Predictors of Quality of Life among Single Mothers and Single Fathers

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Abstract

Objectives: A growing number of studies suggest that loneliness and self-stigma are important predictors of well-being and quality of life (QOL) among single parents. However, much of this research has focused primarily on single mothers and less is understood about how these factors impact single fathers. The overall aim of this research is to examine if loneliness and self-stigma predict QOL among single parents and identify if there are gender differences. **Method:** A quantitative approach using an anonymous online questionnaire through Microsoft forms recruited and analysed 93 single parents (70 women and 23 men) examining the loneliness, self-stigma and QOL. **Results:** As feelings of loneliness increase, QOL decreases. Furthermore, gender differences are evident with single parent men reporting lower loneliness and self-stigma scores when compared to single mothers ($p<.001$). Additionally, the QOL levels among single fathers were significantly higher than single mothers indicating that single mothers had higher feelings of loneliness and self-stigma resulting in lower QOL levels**. Conclusion:** The present study supports previous findings and extends these to include gender differences in loneliness, self-stigma, and QOL. Future research should examine these variables in larger, population representative samples, and include qualitative research to further examine individual beliefs and experiences surrounding single parenthood.

Keywords: loneliness, self-stigma, quality of life, single parents

Contents

Introduction

Within this study, loneliness, self-stigma, and quality of life (QOL) were examined in a population of single parents over the age of eighteen to quantitatively explore the feelings of being a single parent. To understand the relationship between QOL and single parents, it is crucial to examine previous research surrounding the factors associated with a single parent's QOL. With loneliness and self-stigma being the main factors focused on overall QOL, sociodemographic variables such as age, gender, and socioeconomic status (SES) were included.

Literature Review

Traditionally, society views parenthood as a relationship between a heterosexual couple through marriage with children (Tate, 2023). The prevalence of single parents is well-known in the United States with single parent families becoming more common in Europe (Steinbach et al., 2016). Single parent families can be defined as a family where one parent, either the father or mother, looks after their child or children on their own (Pujar et al., 2018). These solo parent families often result from separation or divorce (Jones et al., 2022), however, single parent families can still exist due to several factors including death of a partner, break-up between parents, unplanned pregnancies (Sinha & Ram, 2018; Cairney & Wade, 2002) or becoming a single parent by choice through the process of sperm donation, and adoption (Van Gasse & Mortelmans, 2020). The prevalence of separation and divorce has increased the number of single parent families in recent times (Van Gasses & Mortelmans, 2020), which has led to unsettlement in day-to-day life of those involved (i.e., single parents and children) (Van Gasses & Mortelmans, 2020). Interestingly, parents that have gone through a separation have decreased levels of wellbeing when compared to an individual with a partner (Steinbach & Augustijn, 2022). This study focused on single parents that had sole custody of their children when

compared to joint custody with their ex-partner with sole custody single parents reporting higher loneliness levels.

Society can have a stereotypical view of a single parent being a young woman with no job and looking after more than one child **(**Stack & Meredith, 2018), which may result in criticism from society through social stigma (Jain & Mahmoodi, 2022). Moreover, single parent families can experience an increase in demands and encounter difficulties such as a reduction in finances due to the separation or breakup that other families may not experience (Baluyot et al., 2023). Due to a potential focus directed towards financial issues and difficulties, single parents might not have enough time in their day to interact with their own children based on the duty they have to give and provide for their family (Thwala et al., 2014). A single parent who raises their child or children on their own has more responsibilities and pressure (Pujar et al., 2018), which can be in the form of raising and providing for the child and trying to survive financially with a reduced amount of support, income, and resources available (Chavda & Nisarga, 2023). With this lack of support network surrounding the individual, single parents are at a higher risk of loneliness when compared to parents that are not raising their child or children on their own (Rees et al., 2023). In a related study, feelings of loneliness within single parents were evident within a small sub-sample recruited (n=8) by Nowland and colleagues (2021), with the change from co-parenting to single parenting giving rise to loneliness due to a lack of intimacy and communication for single parents within this sample. Interestingly, for other single parents within the sample, an increase in independence and a sense of freedom were identified (Nowland et al., 2021). Those that had felt more independent may have been because they had more control and responsibility within their home. When compared to married mothers, single mothers were more likely to have lower QOL levels including a reduction in engaging with their friends and

family signifying feelings of loneliness (Kim & Kim. 2020). This may be understandable, as a single parent may be the only responsible guardian within the home which may result in a lack of time dedicated for other activities due to the attention and demands required within the home.

Loneliness

Based on a sample of single mothers, experiences of loneliness were reported due to being the only responsible and reliable parent in the home (Gavidia et al., 2023). Loneliness can be experienced by any individual at any point in their life and can be associated with events and changes in a person's life as well as health and marital status (Rokach & Shick, 2014). More generally, middle-aged adults that are single report high levels of loneliness levels when compared to the younger adult population (Hawkley et al., 2020). Across age ranges, having no social group to interact with or not having a romantic relationship can increase loneliness levels across age groups (Hawkley et al., 2020). However this is based on the general population, not focused specifically on single parents. Nonetheless, being a single parent means more responsibility and double the workload, and this can affect the well-being of single parents psychologically and increase loneliness levels due to the lack of support (Tarar et al., 2021). This study was conducted in Pakistan where society expects individuals to eventually marry someone and for the marriage to succeed. Therefore, results may not be comparable to other countries due to this cultural view. While this study was situated in one country setting, various studies have investigated the contribution loneliness has on single parents with two studies identifying the contribution and role loneliness has on their life (Nowland et al., 2021; Ramos & Tus, 2020). Within the more recent study of the two, a quantitative approach was designed whereas, the latter of both studies consisted of a qualitative design, asking participants their lived experiences of being a single parent (Ramos & Tus, 2020). Both studies consisted of single mothers, therefore,

being careful not to generalise loneliness across the population of all single parents must be highlighted. Nevertheless, this qualitative study design is an effective approach in defining the feelings of loneliness from participants themselves. Moreover, for single fathers, there is a lack of social support in the community as well as a lack of support networks (Ravanera, 2006). This in turn may explain why single fathers are less likely to reach out to someone or develop a friendship with an individual which may enhance their wellbeing (Ravanera, 2006).

Furthermore, one study has recommended future direction to examine the loneliness of single parents within a more generalisable population as single fathers are largely underrepresented when examining single parents (Paloma Lanza-León & Cantarero-Prieto, 2024). Moreover, single fathers are more likely to develop a mental health disorder compared to fathers that are married which may likely reduce a single father's QOL. (Collings et al., 2013). Additionally, within this study, single mothers were also recruited and results identified that single mothers had poor mental health levels reported when compared to single fathers. Possible explanations for this include single mothers being in a state of socioeconomic deprivation due to having no job or income coming into the home as single mothers are less likely to be hired for a job compared to single fathers (Collings et al., 2013). Additionally, single mothers that struggle with their mental health report lower health status (Rousou et al., 2013). Despite, the focus on self-reported health, the factors discussed within this study were socioeconomic status and support surrounding single mothers. Participants that faced financial difficulties and had a lack of support, reported lower health levels which may influence the QOL of a single mother (Rousou et al., 2013). Within a study by Agnafors and colleagues (2019), a sample consisting of 1,723 single mothers in Sweden identified that young single mothers aged 20 or younger have a higher risk of mental health challenges when compared to single mothers over the age of 20. This could

be due to several explanations including lack of social support, low SES, and a lack of education (Agnafors et al., 2019). In addition, this study identified that young mothers were at a higher risk of developing adverse outcomes (e.g., post-partum depression) while single mothers were not seen as a high risk (Agnafors et al., 2019). The living arrangements of single mothers were not disclosed therefore, it is uncertain what type of lifestyle these mothers lived or if they had a comfortable income. Although this study reported many interesting findings, this was a longitudinal study over the span of three years. Many participants dropped out of the study due to unemployment, and low income with an additional explanation being single mothers struggling to have time to partake in a research study due to other demands.

