this section, the research design and the methods were presented that would be used to answer the research questions. Section 1 provided the foundation of the study, and Section 2 provides the structure of the study. The methodology, instrumentation, participants, and purpose of choosing the participants were explained. The data analysis plan was presented, and the ethical measures were taken to protect the data and participants were clarified. Section 3 presents the findings of the study.

Section 3: Presentation of the Findings

The purpose of this phenomenological qualitative study was to explore the mental health challenges that impact African American single mothers age 21–41 in the metropolitan Atlanta area. In this study, I also considered the role that social support plays in the daily lives of African American single mothers and how it impacts their mental health. In Section 3, I present the findings of this study and how the data were used to answer the following research questions:

RQ1: Do African American female single parents age 21–41 residing in the Atlanta metro area have social support to assist with parenting?

RQ2: If no perceived social support is reported, what do African American female single parents age 21–41 residing in the Atlanta metro area perceive as barriers to accessing social supports?

RQ3: What are the mental health challenges that single African American women age 21–41 residing in the Atlanta metro area experience due to parenting?

RQ4: What do African American single mothers age 21–41 residing in the Atlanta metro area perceive as barriers to accessing mental health services?

In this section, I also discuss the data analysis techniques that were used to conduct this study, as well as the sample, and demographics of the sample, thematic analysis, and a summary.

Data Analysis Techniques

The data collection process started on August 18, 2021, after receiving authorization from Walden University’s Institutional Review Board (08-13-21-0548314).

Shortly after, the recruitment flyer was sent via email to both local daycares (Daycare A and Daycare B) and the two social work organizations to obtain 10–15 participants. A flyer was also hand-delivered to one of the participating daycares. Due to the complexity of this study and safety precautions taken due to the COVID pandemic, I chose to conduct all interviews virtually. The recruitment flyer was adjusted to reflect this decision.

The partner organization's role was to post and distribute the recruitment letter; therefore, no letters of cooperation were needed. Their approval was implied by forwarding the invitation to the potential participants. The instructions to the partners were to post flyers in parents' newsletters and on the parent bulletin board, places of high visibility for parents' viewing. I also suggested that the recruitment flyers be handed out to parents during the check-in or checkout of their children, particularly parents of children ages 0–5 years. All recruitment criteria for the study's eligibility and contact information were made accessible for participants on the recruitment flyer. Participant recruitment was coordinated in a matter that was noncoercive. The recruitment flyers were given to the contacts at the daycare for the daycare centers to distribute to parents. As the researcher, I was prohibited from personally passing out recruitment flyers.

For each potential participant who met the inclusion criteria and who responded to the invitation, I explained via email that the next steps would be completing the consent form. I did not screen for vulnerabilities because it would have been invasive and unethical to discount, minimize, or exclude participants from the study due to any vulnerabilities that they may or may disclose during the interviews. Within 48 hours of

providing partners with the recruitment flyers, four participants made contact with me via email to participate in the study.

The first interview with a participant was conducted on August 18, 2021. After collecting data from 10 participants, I determined that the data were sufficient to answer the research questions and data collection ceased approximately three weeks later. One participant who reached out to participate in the study and completed the demographic questionnaire and survey did not follow through with participating in the interview. In total, 14 individuals reached out to participate in the study. It took over three weeks to collect data from participants. Saturation occurred on September 3, 2021, when I conducted the final interview with the 10th participant.

Sampling and Sample Characteristics

The application of sampling is as important as the type of sampling used to answer the questions that drive a study. The most appropriate type of sampling for the current study was purposive sampling due to the need to identify individuals who had experienced the phenomenon being studied (see Palinkas et al., 2015). It was important to select participants who had shared experiences of single parenting in the African American community with young children age 0–5 years without the assistance of another parent or partner. The study participant requirements were the following:

- African American female,
- single parent (parenting independently with no partner in the home, divorced, widowed),
- 21–41 years of age,

- live in Atlanta metro area,
- have a child or children 0–5 years of age,
- have no or limited social support to assist with parenting,
- have experienced or were currently experiencing some type of stress or mental health challenge related to single parenting, and
- have access to the internet to participate.

All participants were given the pseudonyms of Jane Doe and assigned a number based on the order that interviews were collected (e.g., Jane Doe #1). The participants were given the pseudonyms to protect confidentiality and privacy. Names were not used on any of the questionnaire or surveys due to the survey/questionnaire being presented via email. Participants were made aware in the consent form that pseudonyms such as Jane Doe #1 would be used in data collection and analysis instead of their names. Table 1 presents sample characteristics.

Table 1*Sample Characteristics*

Participant	Age range	Age of child	Employment status
Jane Doe #1	30–34	1 year old	Employed
Jane Doe #2	21–24	Less than 1 year old	Unemployed
Jane Doe #3	25–29	2 years old	Employed
Jane Doe #4	30–34	1 year old	Employed
Jane Doe #5	30–34	Less than 1 year old	Employed
Jane Doe #6	35–41	4 years old	Employed
Jane Doe #7	25–29	2 years old	Seeking employment
Jane Doe #8	25–29	Less than 1 year old	Employed
Jane Doe #9	30–34	4 years old	Employed
Jane Doe #10	30–34	5 years old	Employed

Data Collection Procedures

Participants were selected using purposive sampling. After participants were recruited, they were sent a consent email. The next steps consisted of the participants reading the consent form and consenting to voluntarily participate in the study by clicking “continue” and completing the online survey and questionnaire through Google Docs. Once the surveys/questionnaires were completed, I received an email notifying me of participants’ completion of the preinterview materials.

Once the demographic questionnaire and the MSPSS were completed, the participant was sent an email with a link to different times and dates for the Zoom interview to take place. The participant was given the option to choose the best date and time that worked for them. Once the option was chosen, I received an email notification.

Interviews were conducted online through Zoom. During the recruitment process, the data collection procedure was explained within the consent form that interviews would take place via the virtual online platform. Interviews required a password to initiate the interview. I also created a unique meeting ID for each participant. End-to-End encryption was enabled for each interview. I also ensured that interviews would be conducted in a private, secure location via Zoom for privacy and confidentiality purposes. This requirement and disclosure of meeting location was also explained at the time of consent.

Data Analysis and Coding

After concluding interviews, I transcribed them through the Otter platform. Once the interviews were transcribed, I reviewed each transcript by listening to the audio recording and comparing it against the transcription for accuracy. This was completed 2–3 times before the transcription was sent to the participants via email for member checking where the participants could review the data that had been collected throughout their interview.

