CHAPTER-1

INTRODUCTION

“Motherhood is a proud profession never intended for cowards.”

(Jan Blanstone, 1994)

Motherhood is usually a time of great joy, celebration and anticipation. The birth of a child is considered one of the happiest moments in a women’s life in whatever culture and race. Bringing a child into this world is considered a very important and sacred duty of a citizen and therefore the conception is always based on an individual legal contract-the marriage.

Marriage and the family are pivotal institutions in every society. They promote and reinforce moral and civil behaviour. Haphazard marriage, with very little or no regard at all for the rights of the unborn, must be guarded against. The parents must own full responsibility for the moral training of the young. In the words of Adlai E. Stevenson, “There is absolutely no excuse for a parent to abdicate his most important duty-the proper raising of one’s children. How can we hope to secure a just and rational society if we neglect the development of our children?” (cited in Bhatia, 2007)

Thus motherhood and child bearing is not so much a biological but more so a social and cultural event. Similarly any culture or community thinks it crucial to have a joint participation of both parents for the proper upbringing and socialization of the child.

For more than three decades in U.S. society, marriage has declined, illegitimacy has flourished, and fathers have disappeared from the lives of children.
The erosion of marriage and fatherhood has been accompanied by a mushrooming of other social problems: crime, welfare dependence, child abuse and drug abuse. The collapse of marriage, rise of illegitimacy, and absence of fathers are the root cause behind most of the nation's social problems. (Rector, 1999)

When the American War on Poverty began in 1965, 7 percent of America's children were born out-of-wedlock; today nearly a third are. As we speak, one American child is born outside marriage every 25 seconds. Observers have noted that the U.S. has a much higher rate of teenage pregnancy than other western countries and this complex issue requires resolution from economic, emotional, moral, educational and social standpoints. (Lottes, 2002 cited in Cooper-Lampley, 2003)

The rise in illegitimacy has been driven by three factors: 1) a decline in the portion of women of child bearing age who are married; 2) an increase in the birth rate of non-married women; and 3) a decrease in the birth rate of married women. As a result of these factors, the number of births to married women has declined dramatically and is now at the lowest level since the end of World War II. During the same period, out-of-wedlock births have increased 1,000 percent, rising from 125,000 in 1946 to 1.26 million in 1997 (Rector, 1999).

Illegitimacy is considered shameful and the unwed mother a social deviant anywhere in any society, any culture (Stiernborg, 1981). A child who comes into the world unwanted by either one or more or both parents are termed as an “accident”, cannot be expected to grow into a mentally healthy and well-adjusted individual. Hence the strong case for legitimacy or social sanction to a sexual relationship between two person is inevitable (Dhole, 1986). The male member often withdraws
after he has satisfied his lust. As a consequence, the girl loses her reputation and jeopardizes her chances of marriage, study, employment etc. (Gupta, 1959).

The unmarried mother suffers not only from her pregnancy, but also from isolation, trauma, social stigma and lack of security (Dhole, 1986). She needs the permission and support of her parents in her decisions regarding her pregnancy. Many undergo traumatic experience during the Medical Termination of Pregnancy (MTP) or while using other crude methods of abortion or during their delivery. If institutionalized, there too she suffers in loneliness and fear.

In the case of an adolescent unwed mother, her problems are more severe than others. Because, adolescence itself is a crisis period, as it is a time of establishing social, emotional and economic independence from one’s parents. The girl who has an illegitimate child at adolescence, suddenly has 90 percentage of her life script written for her. In many instances she suffers physical, mental torture from her parents and relatives who may finally desert her to let her do what she pleases (Dhole, 1986). Thus the suffering of an unwed mother does not end with abortion of delivery but continues till her death.

It is in this context, we have to understand the status of women who are labeled as socially handicapped,-widows, prostitutes and the unmarried mothers. Among the so-called socially handicapped, the unmarried mothers occupy the lowest place because of the stigma attached to their plight. Hence the status of an unmarried mother is more deplorable and pathetic in comparison to other women in the Indian Society.
1.1. SIGNIFICANCE OF THE STUDY

For a married woman pregnancy is a joyful situation and she is applauded and supported by those who are close to her. But for an unmarried girl, it is an occasion of regret, dejection, worry and shame. It causes panic and anxiety in her more specially if the putative father has abandoned her. Due to social stigma, an unmarried woman does not even point out the man, unless she is sure that he will take her as his wife and such men are very rare who agree to the proposal of marriage. The problem of maintenance therefore remains a grave one and so such mothers mostly prefer to give away their illegitimate children to foundling homes. Hence many of these mothers are not prepared emotionally, educationally and economically to discharge effective maternal roles (Gupta, 1959).