As of 2023, 6.8% of children globally are living in an environment with a solo parent consisting of most single parents being independent mothers (Chavda & Nisarga, 2023) with 85% of single-parent households being headed by women (Nieuwenhuis, 2020). One of the reasons why there is a lower number of single fathers is because males are more likely to marry again and leave their children in the presence of their mother or a female guardian (Chavda & Nisarga, 2023). Single mothers can face judgement and criticism due to the absence of a father for their children (Jones et al., 2022). There can be many challenges for single parents including a lack of support, resources, and poverty due to the income coming into the household (Nieuwenhuis, 2020). Based on empirical evidence, although having a job can prevent an individual becoming poor, relying on one income for a single parent family is not sufficient based on numerous issues such as rising living costs, and inflation. (Nieuwenhuis, 2020). Since 2010, 51% of working single parents had inadequate earnings and experiences of poverty in Ireland alone (Nieuwenhuis, 2020). *One Family*, one of the leading organisations in Ireland that provide support for single parent families, have released the 2024 statistics from the Central

Statistics Office (CSO) identifying the extreme financial difficulties one-parent households are facing (CSO, 2024). Over 70% of single parent families in Ireland alone are struggling to meet the expected living requirements resulting in low SES. In addition to this, many single mothers can face problems with trying to get back into the workforce and depend greatly on child support due to having no job (Hernández et al., 2009). Having a comfortable income can reduce feelings of stress and pressure in trying to survive financially which can enhance QOL within single parent families and the single parent (Rees et al., 2023). Within many situations and events, society can hold subjective beliefs and opinions which is commonly known as stigma and can be associated with prejudice. This is the way individuals negatively act towards single parents which can create self-stigma within a single parent (Vahe Kehyayan et al., 2024; Corrigan & Rao, 2012). The title ‘single parenthood’ often has negative connotations based on society’s stereotypical perspective (Tate, 2023). This may be based on a stereotypical belief developed by society that parenthood involves two parents within the same family (Tate, 2023). In response to this, parents and children from two-parent families can often view a single parent family as dysfunctional or flawed (Zartler, 2014), however, this is not to say that all two-parent families view single parents this way. Nonetheless, this view from individuals or society can further implement self-stigma within a single parent.

Self-Stigma

Social theories propose, the best environment a child can grow up in is a home where there are two parents (Stringer & Baker, 2015). Based on single-parent status, society may discriminate against these families particularly with single mothers being negatively treated due to their marital status (Lauster & Easterbrook, 2011). Self-stigma can be defined as negative beliefs of a group created by society leading to the targeted individuals to internalise these

stereotypes (Amsalem et al., 2023). Equally, self-stigma can be explained using a stage model of awareness, agreement, application, and harm (Corrigan & Rao, 2012).This model in action may look like the individual being aware of the discrimination towards them (and in this case being a single parent), the single parent agreeing with this negative belief which may internalise this 'negative view' leading to a reduction in self-esteem and an increase risk of harm or low mood (Corrigan & Rao, 2012). Although this stage model was originally created for mental health purposes, this process can also be applied to the topic of self-stigma in single parents.

Due to this stigmatised view from society which has led to negative internalised thinking, several research studies have indicated that single mothers have poor mental health due to their self-stigma, which has led these individuals to suffer with their mental state and not look for any support or help (Kim et al., 2023; Lauster & Easterbrook, 2011). Perhaps single mothers may not be willing to look for support due to their own self-stigmatised belief of themselves. Extending this point further, one study examined the relationship between self-stigma and self-esteem among divorced single parent women (Kim et al., 2023). Results identified that the higher the feelings of self-stigma within the individual, the worse reported mental health outcomes. Self-stigma can further lead to embarrassment, along with feelings of shame, disgrace and worthlessness (Konstam et al., 2016). It could be argued that these feelings of shame and worthlessness influenced by self-stigma could further increase loneliness within the single parent. Within one study from South Korea throughout COVID-19, single mothers mentioned that they have experienced social stigma (Kim & Kim, 2020). Although experiences of social stigma were mentioned within this study, feelings of self-stigma were not identified within participants. It is uncertain if the only feeling of stigma these single mothers experienced was stigma from society as internalised stigma was not reported. Similarly to previous studies,

extensive research has identified that single mothers that have never been married were perceived negatively by society when compared to unmarried single fathers (DeJean et al., 2012). This is a surprising finding as single mothers seem to be judged more despite both genders being single parents. This may indicate the involvement of gender differences in the way single parents are perceived. Interestingly, single mothers have been perceived as being 'lazy' and individuals that do not deserve support due to their irresponsibility (DeJean et al., 2012). However, these beliefs and views come from the media and it is important to understand the context happening at the time of categorising single parents. For example, at the time of this study when benefits were distributed to those in need of additional support, single mothers became the focus of attention within Denmark and were scrutinised against as a result (DeJean et al., 2012). This indicates that stigma may originate from beliefs of society which may be internalised as self-stigma.

In similar findings based in South Korea, self-doubt may develop within single mothers as they may think that no one is there to support them based on the view of their society, which may lead to depression or a lower QOL (Choi et al., 2020). Despite this finding, within this research study, this population was based on single mothers from South Korea and through COVID-19 so results might not be replicable or generalisable to the rest of single mothers around the world post-COVID-19. Additionally, this lack of support or social network can be associated with feelings of loneliness (Rokach & Shick, 2014), which could lead to poor mental health and could increase the struggle and suffering of single parents (Amsalem et al., 2023). Therefore, implementing a plan or intervention (for example, motivational interviewing) to decrease internalised stigma can increase self-confidence within a single parent (Amsalem et al.,

2023). Due to the resources and responsibilities single parents have, the need to provide for their family can cause distress and affect their overall QOL (Taylor et al., 2021; Liang et al., 2019).

Quality of Life

Furthermore, QOL is an individual's satisfaction and view of where they are in life compared to the society they are in and based on their target of where they want to be (Ventegodt et al., 2003). Whether a parent becomes a single parent from separation or death of a spouse, this can affect the overall wellbeing and QOL of a parent (Kim & Kim, 2020). Studies have identified that lower levels of life satisfaction and the welfare of a single parent is due to separation or divorce and the financial troubles that can follow leading to a decreased sense of QOL (Jones et al., 2022). Based on a qualitative study from participants across countries including the USA, Canada, Australia, New Zealand, and the UK, single mothers have worse self-reported health compared to women that are in a relationship (Campbell et al., 2016). This indicates that those who have lower self-reported health when compared to cohabitating women are more likely to have lower QOL levels. Extending upon this finding, a study consisting of single mothers identified that having poor mental health results in low levels of life satisfaction (Hernández et al., 2009). Although, this study only contained single mothers which indicates a lack of generalisability, this study highlights the comparison of single parent women having lower QOL levels to mothers in a two-parent family. In contrast, satisfactory QOL levels in single mothers are higher in countries that have a family support system surrounding the single parent emphasising the importance of social networks and engagement (Kim & Kim, 2020).

The Present Study

Many studies have explored and investigated the QOL of single parents and have aimed to identify the factors associated with why some single parents have lower QOL levels than

others (Kim et al., 2023; Kong et al., 2017). Furthermore, demographic variables such as SES and age have been associated with single parents and their current mental state (Pujar et al., 2018). Gender differences have also been identified indicating that single mothers suffer with their mental health or need more support when compared to any other group (Hernández et al., 2009). Little research has been carried out on the feelings of loneliness within single parents and how this contributes to a single parent's overall QOL. Although social isolation in single parents has been researched, it is not the same as loneliness (Taylor et al., 2021). Throughout many of these studies, what is consistent throughout is the large focus surrounding single mothers. Much of the research surrounding single parents have focused on single mothers. Although most single parents are made up of single mothers, it is important to note that there are single fathers too. It has been acknowledged that single fathers have been largely understudied (Chiu et al., 2018).