After member checking was completed, the transcripts were uploaded into NVivo software for data analysis and coding. I chose to perform inductive coding, and the first cycle included descriptive and in vivo coding. For this study, it was important to code from an inductive perspective. This perspective adopts the idea of building from the ground up and letting the data speak for themselves (Saldana, 2015). Inductive coding also supports the idea of open coding, categorizing the codes, and analyzing data from that point forward (Elo et al., 2014). While conducting the first cycle of coding, I looked

for words that were common and linked together by the same thought projection. Saldana (2015) described descriptive coding as beneficial for qualitative studies due to data being collected at different times. Descriptive coding is also beneficial for beginning qualitative researchers (Saldana, 2015). The other coding method (*in vivo*) involves identifying the meaning of the data from the responses that were given during the interview (Saldana, 2015).

I used NVivo software to complete initial coding, and then I manually continued the coding process and dissected the data. When I manually coded, I wrote all of the codes that I developed on notecards for a better visual representation of the data. Once the codes were on notecards, I identified 3–5 codes that were not used due to repetition of the same codes and nonrelevance to the study based on the research questions. After the final codes were chosen, I placed the codes into categories, which were determined based on similarities and groupings of the codes. Writing analytic memos was also important. As I manually coded, I wrote memos about each category based on the cluster of codes to explain why the codes were grouped together.

Categories and Themes

After the second cycle of coding, I transitioned into theoretical coding. Saldana (2015) described theoretical coding as an umbrella that includes codes and categories that stem from the basis of the grounded analysis. The grounded theory approach is loosely defined as the methodology of inductive reasoning and coding that condenses the codes and categories that have been formulated into theories (Saldana, 2015). After the coding process was completed, I ended with 44 codes that were put into eight categories

manually. Table 2 shows the codes and code frequencies from the data collection process. Table 3 presents the categories that were used to determine the themes that answered the research questions.

Table 2*Code Frequency*

Code	Frequency
Absent father	1
Adequate family support	8
Burden	1
Emotional support	1
Exhaustion	1
Fertility issues	1
Frustrated	1
Government assistance	6
Housing barrier	1
I definitely feel like I am failing at the whole being a mother	1
I do go to work at nighttime	1
I do make sure that they do have different male influences	1
I don't really seek anything in the community	1
I had been previously diagnosed	1
I have a small circle of friends	1
I take medication for depression and anxiety	1
I'm always tired	1
I'm doing a great job	1
I'm too tired	1
Immediate needs sometimes just fall by the wayside	1
Inadequate accessibility of resources	4
Inadequate family support	7
Income barriers	13
Lack of sleep	1
Learning boundaries	1
Lower income parents	1
Mental health challenges	14
My anxiety	2
Overwhelmed	1
Peer support	2
Perinatal support	1
Physically beat down	1
Poor self-care	4
Positive impact	1
Positive self-care	6
Postpartum depression	4
Sleep deprived	6
So I dealt with anxiety and depression	1
Stereotyped	1
Stigma	6
Still surviving	1
Strained relationship	6
Stress	1
Stressful	1
Structure within the home	1
Systematic racism	3
The daily stress	1
There are definitely a lot of barriers	1
Time management	10
Unplanned pregnancy	6
Village of friends	1

Table 3*Categories to Themes*

Category	Theme
Family support Peer support	Social support
Time management Seeking professional help	Internal and external pressures can lead to diagnosable mental health disorders
Time management Socioeconomic impediments	Lack of visibility and attainability of community resources
Breakdown physical health Recognition of psychological vulnerability	Physical and emotional exhaustion
Positive self-actualization and awareness	Resiliency helps with coping with single parenting
Stigma	Cultural misperceptions discourage African American single parents from seeking <u>mental health services</u>

Validity of Study**Credibility and Trustworthiness**

Once the interviews were transcribed, I reviewed each interview by listening to the audio recording and comparing the audio against the transcription for accuracy. This was completed 2-3 times before the transcription was sent to the participants for member checking via email. Member checking is a valuable asset to a qualitative research study. It allows research participants to validate their responses and check for any discrepancies in their responses after the interviews were conducted and transcribed (Carl & Ravitch, 2016). In this study, participants were given the opportunity to speak with me one more

time after the interview to hear what I noted and share their feedback. All participants preferred this method to be conducted through email exchanges. Member checking ensured that the participants' words and stories were accurately portrayed through the data analysis process.

Although member checking was very important in ensuring the study was credible, it also attested to the trustworthiness of the study. The questions utilized in the study were semistructured. I safeguarded the validity and trustworthiness of the study by carefully evaluating the interview questions. I created the interview questions, although semistructured and not descriptive, to not solicit too much inductive data but to capture true and matter-of-fact responses based on the participants' exact responses. Opting out of using descriptive interview questions could have transgressed the trustworthiness of the study. However, I was very careful not to steer the participants to answer the interview questions in a way that would invalidate the trustworthiness of the study.

Credibility and trustworthiness can reflect simultaneously in a study by examining the data collection and data analysis procedures and methods. The data analysis plan for the current study was structured and reevaluated continuously through the data collection process. Throughout the process of reevaluating the methodology, researcher bias was also examined. Self-awareness was also vital when interacting with participants, capturing data, and anatomizing the data once it was collected. It was important through the data collection process that I captured diverse experiences, so individual interviews were selected as the best way to collect data for this study.

Transferability

Transferability in a study can be seen when the results of a study can be transferred and implied to another study or setting that is not necessarily similar to the context that is being studied (Maxwell, 2021). As discussed in Section 3, the transferability for this study can be seen through the data being presented in a descriptive manner, which can also be described as thick description (Carl & Ravitch, 2016). I conducted direct, in-depth interviews with each participant. Also, the participants completed demographic surveys before interviews were conducted. The methodology used is not confined to this study. The number of partner organizations and the number of participants that were included in this research project was provided. I also provided a detailed description of how the data were collected and the time frame that the data were collected. Another researcher and other readers can follow the flow of the study by seeing the theories used to ground the study, the recruitment requirements and consent provided to participants, the number of the sample size used, the questions used for the individual interviews, and the way the data were analyzed through coding and the dissemination of research findings. Therefore, the data has been presented, so that the study's findings could be applicable if another researcher chose to apply it in another setting or population (Elo et al., 2014).

Dependability and Confirmability

Dependability can be described as the evidence that the data has been stable over time (Elo et al., 2014). This study can be duplicated with the same exact data collection and analysis procedures. I used one of the most reputable and widely used CAQDAS,

NVivo, as part of the data collection and analysis procedures to arrive at the results and conclusions of the study. Not only was Nvivo used, but I also manually coded as well to ensure that accurate data were reflected to arrive at the study findings. This was also a way to establish confirmability, which also made the study dependable because triangulation was present through individual interviews being conducted to obtain data (Noble & Heale, 2019).