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

The need for the present study reflects multiple implications, as the society is aware of the fact that the devastating crisis situation, the unwed mothers face in India. The most honoured and eagerly awaited life event (motherhood) is labelled as dishonoured if she is an unwed mother. The problems faced by her are innumerable which has several causes-situational, familial, social, interpersonal, maturational etc.
Professional Social Workers has got tremendous responsibility for this deprived and marginalized group. They have to use their knowledge, wisdom, values and skills while working for the welfare of the Unwed mother and her baby. The Professional Social work intervention with unwed mothers can be broadly planned at three levels:

**Individual level** – Individual Supportive therapy provides a strong foundation for a broad spectrum of services that can be directly addressed to the unwed mothers. By this, she is not only supported and accepted, which will in turn enable and empower her to take right decision for her future life. The emotional trauma of the birth mother is serious. Even though hers may have been an unwanted pregnancy, the nine months of gestation creates a bond between mother and baby(Mehta. N.,1993). A multiple casework services approach focuses on three opportunities for social case work-primary prevention, early intervention, and post partum services.

Group work with the unwed mothers serves a therapeutic purpose as they derive a lot of strength and support with the other members of the group. Recreational Group activity enables them to relax and through various group games effective problem solving skills, communication and coping skills etc. could be imparted.

**Family level** – Intervention with the families would help in assessing the strengths of the families, and whether it is safe for the unwed mother to be reintegrated. Intensive work with the families would also alter their way of functioning so that the unwed mother would not be prone once again to the high–risk environment. Family support system can be strengthened if it is present. It would also enable in strengthening the other support system. Counseling services for affected
families and assessing the coping skills of the families to enable them to face the society.

**Community level**-The community is one of the powerful agency for mass education that can begin at the community level by providing family life education under which other crucial issues like sex education can be included. These programs can be included as school and college based programs. Hence these social problems can be addressed at the primary intervention by preventing it to happen.

Various community level rehabilitative measures should be implemented to work towards the rehabilitation of the unwed mothers. The information is also provided to the community as to what to do when they are in such crisis. It also works towards removing the risk of abandoning and killing of infants. Providing the community as to whom to approach if they are faced with this crisis or if they come across an unwed mother who is in need of safety and security.

**1.2. SCOPE OF THE STUDY**

The Researcher was working as Social Worker at the Head Office of ACA, Kerala (Adoption Co-ordinating Agency) functioning at Rajagiri College of Social Sciences for eight years. She used to frequently visit the Licensed Homes (Adoption Placement Agencies) in Kerala to see the children who are free for adoption. During such visits and informal conversation with the Licensed Home functionaries, the relevance of a study on “Unwed Mothers Residing in the Licensed Homes in Kerala” took shape.

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

The study aims to find answers to the following questions:

1. What are the socio-economic and demographic conditions of the Unwed mothers residing in the Licensed Homes in Kerala?
2. What can be the various circumstances which led to unwed motherhood?
3. Does the unwed mothers have adequate knowledge about sex?
4. What is the nature of family and social relations of the unwed mothers?
5. What are the psychological and social problems experienced by unwed mothers?
6. How positive is their Self esteem and Psychosocial Well being?
7. How effective an Intervention will be in helping institutionalized unwed mothers for their future life?
8. Does the intervention improve their Sexual knowledge ,strengthen their Self esteem and Psycho Social Well being?

An Orientation Programme was also given (evolved as an outcome of the study ) for the functionaries of the Licensed homes with the objective of equipping the Social Workers in terms of Knowledge, Attitude and Skills while working with Institutionalised Unwed mothers. This will in turn render sustainability to the intervention programme with institutionalised unwed mothers.

It is hoped that the study will add more clarity to the problems of institutionalized unwed mothers. Developing an Intervention Module for the Unwed
mothers residing in the Licensed Homes will definitely enhance their psycho-social well being. This module if found effective can be adopted as a model for all such homes in Kerala. The intervention will reduce the trauma of the unwed mothers there by giving birth to healthy babies. The findings of the study opens new avenues for framing Social Policy in the context of Unwanted pregnancies and lone motherhood.

1.3. CHAPTERISATION

The present study ‘Unwed Mothers Residing in the Licensed Homes in Kerala’ is presented in SEVEN chapters.

A brief introduction to the study is given in the Chapter 1. It includes the Significance of the study, the Scope of the study and Chapterisation.

An extensive review of the conceptual and empirical literature relevant and related to the research study is given in Chapter 2.

Chapter 3 presents in detail the research methodology adopted for the study. The research design, objectives of the study and the hypotheses to be tested, the population of the study, sampling procedure adopted, the tools used for the study, and the limitations and ethical considerations of the study are presented in this chapter. The procedure involved in the preparation of the intervention package is also given in this chapter.

Chapter 4 deals with the Socio-demographic profile of the Unwed mothers, the Circumstances which led to unwed motherhood and the Family and Social relations of the respondents.
The Sexual knowledge, and the Psychological and Social problems of the Unwed mothers are presented in **Chapter 5**.

**Chapter 6** deals with the Intervention on Unwed mothers its impact on their Sexual Knowledge, Self Esteem and Psycho-Social Well being.

**Chapter 7** consists of the Major Findings, Suggestions, Programmes evolved as an outcome of the study and Conclusion.

**Bibliography** is given after Chapter 7.

**Appendix -1 and Appendix 2** are support documents to **Chapter 3** and they enumerate **Tools of Data Collection** and **Intervention Package** respectively.