Based on the researcher’s knowledge, no study has investigated loneliness and self-stigma within a population sample of both single mothers and fathers and aimed to identify if these factors predict QOL. Additionally, to the researcher's knowledge, the comparison between gender of single parents when observing loneliness, self-stigma, and QOL is under-researched. Furthermore, extensive research and studies have largely focused on the mental health of children that have single parents, without the inclusion of single parents themselves. To provide an example, Parache and colleagues (2023), conducted a study investigating the family structure and SES of families while examining the mental health of children. Although studies on children of single parents are as important, there is a lack of understanding and research in relation to the factors associated with single parents QOL. There is a clear gap in the literature surrounding these variables among single parents and more specifically, among the gender of single parents. Therefore, based on empirical research, the following research aims, and corresponding

hypotheses have been designed. The overarching purpose of this research is to shed light on the relationship loneliness and self-stigma has on QOL in single parents.

Overall research question: Do feelings of loneliness and self-stigma predict quality of life levels in single parents?

Aim 1: Identify if loneliness and self-stigma predict quality of life after controlling the influence of age. Comparable hypothesis (H1): After controlling for age, loneliness and self-stigma predict quality of life among single parents.

Aim 2: Identify if there are any gender differences in loneliness, self-stigma, and QOL levels. Comparable hypothesis (H2): There are gender differences in loneliness, self-stigma, and QOL levels.

Aim 3: Add to the literature and investigate the contribution SES has on QOL. Comparable hypothesis (H3): SES will be associated with QOL.

Methodology

Participants

Within this study, a total sample of 93 single participants completed this study (24.7% man; 75.3% woman), with over half of participants struggling financially (69.9%), a quarter of participants having a comfortable income (25.8%), and the remainder of participants with a high income (4.3%). The age of participants ranged from 19 to 57 (M =37.38; SD = 9.49). The removal of two participants from the study that were within the 'Prefer not to say' category was required as two participants were a small group to analyse results on. This small group had the potential of skewing results. Thus, these steps were taken to reduce the likelihood of this happening. The recommended sample size for a multiple regression followed Tabachnick & Fidell's (2013) formula; $N > 50 + 8m$, where n is the number of participants and m is the number of predictor variables. As there were five predictor variables within this study, the minimum number of participants needed was 90.

Participants were recruited using non-probability sampling techniques through convenience and snowball sampling. Due to the accessibility in recruiting specific participants (i.e., single parents) under a limited amount of time, the method of data collection used was most appropriate (Howitt & Cramer, 2020). Posters were created and placed around the National College of Ireland (NCI) campus as well as the college library (see Appendix A). The researcher dropped in to an in-person and online Psychology lecture consisting of full-time and part-time students in NCI to recruit eligible participants. This was approved by the lecturer. Additionally, a digital version of the poster was posted on social media (Instagram, LinkedIn, Reddit, WhatsApp) and single parent groups were contacted through the email provided on Instagram to share the study once approval was granted. Furthermore, posters were placed in the Penneys

staffroom in Swords, Ireland. Consent was obtained for these methods of recruitment (See Appendix B for confirmation of approval). Participants that had completed the survey or individuals that had seen the poster were invited to share the poster or survey link with individuals who met the inclusion criteria.

Materials/ Measures

Within the questionnaire, the first section of the study asked participants to complete demographic questions about themselves (see Appendix C). This included gender, age, marital status, highest level of education, the number of children a participant has, current employment status, and SES. Following this, three scales were used and included within Microsoft forms.

UCLA Loneliness Scale- Version 3

The UCLA Loneliness Scale Version 3 is a 20- item self-report Likert scale based on an individual's feelings of loneliness (see Appendix D). The ratings range from 1 (Never) to 4 (Often). Questions 1, 5, 6, 9, 10, 15, 16, 19, and 20 are reverse scored. High scores on the UCLA scale indicate higher levels of loneliness. This revised version of both the UCLA Loneliness scale and the Revised UCLA Loneliness Scale is used due to simplified wording for participants to understand (Russell, 1996). The reliability and validity of version 3 is strong with the coefficient ranging between .89 to .94 across populations with a test-retest relationship of .73 (Russell, 1996). Within the present study, a Cronbach's alpha of 0.96 was identified indicating excellent internal consistency.

Self-Stigma Scale Short Form (SSS-S)

The SSS-S scale is a 9-item, 4-point Likert scale ranging from 1 (Strongly disagree) to 4 (Strongly agree) which is based on self-rated feelings of internalised stigma that people might

feel about themselves (Mak & Cheung, 2010). The fill in the blank is for the targeted population (see Appendix E). Within the current study, the blank line would be filled in as ‘single parent’. For example, ‘I feel uncomfortable because I am a single parent’. The SSS-S is a reliable scale with a Cronbach’s alpha of 0.93. Additionally, the SSS-S had acceptable convergent and criterion-related validity (Sanchez et al., 2020). Similarly to the UCLA Loneliness scale, high scores within this scale represent higher feelings of self-stigma with lower scores representing a low internalised feeling of self-stigma. Consistent to previous findings, this study had Cronbach’s alpha value of 0.92 indicating satisfactory levels of reliability.

WHO Quality of Life Scale (WHOQOL-BREF)

The WHOQOL-BREF identifies overall QOL satisfaction within participants (Vahedi, 2010) (see Appendix F). The WHOQOL-BREF is a 26-item measure on a 5-point Likert scale with a range of answers for several questions (for example, 1(Very poor), to 5 (Very good) or 1(Not at all), to 5 (An extreme amount)). Questions 3, 4, and 26 should be reverse scored (Power, 2003). The WHOQOL-BREF has good internal consistency with a Cronbach’s alpha of 0.91 along with high validity (Almarabheh et al., 2023). Furthermore, results with a high score rating indicate high QOL levels within the individual and low scores indicating that there are low QOL levels. Within the current study, the Cronbach alpha coefficient reported an excellent internal consistency of 0.96.

Design and Analyses

The current research study undertook a quantitative approach using a cross-sectional design. Each aim was analysed separately which identified the variables (i.e., loneliness, self-stigma, gender, age, and SES), and their relationship with the continuous variable (i.e., quality of

life) through multiple forms of analyses. Additionally, a Bonferroni correction was conducted to mitigate a Type 1 error due to multiple statistical analyses being performed (Armstrong, 2014).

Within aim one, a Spearman's correlation analyses between loneliness, self-stigma, age , and QOL was examined to determine the strength of the relationship between variables. Following this, a hierarchical multiple regression was carried out to investigate if QOL (Criterion variable- CV) was predicted by variables: loneliness, and self-stigma (Predictor variables- PV), after controlling for age (PV). Within the second aim three Mann Whitney U Tests were conducted to compare three variables: loneliness, self-stigma, and QOL (Dependent variable-DV) among gender (Independent variable-IV). Lastly, the final aim carried out a Kruskal Wallis H Test to examine the relationship of QOL (DV) levels based on a participant's SES (IV) with a post-hoc test (i.e., Mann Whitney U Test) to further examine the direction of this significant result. The statistical results from these three aims were analysed through the software SPSS v29.

Procedure

Participants scanned the QR code on the poster or searched the survey link in their web browser which led participants to the survey on Microsoft forms. Participants were first presented with an information sheet (see Appendix G) which outlined the purpose and content of the study, inclusion and exclusion criteria of participants, anonymity and protection of the participant, and the right to withdraw. Following this, a consent form asking if participants understood and agreed with the information provided was required (see Appendix H). Participants were then brought onto the start of the study which asked relevant demographic questions. Subsequently, the three scales: UCLA scale, SSS-S scale, and the WHOQOL-BREF were completed by participants. Once the questionnaire was completed, participants were directed onto the debrief sheet which reminded participants what the study was about, along with

information to helpline services should participants need support following their participation in this study (see Appendix I). The completion of this study took participants an average of 10 minutes.