I made sure that the participants' experiences were represented in the data without bias and prejudices. Data were not interpreted from my own hypothesis but by the participants' direct responses. These practices ensured confirmability within the study. The dependability of this study was also shown as I made sure that the interview questions were constructed to answer the research questions that stemmed from the purpose of the research study. Dependability was also met by using external audits and having a consistent review of the methods and procedures to conduct this study by the committee members. The plan that was discussed in Section 2 was thoroughly followed to ensure that the study was credible, dependable, valid, trustworthy, and met the metrics for transferability.

Limitations

The initial study was intended to provide the optional setting of in-person face-to-face interviews or virtual through the Zoom platform. However, due to the COVID-19 pandemic, I decided at the beginning of the study that virtual interviews would be a safer option. This decision was made before the data collection process was initiated. There was a technology barrier with one of the participants, as the internet connection

malfunctioned during the beginning of the interview. Due to the malfunction, the interview was delayed and then started again once the participant resolved the technical issue. The technical issue was able to be resolved within a matter of minutes and did not cause a major disruption to the interview process.

There was one problem that was encountered during participant recruitment with one participant. The participant reached out to me, signed the consent, and completed the demographic survey and scale but failed to attend the Zoom meeting that was scheduled according to the participant's availability. The participant was scheduled twice for the interview but did not attend. The participant later emailed me after the interviews were concluded to be scheduled again but was informed that participant recruitment was closed. This particular participant's information was not included in the findings due to the incompleteness of all steps required to participate in the study.

There were other limitations with this study due to the sample size and sample demographics. This study only consisted of African American single women. This study also only focused on the single parenting experiences of women and not African American single fathers. Another limitation is that the study is restricted to only the Atlanta metro area. Lastly, the sample size was only 10, which could be seen as a threat to the reliability of the study.

Findings

Out of these eight categories, six themes emerged from the data. The six themes were the following: (1) Social support, (2) Internal and external pressures of single parenting, (3) Lack of visibility and attainability of community resources, (4) Physical

and emotional exhaustion, (5) Resiliency helps cope with single parenting, and (6) Cultural Misperceptions. These themes collectively and singularly answered the four research questions that were proposed at the beginning of this study. I will thoroughly discuss in the following section the descriptive and statistical analysis findings categorized by each research question. This analysis of the findings includes the paraphrasing and summarization of the participants' responses which were acquired during their individual interviews. Direct quotes that were used for in vivo coding will also be included.

Research Question 1

RQ1: Do African American female single parents age 21–41 residing in the Atlanta metro area have social support to assist with parenting?

Results

60% of the sample expressed that they did indeed have social support to assist with parenting. The theme that emerged to answer this question was having social support can assist with addressing the challenges of single parenting. Although 6 out of 10 participants expressed that they have social support to assist with parenting, the responses were much more complex and were not answered with a yes or no response. The common trend that was seen through interviewing all of the participants was that they equated social support to only friends and family and did not think of social support being in the community as well.

Discussion

Jane Doe 1 expressed that she has social support due to her family being involved with physically caring for her children if she needed to work. However, she expressed that she would have to solicit assistance for helping to support her children and that she was not receiving any type of financial support for any of her children. Jane Doe 2 expressed, “I do not have anybody to help me at all.” Jane Doe 3 disclosed during the interview that she did not have any social support and did not know of any social support programs that could help her with her children. Jane Doe 4 stated that the only social support that she has received is when her family visits from out-of-state, which is often sporadic. Jane Doe 5 stated that she has social support from her father and sister. Jane Doe 6 reported having an ample amount of social support from her family and peers. It was noted that although she is divorced from her child’s father, he provides bi-weekly weekend visitations, which helps with support. Jane Doe 7 described her social support as “null and void” as she is transitioning from marriage to divorce. Jane Doe 8 disclosed that she has support from her mother; however, she has support because she moved in with her mother to assist with parenting. Jane Doe 9 expressed that she has adequate support to assist with parenting because her mother retired early to help her provide support for her young son. Jane Doe 10 expressed that she also has social support from her family as her parents moved into the home with her to assist her with parenting.

Impressions

The theme that emerged to answer this question was “having social support can assist with addressing the challenges of single parenting due to the presence of family,

peer, and community visibility.” The study’s findings showed that African American female single parents have social support to assist with parenting. As previously stated, 60% of the sample reported that they have social support from their peers or families to help support their single parenting role to some capacity. Others reported that they did not have consistent family or peer support or that their peer relationships dissolved or became strained once they became single parents. For the other participants who reported not having social support to assist with single parenting, their responses were addressed in research question 3.

Research Question 2

RQ2: If no perceived social support is reported, what do African American female single parents age 21–41 residing in the Atlanta metro area perceive as barriers to accessing social supports?

Results

The lack of visibility and attainability of community resources and cultural misperceptions were themes that addressed this research question. These themes appeared through the participants’ responses as they stated that they did not know how to gain social support in the community if there was no kinship or peer network in place. The consensus among the participants was that if they did not have any knowledge of any social support programs, they could not attain them to assist with single parenting. Participants also had similar experiences of not meeting certain requirements (i.e., income limits); therefore, they could not easily obtain social support. The data also revealed that some participants share similar experiences of their socioeconomic status

compounded with their ethnicity being a barrier to receiving social support in the community.

Discussion

Jane Doe 1 expressed that she felt that there was a very noticeable barrier for African American single mothers. This barrier is the limitation of social support programs. “Programs tend to be overwhelmed” was the statement that she made to summarize the shortage of programs in the community in comparison to the number of single mothers that actually need social support programs. Jane Doe 2 revealed that she was not aware of any programs in the community and that most single mothers like her did not have any knowledge of social support programs aimed at supporting African American single mothers. Jane Doe 3 disclosed that she felt that there was a stigma attached to receiving social support programs. Jane Doe 4 expressed that it was very difficult to find programs that support single parents. “It feels like you have to know someone to get into a program that helps us” is how she described the feeling of having to network with others to gain information about parental support programs for single parents. Jane Doe 5 also expressed the same sentiments as Jane Doe 3, stating that she feels that there is a stigma when African American single mothers receive or attempt to obtain social support assistance in the community for parents. She also shared that she felt that she was a “burden to society” due to her parenting status.

Jane Doe 6 reported that she was not aware of any programs but turned to social media to seek support. She also stated that she feels “a certain stigma” attached to African American single mothers in regard to receiving social support or social welfare

assistance to meet parenting needs. She expressed that she has strong feelings of “being labeled.” Jane Doe 7 revealed that she only knew of the Childcare and Parent Services (CAPS) program but felt that there is difficulty accessing social support programs in the community because there are financial barriers (income limits for social support programs). Jane Doe 8 disclosed that she was not very knowledgeable of any social support programs and that systematic racism causes African American single mothers to miss opportunities to obtain assistance from government or social welfare programs that could positively impact single parenting in the African American community. Jane Doe 9 disclosed that she was not aware of social support programs and that stigma has caused her not to reach out to social support programs in the community. Jane Doe 10 was the only participant that reported that she had not experienced any barriers but knows that there are barriers in the community to access programs because she is a social worker. She stated that from a social worker’s perspective, there are several barriers for African American single mothers in the Atlanta metro area. She expressed her concern for the accessibility of programs being correlated to an individual’s socioeconomic status.

Twenty percent of participants reported that they were not aware of any social support programs to assist with parenting in the community. None of the participants reported that they were aware of single-parent social support community groups that they could turn to for support among other African American single mothers that share the same or similar experiences because of their parenting status. Some participants expressed that they were familiar with government programs; however, because some programs are based on income, most of the participants expressed that they would not

qualify for such programs such as Medicaid, CAPS, and Supplemental Nutrition Assistance Program (SNAP). Jane Doe 6, however, disclosed that after childbirth, she was provided with a hospital pamphlet that outlined social welfare programs in the community, including some of the programs that were mentioned by participants.

Impressions

The emerging themes to answer this research question were the lack of visibility and attainability of community resources and the cultural misperceptions and stigmatization of African American single mothers discourage these parents from seeking social support from peers, family, and the community. The consensus of the sample was that there was very little to no information available in the community to address and assist with the challenges of single parenting for this population. This consensus supports the first theme seen within the sample responses. For the participants who did express acknowledgment of social support programs in the community, they expressed that there were barriers such as having to meet income qualifications and not having a network in place to obtain information about programs in regard to this population experiencing the lack of visibility and attainability of community resources. The second theme emerges from the collected experiences of most of the participants citing that cultural misperceptions have discouraged them from reaching out or seeking social support programs. These reports of cultural misperceptions stem from firsthand experiences and secondhand experiences of systematic stigmatization and racism.

Research Question 3

RQ3: What are the mental health challenges that single African American women age 21–41 residing in the Atlanta metro area experience due to parenting?

Results

The emerging themes that were evident to respond to this research question were physical and emotional exhaustion, in addition to internal and external pressures of single parenting can lead to diagnosable mental health disorders. These themes were supported by the categories of the breakdown of physical health and recognition of psychological vulnerability (theme: physical and emotional exhaustion) and time management and seeking professional help (internal and external pressures of single parenting can lead to diagnosable mental health disorders). Although the sample responses reflected the negative effects of single parenting in regard to how the physical, mental, and psychological strain of single parenting overlaps, there were also reports of resiliency.

Discussion

Jane Doe 1 expressed that she has excessive stress and anxiety due to a lack of sleep. She also stated, “Not sleeping has taken a toll on my mental health.” Jane Doe 1 also shared that because of her mental health challenges, she does lean on her friends for support. Jane Doe 2 described her mental health challenges as experiencing extreme stress and frustration. She disclosed that her parental status has caused her to be overwhelmed most of the time. She also shared that she has a history of postpartum depression. Jane Doe 3 reported that the mental health challenges that she has experienced since being a single parent are poor and insufficient self-care and stress. She

shared that she has “very poor” self-care and experiences stress due to poor time management and due to being the only parent in the home to provide and support her child.

Jane Doe 4 explained that the mental health challenge that she has experienced since becoming a single parent is anxiety due to a lack of sleep. She also communicated during the interview that she felt that her anxiety was exacerbated by her poor self-care and that she was always very tired from the burden of parenting independently. Jane Doe 5 expressed that she experiences extreme stress due to overworking to meet financial needs because she is a single parent. In addition, she communicated, “I am just trying to survive,” as she described her feelings towards persevering through the mental health challenges associated with single parenting and the demanding responsibilities that it entails. Jane Doe 6 shared that she experiences undue stress and a significant amount of self-doubt due to the pressures of independently managing the responsibilities of parenting her child. She stated during the interview, “I need emotional support” as the cause of the mental health challenges that she experiences. Jane Doe 7 disclosed that she has struggled with depression due to single parenting. She also revealed that she had a history of postpartum depression and anxiety. In addition, she conveyed that because she is the only parent in the home, she experiences financial hardships, which intensifies her mental health challenges. She equally equated her mental health challenges being intensified due to the challenge of trying to obtain stable and affordable housing for her and her child.

Jane Doe 8 communicated that she has struggled with undiagnosed postpartum in the past. She also described her current mental health status as “stable” and that after postpartum, she experienced some bouts of depression when her child was between the ages of 2-3 years old. Jane Doe 9 reported that she has been dealing with ongoing depression pre and post-childbirth. However, she revealed that her depressive symptoms worsened after childbirth when her parenting status changed. She also disclosed that she is actively engaged in therapy and currently takes medication to manage her mental health challenges. Jane Doe 10 disclosed that she currently suffers from Major Depressive Disorder and Generalized Anxiety Disorder and that she had been officially diagnosed due to her mental health challenges over the years. In addition, she shared that she manages her mental health challenges by attending mental health therapy and taking medication to manage the symptoms of her diagnosis.

All participants except Jane Doe 4 described during the interview when responding to this research question that they had identified a village of friends and family to positively cope with the stress and undue burden of single parenting. Jane Doe 4 stated, “my friends disappeared” when describing her ability to build a village to positively cope with the demands of single parenting and the stress that she experiences. The most obvious and evident strength that the participants shared that led to the emerging theme of resiliency was that 50% of the participants reported that they were seeking professional help and attempting to address and manage mental health challenges through mental health counseling and medication management or have sought mental health therapy to some capacity in the past.

Impressions

The concurrent theme that was also shown in the participants' responses was the skill of resiliency helps cope with the demanding challenges and undue burden of single parenting. Despite all participants sharing that they experienced some type of mental health challenge, whether it was diagnosed or undiagnosed by a mental health professional, most participants conveyed their sense of self-awareness and positive self-actualization. Most participants spoke of encouragement and their contribution to their positive self-esteem by practicing self-empowerment. Three themes were seen through the data to explain and respond to this research question: physical and emotional exhaustion, internal and external pressures of single parenting can lead to diagnosable mental health disorders, and the skill of resiliency. The collective experiences of all of the participants depicted the idea that the lack of sleep, social support, strained or absent relationships, unavoidable stress due to parenting alone, and the feeling of being overwhelmed all contributed to the participants experiencing signs and symptoms of depression, anxiety, and undue stress. However, also through the data, resiliency can be seen as being a strength and positive attribute in spite of mental health challenges such as depression, anxiety, and stress being experienced by participants. This theme was important to highlight because single parenting has been seen in a negative and stigmatized perception through the eyes of the sample by the responses, attitudes, and thoughts expressed by the participants during the data collection process.