Ethical Considerations

For the following research study to begin, approval was required from the National College of Ireland's Ethics Committee. This approval was granted (see Appendix J). This research project was in line with the Psychological Society of Ireland Code of Professional Ethics along with NCI's Ethical Guidelines and Procedures for Research involving Human Participants. While no risk was expected to occur from this research study, steps were put in place to minimise this risk altogether. The study itself was anonymous meaning that all participants were unidentifiable. Additionally, the study was completely voluntary. Participants were invited to participate, which meant that no participant was forced to carry out the study. Furthermore, mental health support and services were provided in the debrief sheet along with the researcher's email address should participants have any questions or concerns. Additionally, participants were informed within the information sheet of their right to withdraw at any point in the study without any consequences in doing so. Moreover, participants were informed in the information sheet and consent form of data storage, their confidentiality and private information, reiterating the anonymous nature of the study. Regardless of anonymity, participants were made aware of the data retention policy along with the online data repository (SMARDY).

Results

Descriptive Analyses

A total sample of 93 single participants completed this study (24.7% men; 75.3% women), with over half of participants struggling financially (69.9%), a quarter of participants having a comfortable income (25.8%), and the remainder of participants with a high income (4.3%). The age of participants ranged from 19 to 57 (M =37.38; SD = 9.49). Descriptive frequencies of continuous variables: age, loneliness, self-stigma, and QOL can be observed in Table 1. A normal distribution was identified for loneliness and QOL. A statistically significant result ($p < .05$) of the Kolmogorov-Smirnov test indicated age and self-stigma as having a non-normal distribution. When examining the histogram for self-stigma, a right skewed distribution is identified. Similarly for age, a near symmetrical distribution can be identified indicating non-normality. Based on the central limit theorem, although the mean of this sample for self-stigma and age is non-normally distributed, with a sufficient sample size, the population sample will still be normally distributed due to the increase in sample size as the skewness of the sample does not affect the sample means (Kwak & Kim, 2017). Therefore, the overall sample means can be considered as normal.

As there are eleven statistical tests within this study and a standard p-value within psychology is p =0.05, dividing this by the number of tests to account for Bonferroni correction, the outcome of p= 0.0045. This incorporates a stringent alpha level to prevent a false positive. Should the p-value of any statistical test meet the statistical significance where p<.05, but not the Bonferroni correction significance level, p<.0045, the result will meet standard statistical significance but fail to meet the stringent alpha level. Therefore, caution must be advised when interpreting these results.

Table 1

Descriptive statistics for continuous variables: Age, Loneliness, Self-Stigma, and QOL (N = 93)

Variable	*M* [95% CI]	*SD*	Range
Age	37.38[35.42, 39.33]	9.49	19-57
Loneliness	50.63[48.08, 53.19]	12.39	20-77
Self-Stigma	17.51[16.34, 18.67]	5.67	9-32
Quality of Life	82.16[78.22, 86.11]	19.15	42-130

Inferential Analyses

Prior to the hierarchical multiple regression, a correlation analyses was examined to determine if there is a relationship between age, loneliness, self-stigma, and QOL. Due to the non-normal distribution of age and self-stigma, a Spearman's correlation was conducted. A strong positive correlation was identified between age and QOL (ρ=0.57, n=93, p<.001), indicating that as one variable increases, so does the other, while a moderate negative relationship was identified between age and loneliness (ρ=-.43, n=93, p<.001), and age and self-stigma (ρ =-.39, n=93, p<.001), explaining that as one variable increases the other decreases Similarly, for QOL, a strong negative correlation was identified between QOL and loneliness (ρ=-.75, n=93, p<.001), and self-stigma (ρ=-.65, n=93, p<.001), identifying that as one variable increases, the other variable decreases. Contrastingly, loneliness had a strong positive correlation with self-stigma (ρ=.74, n=93, p<.001), signifying that as one variable increases, so does the other. This indicates that there are significant relationships between age, loneliness, self-stigma, and QOL.

Supplementary to the correlation analyses conducted, a hierarchical multiple regression analysis was performed to investigate whether loneliness and self-stigma predict quality of life levels after controlling for age. Preliminary analyses were performed to ensure that there was no violation of the assumptions of normality linearity, and homoscedasticity. The correlations between the predictor variables (age, loneliness, and self-stigma) were assessed and *r* values ranged from -.75 to .74. Tests for multicollinearity also indicated that all Tolerance and VIF values were in an acceptable range. These results indicate that there was no violation of the assumption of multicollinearity, and that data was suitable for examination through multiple regression analysis.

In the first step of the hierarchical multiple regression, one predictor variable was entered: age (in years). This model was statistically significant (F (1, 91) = 47.14, p<.001) and explained 34.1% of variance in QOL scores (see Table 2 for full details). After the entry of loneliness and self-stigma in Step two, total variance explained by the model was 65.1% (F (3, 89) = 55.30, p<.001). The introduction of loneliness and self-stigma explained an additional 31% of variance in QOL scores after controlling for age; this change was statistically significant (R^2 Change = .310, F (2, 89) = 39.46, p<.001). In the final model, two of the three predictor variables were found to uniquely predict QOL scores to a statistically significant degree. Both age and loneliness levels were both significant predictors of QOL scores. Loneliness was a negative predictor of QOL scores with loneliness being the strongest predictor in the model (β= -.52. p<.001). Additionally, age was a positive predictor of QOL scores. This indicates that as the age of a single parent decreases and feelings of loneliness increase, their QOL levels decrease. See Table 2 for details.

Table 2

Hierarchical regression model predicting Quality of Life scores

Variable	R^2	R^2 *Change*	*B*	*SE*	*β*	*t*	*p*
Step 1	.34***						
Age			1.18	0.17	0.58	6.86	<.001
Step 2	.65***	.31***					
Age			0.61	0.14	0.30	4.22	<.001
Loneliness			-0.81	0.15	-0.52	-5.56	<.001
Self-Stigma			-0.44	0.32	-0.13	-1.35	.180

Note: R^2 = R- squared; B = unstandardised beta value; SE = Standard errors of B; β = standardised beta value; N = 93; Statistical significance; *** *p<.001*

Non-parametric test known as the Mann Whitney U Test was conducted to compare three variables: loneliness, self-stigma, and QOL levels between men and women due to a non-normal distribution in male scores. For loneliness scores, there was a significant difference in scores, with men (*M* = 24.91) scoring significantly lower than women ((*M* =54.26), *U*=297, *p*<.001). This indicates that men have lower levels of loneliness when compared to women. Similarly, for self-stigma levels, men (*M* = 28.13) scored lower than women ((*M* = 53.20), *U*= 371, *p*<.001), indicating that men have lower levels in self-stigma scores when compared to women. Conversely, women (*M* = 41.04) scored lower in QOL levels when compared to men ((*M* = 65.13), *U*= 388, *p*<.001), signifying that women have lower QOL levels in comparison to men. In summary, men have lower loneliness and self-stigma scores when compared to women which contributes to higher QOL scores for men.

The Kruskal Wallis H test was conducted to identify if there were differences in QOL levels across the three SES categories: struggling financially, comfortable income, and high income. There was a significant difference in QOL levels across SES groups ($H(2) = 32.74$, $p<.001$). Due to the significance of this test, a Mann Whitney U Test was conducted to identify which socioeconomic groups had a significant difference. There was a significant difference between those that struggle financially ($M= 74.68$, $SD= 16.72$), and those that have a comfortable income ($M= 99.33$, $SD= 10.63$; $U = -35.61$, $p<.001$), indicating that participants who struggle financially have lower QOL levels in comparison to those that have a comfortable income. Additionally, there was a significant difference between those that struggle financially and those that have a high income ($M= 100.75$, $SD= 19.62$; $U = -30.11$, $p<.030$). There was no statistical difference in QOL levels between having a comfortable income and a high income. Overall, this indicated that individuals that struggle financially have the lowest QOL when compared to those that have a comfortable income or high income. Although the significance of the struggling financially and comfortable income group met the standard and stringent alpha level, the significance between the struggling financially and high income group did not meet the Bonferroni correction. Therefore, results for this group should be proceeded with caution until future research is conducted.