Research Question 4

RQ4: What do African American single mothers age 21–41 residing in the Atlanta metro area perceive as barriers to accessing mental health services?

Results

Cultural misperceptions and the lack of visibility and attainability of community resources were the themes that answered this final research question. Participants all shared the common theme of cultural misperceptions, stigma, and preconceived judgment as all being barriers to not seeking mental health services to address their mental health challenges. The data also reflects the lack of visibility and attainability for mental health services to address the mental health challenges that they experience due to the struggle of time management and inability to commit to the therapy, socioeconomic impediments, cost of therapy, and knowledge of how to obtain mental health services.

Discussion

Jane Doe 1 revealed that she felt that there was a stigma attached to receiving mental health services in the African American community. She shared that in her family, familial patterns and lack of education have shunned her from seeking mental health services for the mental health challenges that she has experienced since becoming a single parent. Jane Doe 2 identified cultural incompetence in the African American community as a barrier for her not receiving mental health services. She expressed that she felt that she would be stereotyped and judged for needing to seek mental health services to address the mental health challenges that she has experienced due to single parenting. She also communicated that systematic racism and the racial disparities in

health care as being a barrier as well. She shared that her geographic location is not close to many doctors of color. Also, she has a Caucasian primary care physician that has not acknowledged her health care needs with respect to her mental health. She stated that she feels that her mental health needs have been “overlooked” by her Caucasian medical doctor, who has the ability to screen her for mental health issues and refer her to a mental health professional accordingly.

Jane Doe 3 also shared that she felt that she would be judged for seeking mental health therapy. She stated, “I feel like it is frowned upon” when describing her rationale for not engaging in mental health services. Jane Doe 4 shared that a barrier that she has experienced is affording the cost of mental health therapy. She disclosed that she has been in therapy in the past but has not been able to attend therapy consistently because of the financial burden. She also discussed feeling that the stigma of Black women being single parents has been a barrier to seeking mental health services in the community. She stated that she did not want to be judged for being a single African American mother and needing mental health services.

Jane Doe 5 reported that she had reached out to a therapist and attended therapy for a short period of time in college. However, she stated that since she has become a single parent, she has not continued her therapeutic journey to address her new parenting role and the mental health strain that is correlated with her current parental status. She shared that there is a stigma attached to seeking mental health services as an African American single mother, which discourages her from seeking mental health in this phase of her life.

Jane Doe 6 reported that she attended perinatal support groups but did not follow through with continuing to seek support continuously post-birth. She also discussed not having time to attend any support groups or mental health counseling due to her being the only parent in the home. She further discussed that she could not commit to attending therapy because she had to manage her time to meet financial needs. She also shared that due to the lack of consistent family support, she would not have anyone to supervise her child if she attended therapy on a consistent basis to address mental health challenges. She also attributed the cost of therapy to be a barrier, stating that when she has attended therapy briefly that she has had to utilize EAP through her employer or look for more affordable ways to obtain services.

Jane Doe 7 expressed that the stigma of receiving mental health services because she is an African American single parent had been a barrier for her receiving mental health therapy. She also revealed that her family's idea of mental health therapy was not ideal. She explained that her family was very religious and that she had been told to "pray away" depressive symptoms. Jane Doe 8 shared that she was given an educational pamphlet during a medical visit but did not receive any follow-up education or resources. She stated that because it was not further discussed that she did not have any knowledge of how to seek mental health services.

Jane Doe 9 reported that a reoccurring barrier for receiving mental health therapy services consistently was the challenge of time management. She stated that although has familial support, she only has the support during the hours that she works and that it is an added stress to attend mental health therapy. Jane Doe stated that she has not firsthand

experienced any barriers to receiving mental health services. However, she stated that because she is a social worker, she has the knowledge and resources to obtain the information needed to address mental health challenges in therapy. She further discussed her experience of observing others having difficulty obtaining mental health services due to not having the financial means or knowledge to initiate and continue therapy. She shared that she felt if an individual did not have access to affordable, low-cost, or free insurance, then obtaining mental health services would be very difficult.

Impression

The themes of cultural misperceptions and the lack of visibility and attainability of community resources answered the last and final research question. The cultural misperceptions that were shared during the interviews based on the participants' experiences can be thoroughly seen in the following responses. As discussed, the theme of the lack of visibility and attainability of community mental health resources and cultural misperceptions appeared concurrently throughout the sample responses. All of the participants shared that they were not familiar with or not had any knowledge of any social support programs or support groups to address and process the mental health challenges of single parenting, which will be further discussed in Section 4. All participants except Jane Doe 10 expressed difficulty finding time to attend mental health therapy to address their mental health challenges, which was a category that developed into the theme of the lack of attainability of community mental health resources.

All six themes overlap one another when answering the research questions based on the commonality of the participants' responses and experiences. There was a strong

correlation between the current findings and the research findings from the review of the existing literature. However, there were some unexpected findings. The unexpected findings consisted of the participants sharing their experiences of feeling judged and the weight of cultural misperceptions being a barrier for obtaining mental health therapy. The repeating experience of participants being stigmatized due to their ethnicity, race, parental status, and mental health challenges collectively was unforeseen at the beginning of the data collection phase.

Summary

The purpose of this phenomenological study was to explore the mental health challenges that impact African American single mothers ages 21-41 years old in the Metropolitan Atlanta area in conjunction with the role and level of social support that is received. Data were collected through a demographic survey and the Multidimensional Scale of Perceived Social Support given to participants in addition to the interview being conducted. The interview consisted of 12 questions that were created to answer the four research questions thoroughly discussed in this section. After the data were collected and analyzed, 44 codes, eight categories, and six themes emerged, in which multiple themes answered more than one question).

In this section, I present the findings of this study and how the data correlates as it answers each research question that was introduced in Section 1. The findings of this study created a thematic analysis that explained how social support, internal and external pressures of single parenting, the lack of visibility and attainability of community resources, physical and emotional exhaustion, the art of resiliency, and cultural

misperceptions shape the experiences of African American single mothers age 21-41 who reside in the Atlanta metro area in conjunction with social support and mental health challenges. In the next section, the application for professional ethics in the social work practice will be thoroughly explained as well as the recommendations for social work practice based on the findings of this study.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this phenomenological study was to explore the mental health challenges that impact African American single mothers age 21–41 in the metropolitan Atlanta area with the consideration of the role of social support. The qualitative study aimed to understand the phenomenon of single parenthood in minority households. The study focused on exploring the real-life experiences of African American single mothers. The collective experiences that were shared with me by the mothers during the individual interviews provided a description of what the journey is like for a single African American mother raising a child between the ages of 0 and 5 years in the Atlanta metro area.

The results from this study may address the gap in the literature in understanding how the lack of social support affects African American single mothers who experience mental health challenges such as depression, anxiety, and undue stress. The research questions in this study were the following: RQ1: Do African American female single parents age 21–41 residing in the Atlanta metro area have social support to assist with parenting? RQ2: If no perceived social support is reported, what do African American female single parents age 21–41 residing in the Atlanta metro area perceive as barriers to

accessing social supports? RQ3: What are the mental health challenges that single African American women age 21–41 residing in the Atlanta metro area experience due to parenting? RQ4: What do African American single mothers age 21–41 residing in the Atlanta metro area perceive as barriers to accessing mental health services?

The research questions that were addressed in this study highlighted not only the challenges that this population experiences but also the barriers that are encountered while addressing those challenges. The different variables such as mental health and social support were considered when constructing the research questions to explore the phenomenon of single parenting among this population. I conducted the data analysis to answer the research questions by identifying themes within the data. The themes that emerged from the data analysis confirmed an identifiable problem. These findings indicated how social support, internal and external pressures of single parenting, lack of awareness of and access to community resources, physical and emotional exhaustion, the art of resiliency, and cultural misperceptions shape the experiences of African American single mothers age 21–41.

The key findings in this study addressed the identifiable problems that were discussed at the beginning of this study. Through the interpretation of the data, I concluded that multiple variables are playing a significant part in the experiences of African American single mothers in the Atlanta metro area. I found that the level of engagement from family, peers, and the community influences the parenting process for single African American mothers. In addition to this finding, it was apparent that this population feels a stigma attached to being women of color needing assistance with

parenting. This, in turn, causes a delay in seeking professional help to assist with the mental health challenges that are experienced by parenting independently. However, positive self-awareness and self-actualization among this population lead to the practice of resiliency as described by the mothers in the study.

These findings may inform the social work practice by providing knowledge about the struggles and complexity of meeting the needs of single African American mothers while considering the role of mental health and social support among this population. Furthermore, advocacy for social support programs to address the challenges of single parenting in this community needs to be developed. The development of these programs may reduce stigma and create a safe place for African American single mothers to feel comfortable seeking help so that barriers are removed to promote successful parenting and positive self-care. The ability to thrive in parenthood despite the negative effects of single parenting should be attainable by creating awareness of affordable and accessible resources that make socioeconomic impediments obsolete. All of the components of single parenting, according to the participants in the study, impact the ability of African American single mothers to combat the challenges without assistance. The findings may extend knowledge to the social work field.

In this section, I discuss how the findings of this study may advance the social work field and address the needs of this community. I also explain how the principles and values from the NASW Code of Ethics guided this study. The findings from this study are further explained to highlight their relevance to the literature. This section concludes with a summary of the findings, recommendations for further research, and implications

for social work practice that may create a discussion of how to meet the needs of this population.

Application to Professional Ethics in Social Work Practice

Social workers have the responsibility and duty to not only acknowledge but to also address the problems that oppress individuals across different populations, communities, and backgrounds (National Association of Social Workers, 2017). As explained in Section 1, this project fully upheld the standards, values, and professional expectations of the NASW Code of Ethics. In addition, this study aligned with the core values, ethics, and principles of the NASW Code of Ethics. The three main values that guided this study were service, social justice, and the importance of human relationships. These three values provided the blueprint for conducting this study to explore the needs of this underrepresented population.

It was important when conducting this study and exploring the phenomenon of single parenting among African American mothers to provide a sense of service by creating a study that addressed the needs and challenges of this population. It was also important to create a discussion within the social work profession to highlight this social problem from a different perspective that included evaluating the elements of psychological and psychosocial components of single parenting. The knowledge that was acquired in this study from the shared experiences of this population may help address this social problem by providing a picture of the daily struggles and challenges that these women face trying to thrive in parenthood and self-sufficiency.

In this study, the research questions that were formed and presented to the participants of the study were aimed at obtaining a better understanding of how societal barriers continue to oppress the African American community, specifically bringing light to the struggles of African American single mothers. The value of social justice was combined with the value of service to pursue social change on behalf of this vulnerable population (see National Association of Social Workers, 2017). The findings provide a deeper understanding of the challenges that these mothers face and the attitude and response from society in return. The data reflected the alarming occurrence of the stigmatization of African American mothers in society. The data also revealed how social stigma leads to African American single mothers not seeking professional help that is needed or the social support needed to assist them with the many challenges and demands of single parenting. Also, according to the data, most of the participants shared that they did not know of any social support programs in the community that assist with single parenting. The lack of information leads to continued oppression and will continue to promote a cycle of social injustice among this community. It was the intention of this study to challenge social injustice and pursue meaningful social change.

The importance of human relationships was the third value from the NASW Code of Ethics that guided this study. One of the many responsibilities of a social worker is to engage people as partners in the helping process to resolve community issues and barriers (National Association of Social Workers, 2017), which is one of the reasons why the current study was so important. Social workers understand that it is vital for positive relationships to be created and managed between people and their community. Social

workers seek to strengthen relationships among people on a micro, mezzo, and macro level. Understanding the importance of human relationships is the catalyst for social change that creates a deeper understanding of the complex needs of this population. According to the data, social support among family, peers, and the community is a crucial factor in the African American community, especially African American single mothers. There is no doubt that there is a misplaced responsibility of the sensitivity of the needs of African American single mothers, which is why this study was conducted to emphasize the importance of human relationships in relation to creating a social safety net for this population. This study may raise awareness among the African American community regarding how important it is to maintain meaningful and beneficial relationships to create the village of support needed to aid single mothers. This study may promote efforts to increase the knowledge and resources needed for social workers to make an impactful change and may transform the perspective of how society looks at African American single mothers. Social awareness is key, and this study may spark interest on the micro, mezzo, and macro level to create the change needed to strengthen the relationships between social workers and the African American population when it comes to identifying barriers that hinder the community from thriving and being successful at single parenting.

Recommendations for Social Work Practice

The findings of this qualitative study provided an idea of what the implications of social work could be after social workers create social support programs in the community that address the unique needs of single African American mothers while

ensuring that there is access to mental health services. Creating avenues for free or low-cost programs that support this population is essential. Also, addressing the mental health needs of this population would include continuing to work toward eliminating stigma for African American single mothers who need social support assistance to help with single parenting. It is also important for social workers to work toward providing information and creating resources that help these programs become attainable to these mothers.