Discussion

Summary of Key Findings

The present study aimed to investigate the relationship loneliness and self-stigma had on QOL levels among single parents. An additional three variables: age, gender, and SES were included in the study due to previous research indicating that these factors may contribute to loneliness and self-stigma levels within single parents (Choi et al., 2020; Pujar et al., 2018). This research study was centred around single parents due to their underrepresentation in research as well as the lack of research on single fathers (Chiu et al., 2018). Based on the results, significant findings were identified.

Within the first hypothesis, (H1), the assumption proposed that after controlling for age, loneliness and self-stigma would predict QOL levels among single parents. A hierarchical multiple regression was conducted for H1 with age being inputted in step one while loneliness and self-stigma were inputted into step two. Results indicated that after controlling for age, loneliness is a strong factor to predict QOL in single parents. Despite the age of a single parent being associated with feelings of loneliness, loneliness independently predicted QOL after controlling for age. In short, as loneliness levels increase, the QOL of single parents decrease indicating that loneliness predicts QOL. This is consistent with similar findings in that feelings of loneliness may be due to marital status and/or lack of support (Tarar et al., 2021; Rokach & Shick, 2014). Although the first study of the two was conducted in Pakistan, similarities between loneliness and single parents are also consistent throughout the current study. Moreover, following a quantitative design approach comparable to Nowland and colleagues (2021), findings were similar in identifying the role loneliness can play among single parents. What differed between both studies was the sample population. The present study had a sample of

single parents, both men and women compared to a study of single mothers. The inclusion of single fathers in the study in comparison to only single mothers contributes to the current literature from a broader population perspective and supports the role loneliness can play in single parents QOL level which makes these results generalisable to a wider single parent population. Similarly, for the qualitative design examining experiences of loneliness conducted by Ramos and Tus (2020), a sample of single mothers were also recruited. Not only does the present study support previous findings in relation to loneliness such as the lack of support surrounding single parents along with the feeling of having no one to turn to, but it emphasises the increased need of having different study designs to enhance the research surrounding feelings of loneliness through multiple study designs and approaches.

In contrast to loneliness being a significant factor, the opposite was identified for self-stigma which identified self-stigma being a significant predictor variable of QOL levels before controlling for age. This means that self-stigma does not independently predict the QOL of a single parent after age is accounted for. There can be many reasons as to why this is the case. This may depend on how common the experience of self-stigma is within a single parent population. Within a previous study conducted in South Korea, single mothers experienced social stigma but never mentioned their experience of self-stigma (Kim & Kim, 2020). However, this may have been because of the type of questions asked. It is uncertain if self-stigma is a strong variable to independently affect the QOL of individuals without being analysed along with an additional variable (for example, age). Furthermore, there is a lack of studies focused on the self-stigma single parents may experience, which presents a challenge to identify what part self-stigma plays in affecting a single parents' QOL. However, based on H1, results indicate that within this sample, those that had higher levels of loneliness and self-stigma reported a low QOL

level indicating that there may be a lack of support networks within a single parent's environment due to the significance of loneliness and self-stigma. Overall, H1 can be accepted due to a significant result met for the standard p-value and the Bonferroni correction.

Similarly, hypothesis two (H2), can be accepted as gender differences were evidently seen between single parent men and women in loneliness, self-stigma, and QOL levels. Three Mann Whitney U Tests were conducted with results indicating that single fathers had lower levels of loneliness and self-stigma along with a higher level of QOL when compared to single mothers. While previous findings of single mothers having lower QOL levels than married mothers were reported (Kim & Kim, 2020), the current study identified that single mothers had lower QOL levels along with higher levels of loneliness levels when compared to single fathers. Although this is consistent with previous findings, this result is surprising. Considering that most single parent households are headed by women (Nieuwenhuis, 2020), research has identified that there are more support networks provided and tailored towards single mothers (The Lancet Public Health, 2018). However, the effectiveness of these support networks are questionable as results indicate the loneliness of single parents is higher in single mothers when compared to single fathers even when many support groups are provided for single mothers. An explanation to this may be due to the way single mothers are perceived by society. Single mothers are generally perceived more negatively when compared to single fathers. Although there may be more supports available and modified towards single mothers, the negative attitude towards single mothers may reduce overall QOL and increase loneliness and self-stigma levels. Nonetheless, the current findings in relation to gender differences can be supported by previous studies (DeJean et al.., 2012). An additional study identified that single mothers showing higher levels of QOL were in countries that had efficient supports and resources provided to single

parents (Kim & Kim, 2020). In comparison to the present study, participants were not limited to one country when participating in this study, therefore, the country of residence for participants remains unknown.

Likewise, with hypothesis three (H3), the study can accept the hypothesis that SES influences QOL levels among single parents. After implementing a Kruskal Wallis H test, results indicated that single parents struggling financially had significantly lower QOL levels in comparison to those in the comfortable and high-income bracket. Consistent with similar findings, due to the priority of single parents having to work to provide for their family, a reduced amount of time is spent between parent and child on account of the lack of support available to single parents (Chavda & Nisarga, 2023). It has been supported that single mothers find it challenging to get back into employment due to their marital status or responsibility in looking after their children which can be a barrier in receiving income for their family (Hernández et al., 2009). The difference between this study and the current study is the type of design each study undertook. Although this study implemented a cross-sectional approach, the study carried out by Hernández and colleagues (2009), consisted of a longitudinal study across two time points. In related findings, the unease surrounding the lack of income being received by single parents, decreases overall QOL. Although SES impacts QOL among single parents, previous studies have solely examined the reduction in QOL associated by SES of single mothers (Nieuwenhuis, 2020). Due to the absence of single fathers within these studies, it is unclear if single fathers struggle financially to the extent single mothers do as men are more likely to remarry, which may reduce income within the home and add pressure of responsibility of one parent (Chavda & Nisarga, 2023). However, this study can contribute to this question surrounding single fathers. Results of H3 indicated that those who had a comfortable and high

income reported higher QOL levels in comparison to single parents that struggled financially. These findings can support previous studies examining the SES of single mothers and their overall QOL based on the single mothers and fathers population utilised. To contribute to the hypothesis surrounding the influence SES can have on overall QOL among single parents, having a stable income is detrimental in increasing QOL in both single mothers and fathers as it provides stability within the household.

Despite these findings identifying significant results on the sample of single parents, more focus needs to be implemented and observed into what the current support system looks like for single parents and what needs to be further implemented to contribute to the reduction in loneliness and self-stigma along with an increase in QOL levels. Additionally, greater attention should be considered when observing the gender between single parents. Moreover, a perspective within the policy recommendation provided by Murphy (2019) has stated that policy has been developed with gendered differences in mind. However, this may be due to the people who access the service (i.e., more single mothers). Nonetheless, equal attention should be provided in the available supports for both single mothers and single fathers. As previously stated, single fathers are largely underrepresented when examining single parents (Chiu et al., 2018), therefore, emphasising the increased need for single father studies are recommended to gain a larger insight into what type of support single fathers need to reduce feelings of loneliness and self-stigma. On the subject of stigma, a negative view of unmarried mothers (both internalised stigma and societal stigma) can contribute to the barrier in single mothers' inability to become employed which leads to financial difficulties resulting in a single mother relying heavily on government supports and benefits (DeJean et al., 2012). Awareness and attention should also be focused on the financial support for single parents as a single parent household

may be challenging at times, especially when there is a lack of social support surrounding the single parent.

Strengths and Limitations

Although the current study highlighted statistical findings supported by previous research, as with all studies, this study contains limitations which should be addressed. However, despite limitations, the current research study contributed to the literature of single parents in a novel way. Based on the researcher's known knowledge, this is one of the first studies to examine loneliness, self-stigma and QOL with the inclusion of age, and SES among both single mothers and single fathers

A major strength of this research study was the sample size recruited. Not only were single mothers recruited, but single fathers were also collected and included in the sample which addressed the gap in the literature surrounding the lack of inclusion single fathers have in single parent studies. Therefore, findings from this study can contribute to the loneliness and self-stigma levels of single parents with a sufficient sample size to support single father findings. To ensure reliability throughout the study, within the three main aims, there were many statistical tests analysed. Due to multiple tests analysed, a Bonferroni correction was implemented within these results to include a more stringent alpha level when interpreting the results. This was to prevent a Type 1 error. Interestingly, within the three aims, all tests met the Bonferroni correction highlighting that despite a lower significance threshold, results still met the stringent level indicating that results obtained from the sample were not based on a false positive result. However, one group within the SES aim (struggling financially and high income group) should be proceeded with caution due to the inability to meet the Bonferroni significance level.