Action Steps

This study revealed that there is a lot of work to be done in the community to raise awareness of the challenges that this population encounters while trying to parent their children alone. The need for social support programs and resources was revealed during this study. As stated in Section 1, 64% of Black or African American children lived in single-parent homes in Georgia in 2020 (Kids Count Data Center, 2020). With this data known, clinical social work practitioners have a call to action that needs to start in the community. The first action step that I would recommend for clinical social work practitioners is to partner with local community organizations to create free or low-cost support programs aimed at assisting African American single mothers with some of the challenges of single parenting. These social support programs could include access to free or low-cost mental health services, childcare solutions that are feasible, and parenting support groups that are culturally inclusive. The second action step would be to partner with local medical doctors such as pediatricians and obstetricians to provide educational presentations (i.e., lunch and learns) to discuss the findings of this study along with the importance of recognizing cultural bias and misperceptions that can be

barriers to assisting African American mothers in single motherhood. Social workers can work with medical professionals to identify mothers who may be struggling with mental health issues or have concerns regarding single parenting. All mothers visit medical doctors who provide professional services to women and children. Medical professionals have the opportunity to identify risks and signs of distress due to single parenting and address these observable concerns and provide resources that connect these mothers with clinical social workers. Partnering with these stakeholders in the community could remove significant barriers to helping this population successfully parent by providing positive social support from the community.

Personal Practice

With the knowledge gained from conducting this study, I plan to create social change to make a difference in my community. I plan to partner with other social workers in the community to create programs for African American single mothers, which is a recommendation for all community social workers who work in the area of social welfare and mental health. Understanding the unmet needs of this population has created a sense of awareness that has fueled my obligation to do something about this gap in knowledge and resources for this population in my community. Learning that the participants have limited social support, whether through broken or nonexistent family and peer relationships in the community, has prompted me to pursue action that could drive social change in addressing the reasons why there are barriers to successful parenting as an African American single mother in the Atlanta metro area. The findings also increased my awareness of how African American single mothers feel they are perceived through

the eyes of society and how it impacts their tendency to seek services in the community. As a clinical social worker and mental health practitioner, I need to initiate social support programs and collaborate with established community programs and entities to address the needs of African American single mothers. Although this is a profound obligation, a clinical social worker must create the social change needed for this population.

Transferability

The findings of this study may be transferable because the results may be applied across other populations. The findings may be applied when studying other family dynamics prevalent in the community with similar parameters or wider unspecified populations. However, it is up to the readers to understand the results and how they relate to their situation, circumstance, or research (Schloemer & Schröder-Bäck, 2018). Readers can also find evidence of how unaddressed mental health issues can affect adulthood as much as single parenthood, which demonstrates that this study has transferability. By understanding how stigma and cultural misperceptions prevent people from seeking assistance from commonly used community programs, the knowledge acquired from this study may be applied in diverse programs in the community. The findings may be applied to other minority populations that may have issues related to parenting and mental health.

Usefulness

The findings of this study may contribute to the social work field by uncovering and addressing the gap in knowledge regarding the needs of African American single mothers. The results may encourage social workers who are the gatekeepers to the profession and to clients and populations in need of fair and equitable representation in

the community. As the results revealed, African American single mothers find themselves reluctant to seek services in the community for social support or mental health services because of the stigma and the fear of judgment.

Regarding policy, the findings support the need for social workers to push for more policy about inclusion. The importance of pushing policymakers to acknowledge the gap in services in the African American community and highlighting the continued barriers for African Americans seeking services in the community for social support is vital. Social workers can also urge other professionals who work with social workers to make it mandatory and medically necessary for professional providers to provide mental health resources accessible and attainable.

Limitations

Limitations occur in every study, whether quantitative, qualitative, or mixed-method research study. There were limitations to conducting purposive sampling due to being prone to researcher bias and being judgmental towards the sample or sample population (Palinkas et al., 2015). I obtained data for this study from only 10 research participants, which is not a very large population. However, the study is still credible with only 10 participants, which presents some limitations to the transferability of this study.

After the research was concluded, I realized that the question of “if the participants knew how to obtain mental health services if they needed it” was not asked. If this question had been asked, the findings might have been different. The interview

questions were also semistructured, which can be leading for some, depending on how an individual interprets the questions and answers them based on the setup of the question.

Recommendations for Further Research

The strengths and limitations of this research can bring forth opportunities for future research. This phenomenon needs to be further studied among a greater participant pool and with other geographic locations. It is important to understand that the objective of this study was to address the unmet needs of African American single mothers in relation to social support and mental health challenges. Many barriers could have been discussed from the findings if the study had been expanded among more participants, and more resources would have been available for this study. Future researchers should consider taking a deeper dive into the findings and seek to understand the barriers that are prevalent in the African American community in relation to social support and the decline in importance and relevancy of kinship in the Black community. It would also be recommended that other methodologies be considered, such as holding a focus group with social workers to address this topic. It would be an additional recommendation to consider utilizing a focus group instead of individual interviewing with participants. These recommendations are made concerning the limits and boundaries of this study.

Dissemination of Research Findings

I plan to disseminate the findings by presenting the results to the participants as promised and sharing my work for their viewing. I believe that it is important to not only share my study results and findings with the participants themselves but also to distribute the findings in the professional settings that I currently work in. I plan to publish my

work and promote my findings in my private practice, where I provide therapeutic services.

I also plan to distribute my findings in an academic study with the anticipation of presenting my findings through presentations to local colleges and universities. I plan to volunteer to guest lecture in social work classes to present the findings and promote the importance of inclusion while continuing to address the needs in minority communities when it comes to parenting and mental health.

Implications for Social Change

The findings of this study lay the groundwork for continued conversation for a more in-depth investigation of what is needed to support African American single mothers and how social workers can help this population thrive and meet unmet needs. It is owed to this population that change is created on a micro, mezzo, and macro level. The struggles and difficulties that come with single parents should be recognized and acknowledged in data and in efforts made to address the barriers that this population faces. Social workers should be working to ensure that the needs of these mothers are not minimized or unmet due to the stigma attached to seeking social support. On the micro-level, social workers working individually with clients to obtain affordable and cost-efficient mental health services can see the potential impact for positive change. Social workers can be the advocate needed to bridge the gap for other community resources provided to individual clients in the community to better support their parental status.

On a mezzo level, there is a potential impact for social change by providing social work practitioners with the information needed from inclusive social support groups in

the community that provide additional support to African American single mothers. In addition to the promotion of social workers creating and facilitating social support groups, there can also be a shift or refocused dedication to implementing kinship programs throughout the community. The findings of this study also support the need for organized community mentor-type programs for minority single mothers.

Lastly, on the macro level, groups that cater to the social work profession, such as NASW can provide continued education courses to assist social workers with being made aware of new and emerging data regarding marginalized populations such as African American single mothers who reside in the metropolitan areas. Social workers must be informed as new research is conducted and new findings are reported, so they can apply the knowledge to their own clinical practices. Another implication to consider is social workers continue to have extended conversations with policymakers to push for grants and funding that specifically address the needs of the population studied.

Summary

In conclusion, this qualitative study aimed at understanding how the lack of social support affects African American single mothers who may also experience mental health challenges. The gap in the literature was evident as it showed that there had not been enough representation in literature for African American single mothers residing in the Atlanta metropolitan area. However, there is a growing number of family makeups that reflect just that. It was important for me to capture a small glimpse of the day-to-day struggles and challenges that this population experiences by individually interviewing the 10 participants that willingly shared their stories. This study supported the theory that

African American single mothers struggle with single parenting when other factors play a role in the care provided to their children, when the other parent is absent in the household, and when there is limited social support.

The commitment to social change can be seen as I have provided recommendations, implications for social change, and how I will apply the knowledge acquired by conducting this study to my clinical practice. The hope is that this study contributes new knowledge to address the gap in research regarding the social support needs concerning the mental health of single African American mothers who reside in a metropolitan area of Atlanta, Georgia. I also hope that this study ensures that the narrative should not just surround the increase of challenges that this community encounters when raising their children but also the resiliency behind these mothers who continue to push through parenthood with limited support and resources. There is a story to be told about this resiliency. Nevertheless, the need for social conversation to alleviate these barriers to create more supportive programs and access to attainable resources for African American single parents is imperative. This study's findings optimistically pave the way for continued research; there is no longer minimization of mental health challenges and the need for social support for African American single parents.

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Appendix A: Recruitment Flyer



RESEARCH PARTICIPANTS NEEDED FOR RESEARCH STUDY

Hi, my name is Tyneisha Douglas, and I am completing my dissertation for my doctoral studies. I am extremely interested in helping African American women recognize and understand how mental health challenges such as depression can impact their roles as single mothers. I am also interested in understanding how social support can impact single parenting. Your participation can possibly help countless others.

Participant Requirements:

- African American Single Mother
- 21-41 years of age
- Must live in Metro-Atlanta Area
- Must have a child or children 0-5 years of age.
- May currently be feeling stressed, overwhelmed, or depressed.
- May or may not have experienced depression, stress, or ever been treated for a mental health challenge (pre or post childbirth).
- Must have access to internet to participate.

All participants will receive a small token of appreciation for their participation.

If you are interested, please contact Tyneisha Douglas @ 404-631-7716 or Tyneisha.Douglas@waldenu.edu and you will receive an email with the next steps.

*All research is for my dissertation study for Walden University.

Appendix B: Multidimensional Scale of Perceived Social Support

Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**

Circle the "2" if you **Strongly Disagree**

Circle the "3" if you **Mildly Disagree**

Circle the "4" if you are

Neutral

Circle the "5" if you **Mildly Agree**

Circle the "6" if you **Strongly Agree**

Circle the "7" if you **Very Strongly Agree**

1. There is a special person who is around when I am in need. 1 2 3 4 5 6 7
2. There is a special person with whom I can share joys and sorrows. 1 2 3 4 5 6 7
3. My family really tries to help me. 1 2 3 4 5 6 7
4. I get the emotional help & support I need from my family. 1 2 3 4 5 6 7
5. I have a special person who is a real source of comfort to me. 1 2 3 4 5 6 7
6. My friends really try to help me. 1 2 3 4 5 6 7
7. I can count on my friends when things go wrong. 1 2 3 4 5 6 7
8. I can talk about my problems with my family. 1 2 3 4 5 6 7
9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5 6 7
10. There is a special person in my

- life who cares about my feelings. 1 2 3 4 5 6 7
11. My family is willing to help me
make decisions. 1 2 3 4 5 6 7
12. I can talk about my problems with
my friends. 1 2 3 4 5 6 7

Scale Reference:

Zimet, G.D., Dahlem, N.W., Zimet, S.G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30-41. https://doi.org/10.1207/s15327752jpa5201_2

Scoring Information:

To calculate mean scores:

Significant Other Subscale: Sum across items 1, 2, 5, & 10, then divide by 4.

Family Subscale: Sum across items 3, 4, 8, & 11, then divide by 4.

Friends Subscale: Sum across items 6, 7, 9, & 12, then divide by 4.

Total Scale: Sum across all 12 items, then divide by 12.

More information at:

<http://gzimet.wix.com/msspss>

Other MSPSS Scoring Options:

There are no established population norms on the MSPSS. Also, norms would likely vary on the basis of culture and nationality, as well as age and gender. I have typically looked at how social support differs between groups (e.g., married compared to unmarried individuals) or is associated with other measures (e.g., depression or anxiety). With these approaches you can use the mean scale scores.

If you want to divide your respondents into groups on the basis of MSPSS scores there are at least two ways you can approach this process:

1. You can divide your respondents into 3 equal groups on the basis of their scores (trichotomize and designate the lowest group as low perceived support, the middle group as medium support, and the high group as high support. This approach ensures that you have about the same number of respondents in each group. But, if the distribution of scores is skewed, your low support group, for example, may include respondents who report moderate or even relatively high levels of support.
2. Alternatively, you can use the scale response descriptors as a guide. In this approach any mean scale score ranging from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score from 5.1 to 7 could be considered high support. This approach would seem to have more validity, but if you have very few respondents in any of the groups, it could be problematic.

Appendix C: Interview Questions

Research Interview Guide

1. What circumstances led to you being a single mother?
2. Do you have any family and friends who help provide support or care for your child or children?
3. Are you aware of any programs in the community that assist with parenting for single parents?
4. What stressors have you experienced due to being a single mother?
5. How do you feel single parenting has impacted your ability to parent your child?
6. Have you ever reached out for parenting support in the community for you or your child?
7. Have you ever been referred to a community agency for parenting support?
8. Have you ever experienced any barriers to receiving social support in the community? If you have what are the identified barriers?
9. Have you ever reached out for mental health services due to stress related to single parenting?
10. Have you ever reached out to family, friends, or community resources for assistance with mental health needs?
11. If you have engaged in mental health services, has it positively impacted your parenting?
12. Are there any barriers to successfully parenting as an African American single mother residing in Metro Atlanta?