Regarding the limitations of the research, the present study was not based in one specific location or country therefore any single parent regardless of where they lived were invited to complete the survey. Within the survey, no question asked what nationality or what country of residence these single parents lived in. Based on anonymous data, it is unknown where these single parents are living and what their environment looks like therefore, results cannot be generalised across one specific country. However, it is important to note that one of the two organisations that shared the study was based in the UK, while the other was based in Ireland. Additionally, recruitment posters were posted online and in-person. Due to the limited time restraint on this research project along with a lack of funding, participants were recruited through convenience and snowball sampling. Therefore, the findings may not be generalisable to all single parents due to the method of recruitment.

Following the findings of the current study, future direction is recommended to examine the subjective feelings of loneliness and self-stigma through a qualitative approach. Conducting a qualitative based study surrounding the factors associated with QOL among single parents may provide deeper insight and subjective views into what their current support network looks like, including their thoughts on the improvements and changes that could be made for single parents to increase QOL. Additionally, the inclusion of more single fathers should be implemented within studies to ensure reliable results across the single parent population. Lastly, a larger representative sample of single parents should be examined to gain a better understanding of the factors affecting QOL among single mothers and single fathers.

Conclusion

In summary, the present study identified the relationship loneliness and self-stigma had in predicting QOL. Results identified that loneliness, self-stigma, and age significantly predicted

QOL however, when age was controlled for, loneliness and age were the only variables to predict QOL. Additionally, there were gender differences between single mothers and fathers with single mothers reporting high loneliness and self-stigma levels resulting in a lower QOL. This in turn, signified that men did not have as much loneliness and self-stigma levels when compared to single mothers. Finally, SES influenced single parent's QOL. Single parents that struggle financially have a lower QOL level when compared to those that had a comfortable or high income. Overall, this research study has aimed to identify the loneliness and self-stigma levels associated with single parents and their QOL. Identifying these factors associated with QOL may highlight the increased need for social and financial support among single parents to combat loneliness and self-stigma.

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Appendices

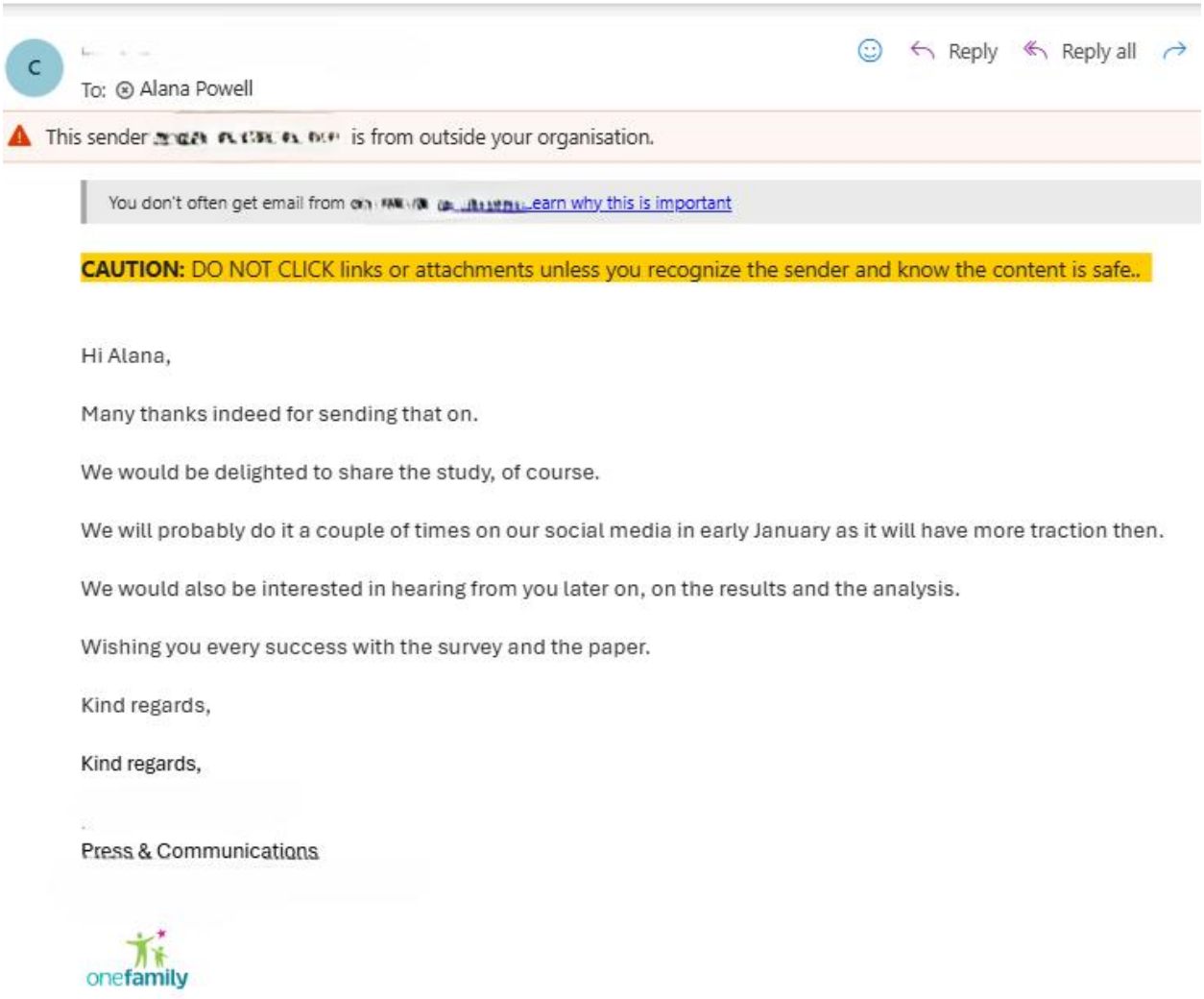
Appendix A

Recruitment Poster

Appendix B

Approval Letters

One Family Ireland



C

Reply Reply all

To: Alana Powell

This sender [redacted] is from outside your organisation.

You don't often get email from [redacted] Learn why this is important

CAUTION: DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe..

Hi Alana,

Many thanks indeed for sending that on.

We would be delighted to share the study, of course.

We will probably do it a couple of times on our social media in early January as it will have more traction then.

We would also be interested in hearing from you later on, on the results and the analysis.

Wishing you every success with the survey and the paper.

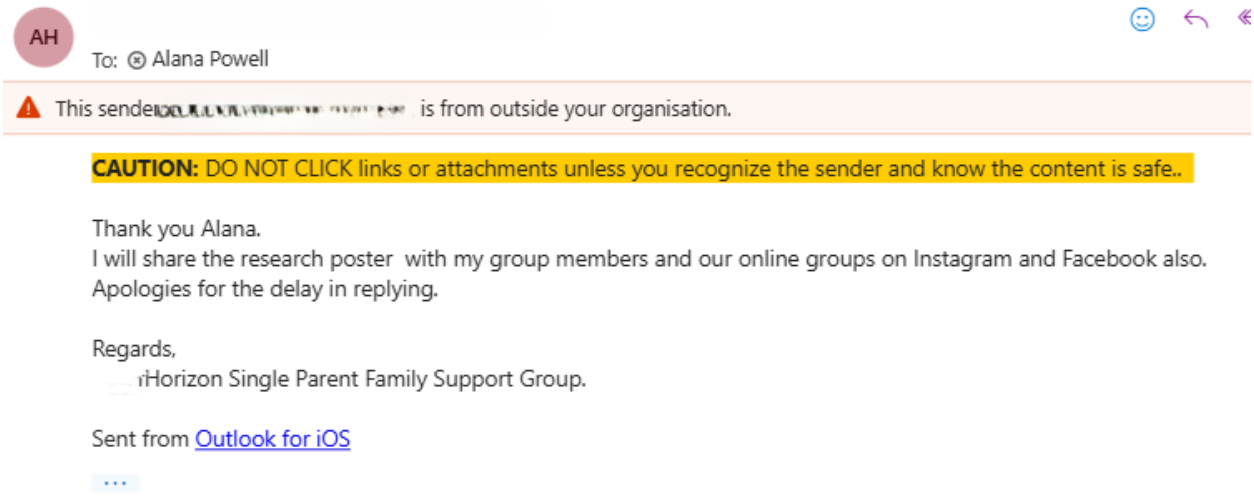
Kind regards,

Kind regards,

Press & Communications

onefamily

Horizon Single Parent Family Support Group



AH

To: Alana Powell

This sende[redacted] is from outside your organisation.

CAUTION: DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe..

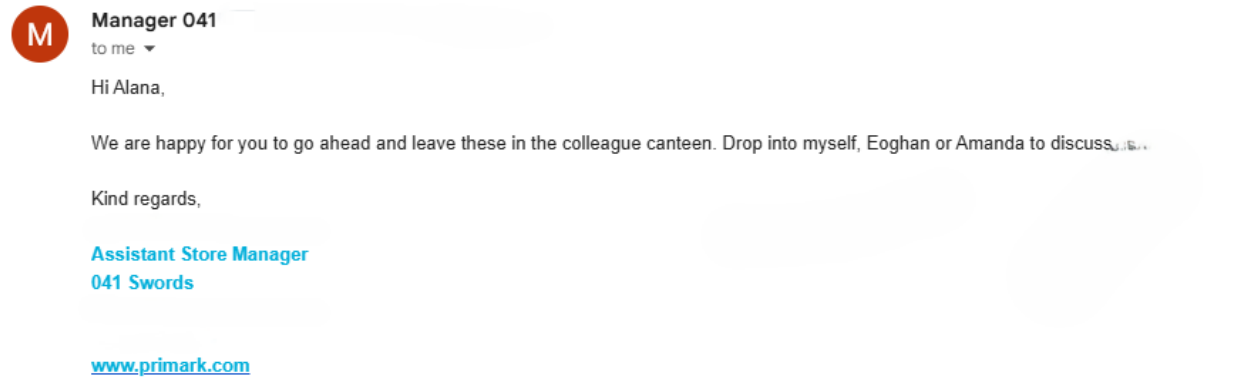
Thank you Alana.
I will share the research poster with my group members and our online groups on Instagram and Facebook also.
Apologies for the delay in replying.

Regards,
Horizon Single Parent Family Support Group.

Sent from Outlook for iOS

...

Penneys, Swords



M

Manager 041

to me

Hi Alana,

We are happy for you to go ahead and leave these in the colleague canteen. Drop into myself, Eoghan or Amanda to discuss.

Kind regards,

Assistant Store Manager
041 Swords

www.primark.com

Appendix C

Demographic Questionnaire

What is your gender?

- ❑ Woman
- ❑ Man
- ❑ Non-binary
- ❑ Prefer to self-describe
- ❑ Prefer not to say

If you selected 'Self-describe'

_____

Please enter your age (in years)

_____

What is your Marital Status?

- ❑ Single
- ❑ Married
- ❑ Divorced
- ❑ Widowed
- ❑ Other: _____

What is your highest level of education?

- ❑ Secondary School (e.g., high school, GCSE, etc.)
- ❑ Undergraduate Degree
- ❑ Postgraduate Degree
- ❑ I didn't finish school
- ❑ I didn't finish college
- ❑ Other: _____

How many children do you have living in your care?

- ❑ One child
- ❑ Two children
- ❑ Three to five children
- ❑ More than five children

What is your current employment status?

- ❑ Employed Full-time
- ❑ Employed Part-time
- ❑ Unemployed
- ❑ Student
- ❑ Retired
- ❑ Other: _____

Which of the following best describes your current socioeconomic status?

- ❑ Struggling financially
- ❑ Comfortable income
- ❑ High income

Appendix D

UCLA Loneliness Scale- Version 3

Instructions: Please indicate how often each of the statements below is descriptive of you.

'Never' being you never feel this way, and 'Often' meaning on a daily basis.

Please answer as honestly as you can.

1= Never, 2= Rarely, 3= Sometimes, 4= Often

1. How often do you feel that you are 'in tune' with the people around you?
2. How often do you feel that you lack companionship?
3. How often do you feel that there is no one you can turn to?
4. How often do you feel alone?
5. How often do you feel part of a group of friends?
6. How often do you feel that you have a lot in common with the people around you?
7. How often do you feel that you are no longer close to anyone?
8. How often do you feel that your interests and ideas are not shared by those around you?
9. How often do you feel outgoing and friendly?
10. How often do you feel close to people?
11. How often do you feel left out?
12. How often do you feel that your relationships with others are not meaningful?
13. How often do you feel that no one really knows you well?
14. How often do you feel isolated from others?
15. How often do you feel you can find companionship when you want it?
16. How often do you feel that there are people who really understand you?
17. How often do you feel shy?
18. How often do you feel that people are around you but not with you?
19. How often do you feel that there are people you can talk to?
20. How often do you feel that there are people you can turn to?

Appendix E

Self-Stigma Scale Short Form (SSS-S)

Please answer honestly how much you agree with the statements below from the point of view of being a single parent from Strongly disagree to Strongly agree.

1= Strongly disagree, 2= Disagree, 3= Agree, 4= Strongly agree

1. My identity as a single parent is a burden to me
2. My identity as a single parent incurs inconvenience in my daily life
3. The identity of being a single parent taints my life
4. I feel uncomfortable because I am a single parent
5. I fear that others would know that I am a single parent
6. I feel like I cannot do anything about my single parent status
7. I estrange myself from others because I am a single parent
8. I avoid interacting with others because I am a single parent
9. I dare not to make new friends lest they find out that I am a single parent

Appendix F

WHO Quality of Life Scale (WHOQOL-BREF)

Please answer all of these questions.

If you are unsure about which response to give to a question, please choose the one that appears the most appropriate.

This can often be your first response.

It is recommended to think about your life in the last two weeks.

1= Very poor, 2= Poor, 3= Neither poor nor good, 4= Good

- How would you rate your quality of life?

1= Very dissatisfied, 2= Dissatisfied, 3= Neither satisfied nor dissatisfied, 4= Satisfied

- How satisfied are you with your health?

The following questions ask about **how much** you have experienced certain things in the last two weeks

1= Not at all, 2= A little, 3 = A moderate amount, 4= Very much 5, An extreme amount

- To what extent do you feel that physical pain prevents you from doing what you need to do?
- How much do you need any medical treatment to function in your daily life?
- How much do you enjoy life?
- To what extent do you feel your life to be meaningful?
- How well are you able to concentrate?
- How safe do you feel in your daily life?
- How healthy is your physical environment?

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks

1= Not at all, 2= A little, 3= Moderately, 4= Mostly, 5= Completely

- Do you have enough energy for everyday life?
- Are you able to accept your bodily experience?
- Have you enough money to meet your needs?
- How available to you is the information that you need in your day-to-day life?
- To what extent do you have the opportunity for leisure activities?

1= Very poor, 2= Poor, 3= Neither poor nor good, 4= Good, 5= Very good

- How well are you able to get around?

The following questions ask you to say **how good or satisfied** you have felt about various aspects of your life over the last two weeks?

1= Very dissatisfied, 2= Dissatisfied, 3= Neither satisfied nor dissatisfied, 4= Satisfied, 5= Very satisfied

- How satisfied are you with sleep?
- How satisfied are you with your ability to perform your daily living activities?
- How satisfied are you with yourself?
- How satisfied are you with your personal relationships?
- How satisfied are you with your sex life?
- How satisfied are you with the support you get from your friends?
- How satisfied are you with the condition of your living place?
- How satisfied are you with your access to health services?
- How satisfied are you with your transport?

The following question refers to **how often** you have felt or experienced certain things in the last two weeks

1= Never, 2= Seldom, 3= Quite often, 4= Very often, 5= Always

- How often do you have negative feelings such as blue mood, despair, anxiety, depression?

Appendix G

Information Sheet

Please take this time to read the information provided on what this study is about and what it would involve for you. If you have any questions about the information, please contact me on my email provided below.

Purpose of the Study

My name is Alana Powell. I am currently an Undergraduate student completing my bachelor's degree in psychology at the National College of Ireland. I am undertaking this research study, 'Loneliness, Self-Stigma, and Quality of Life among Single Parents', as part of my Final Year Project. This research study is focused on investigating the role Loneliness and Self-Stigma play in Single Parents' Quality of Life Levels. This research project will be supervised by my supervisor Dr David Mothersill.

Who can take part?

Anyone over the age of 18 who is a single parent living with at least one child who has 15 or 20 minutes to take part in an anonymous online survey. Individuals must be able to read and understand English. This research project is specifically looking at single parents.

What will the study involve?

The study will involve the completion of an anonymous online survey. This may take between 15-20 minutes. The survey should be completed in a space where there are no distractions and completed in one sitting as answers will not be saved if you exit the survey before submitting. There will be no follow-up to this research.

Who has approved this study?

This study has been reviewed and received ethical approval from the National College of Ireland Research Ethics Committee. You may have a copy of this approval if you request it.

Do you have to take part?

No, you are under no obligation whatsoever to take part in this research. However, I hope that you will agree to take part and give some of your time to complete the online survey. It is entirely up to you to decide whether you would like to take part. If you decide to do so, you will be asked to tick a digital consent form. If you decide to take part, you are still free to withdraw at any time up until the online survey is submitted without giving a reason. To do this, you can simply exit your browser if you would no longer like to participate. It is important to note that you will not be able to withdraw your data once the online survey has been submitted due to anonymity. However, the researcher won't know what data yours is.

What information will be collected?

Initially Demographic Information will be collected from you such as gender, age, marital status, education status, how many children they have, employment, and socioeconomic status (SES). All information gathered after this will be based on your opinions and experience of Loneliness, Self-Stigma and Quality of Life as a single parent.

Will your participation in the study be kept confidential?

Yes, all information that you provide for this survey will be kept confidential. In addition, the online survey is completely anonymous, so the researcher won't know who took part. All electronic information will be encrypted and held securely on the researcher's PC or servers and will be accessed only by researchers on the project: Alana Powell and Dr David Mothersill. No information will be distributed to any other unauthorised individual or third party, only the research team. Your individual data cannot be made available to you due to the anonymous nature of this study. Should you wish to follow up on the results of this research, my contact emails will be provided at the end of this information sheet.

What will happen to the information which you give?

Responses to the questionnaire will be stored securely in a password protected/encrypted file on the researcher's computer. Only the researcher and supervisor will have access to the data. Data will be retained for 5 years in accordance with the NCI data retention policy. Additionally, anonymised data will be stored on NCI servers in line with NCI's data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary data repository (SMARDY) to facilitate validation and replication, in line with Open Science best practice and conventions.

What will happen to the results?

The research will be written up and presented in my final dissertation at the National College of Ireland. The results may be presented as a report or poster presentation which can be presented at National and International conferences and may be published in scientific journals. Additionally, the survey data will be archived onto NCI's SMARDY repository. We are required to provide open access to our findings. A copy of the research findings will be made available to you upon request.

What are the possible disadvantages of taking part?

I don't envisage any negative consequences for you in taking part in this research. However, if you subsequently feel distressed when answering these topic questions in the survey, please find relevant supports in the debrief form at the end of this survey.

What if there is a problem?

If you experience any issues or problems while completing this study, you may contact me (x22391636@student.ncirl.ie). Again, if you find yourself distressed or needing support following completion of this survey, please find the relevant support provided.

Any further queries?

If you need any further information, you can contact me:

Principal Investigator

Alana Powell

X22391636@student.ncirl.ie

Undergraduate Student

Dept. of Psychology

National College of Ireland

Supervisor

Dr David Mothersill

David.mothersill@ncirl.ie

Associate Professor in Psychology

Dept. of Psychology

National College of Ireland

If you agree to take part in the study, please complete and tick the consent form overleaf.

Thank you for taking the time to read this.

Appendix H

Consent Form

In agreeing to participate in this research I understand the following:

- The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the principal investigator's (Alana Powell) responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.
- If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage by exiting my browser.
- I understand that once my participation has ended, I cannot withdraw my data as it will be fully anonymised.
- I have been informed as to the general nature of the study and agree voluntarily to participate.
- All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business.
- I understand that my data will be retained and managed in accordance with the NCI data retention policy, and that my anonymised data will be archived on an online data repository (SMARDY) and used for secondary analysis. Additionally, the data collected, will be written up as a dissertation project and presented and may be presented at events, conferences, and submitted to journal articles for publication. No data of participants will be identifiable at any point.
- At the conclusion of my participation, any questions or concerns I have will be fully addressed.

Please tick this box if you have read and you agree with the above information.

❑ I have read and I agree with all the information provided

Please tick this box to indicate that you are providing informed consent to participate in this study.

❑ I consent to take part in this study

Appendix I

Debrief Sheet

You have reached the end of the study.
As a reminder, this study was Investigating Loneliness, Self-Stigma and Quality-of-Life Levels in Single Parents.

This study is completely anonymous so no one, including the researcher, will know who has taken part.

I would like to take this opportunity to thank you for participating and for taking the time out of your day to complete this survey.

If you know someone who is a single parent that would like to complete and take part in this research study, please feel free to tell them and send them on the survey link.
If you have any queries or concerns, please feel free to reach me on my email: x22391636@student.ncirl.ie
In addition, if you have felt stressed after completing this survey, please go to these supports:

Turn2me

Turn2me offers self-help, peer support and professional support through an online platform for those who are experiencing poor mental health.
https://turn2me.ie/?external=1

Text 50808

Free, anonymous, 24/7 texting platform to talk about anything on an individual's mind.
https://www.textaboutit.ie

Once again, thank you for completing this survey.

Appendix J

Ethics Approval Letter

National College of Ireland
Mayor Street, IFSC, Dublin 1, Ireland

Coláiste Náisiúnta na hÉireann
Sráid an Mhéara, IFSC
Baile Átha Cliath 1, Éire

Tel: +353 1 449 8500
Fax: +353 1 497 2200
email: info@ncirl.ie
Website: www.ncirl.ie

Date: 5th of November 2024

Ref: Ethics Approval Number: 25102024x22391636

Proposal Title: *Loneliness, Self-Stigma, and Quality of Life among Single Parents*

Applicant: Alana Powell

Dear Alana,

Thank you for your application to the NCI Psychology Ethics Filter Committee, and for responding to clarification requests related to the application. I am pleased to inform you that the ethics committee has approved your application for your research project. Ethical approval will remain in place until the completion of your dissertation in part fulfilment of your BA Honours Degree in Psychology at NCI.

Please note that:

- Students are responsible for ensuring that their research is carried out in accordance with the information provided in their application.
- Students must abide by PSI ethics guidelines in completing their research.
- All procedures and materials should be approved by the supervisor prior to recruitment.
- Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made.

Sincerely,

Dr Robert Fox
Chairperson, Psychology Ethics Filter Committee

Ethics Committee members: *Dr Robert Fox (representative on the NCI Research Ethics Subcommittee), Dr Michelle Kelly, Dr Amanda Kracen, Dr Conor Nolan, Dr Lynn Farrell, Dr Fearghal O'Brien, Dr David Mothersill, Dr Michele Kehoe, Dr Barry Coughlan, Dr Conor Thornberry, Dr Brendan Cullen, Cassandra Murphy, Eden Bryan.*