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Social Networks and Health Inequalities

A New Perspective for Research

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Social Networks and the Health of Single Parents



Sylvia Keim-Klärner 

Overview

- Single parents have worse mental and physical health than married parents.
- The relevance of social relationships and social support for the well-being and health of single parents has been widely documented.
- The relevance of social networks and their characteristics has also been shown in a few studies. But overall, studies that use network analytical methods are rare.
- However, network studies on the health of single parents are particularly relevant because:
 - We know little about the relationship between specific network structures and the health of single parents.
 - They go beyond the concept of social support and include other mechanisms of action.
 - They also consider negative and ambivalent relationship contents and thus do particular justice to the complexity of social networks of relationships and contribute to a closer examination of the interplay of supportive and conflictual relationships.
 - We still know little about the circumstances under which and the extent to which social networks are capable of compensating for social inequalities so that they do not become relevant to health.

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1 Introduction

Single parent families, which are mothers or fathers who live together with their children but without a partner in the same household, are no longer rare. Over the past decades single parent households have become established in most OECD countries, with Latvia having the highest proportion of children living with a single parent (27.8%), closely followed by Lithuania (26.9%), and the U.S. (26.6%), while countries such as Greece (7.4%), Switzerland (7.1%), and Turkey (5.8%) have the lowest proportion. On average 16.9% of children in OECD countries live with a single parent (OECD, 2020a).

Even though being a single parent is more common and less socially stigmatized than in earlier times, raising children as a single adult in the household does have very specific risks. The average poverty rate in single parent households in all OECD countries is at 32.5%. This is three times higher than the average poverty rate in households with two adults (9.8%) (OECD, 2020b). The health of single parents is also worse than that of parents living in partnerships, as we will discuss in more detail in the following section.

The particularly high risk of poverty and the higher health risk compared to other family structures makes single parenthood interesting for research in social and health inequalities. The question arises as to how the high poverty and health risks can be explained for this particular group.

In this chapter, we will first present the current state of research on the health of single parents. Then we will look at what is known and unknown about their social integration, social relationships, and social networks. Next, we will address studies that analyze interactions between social networks and the health of single parents, and we will conclude by identifying research gaps and ideas for future research.

2 The Health of Single Parents

The health of single parents has been studied more frequently in recent decades. Due to the low proportion of single fathers in the population, the focus is mostly on single mothers. The picture that these studies have been painting for decades for western industrial countries is clear: Single parents are less healthy than mothers and fathers who live together in their households. This applies to both physical and mental health. For example, single mothers rate their health worse than mothers who live together with a partner (Chiu et al., 2016; Rousou et al., 2013; Van de Velde et al., 2014).

Single mothers often report physical health problems but also psychological ones such as anxiety and depression (Franz et al., 2003; Van de Velde et al., 2014). They also reveal lower well-being and life satisfaction than parents in couple relationships (Kohler et al., 2005; Osborne et al., 2012; Vignoli et al., 2014; Winkelmann & Winkelmann, 1998).

The health behavior of single mothers is considered to be riskier, with the proportion of regular smokers among single mothers almost twice as high (46%) as among married mothers (24%) (Helfferrich et al., 2003, p. 16). Single mothers are also less concerned about healthy eating and are slightly less active in sports than married mothers (Helfferrich et al., 2003, p. 16).

Similar findings on subjective health, physical and psychological complaints, and smoking behavior are also found for single fathers (Benzeval, 1998; Chiu et al., 2016; Cooper et al., 2008; Westin & Westerling, 2006), although occasionally, no difference can be measured between single fathers and fathers in a partnership (Domanska et al., 2013; Helfferrich et al., 2003).

3 Theoretical Explanations for the Poorer Health of Single Parents

When we ask how the higher health burden of single parents can be explained, we often find approaches that point to the poorer socioeconomic living conditions of single parents, such as lower income, poorer material resources, or unemployment (Benzeval, 1998). This also seems to play an important role for single fathers especially (Chiu et al., 2016). However, many of these studies also show that a look at socioeconomic factors alone is insufficient (Benzeval, 1998). Other factors can offer a stronger explanation (Cairney et al., 2003), for example: (1) stress during the separation process or the increased experience of stress in general (Cairney et al., 2003); (2) social stigmatization of single parenthood (Evans et al., 1994); (3) selection effects—ill persons or persons with lower well-being are more likely to become single parents than healthy persons (Gerstel et al., 1985; Riessman & Gerstel, 1985); and (4) social relationships, for example the absence of a confidant, intimate caregiver, or supportive person physically present in the household (Anson, 1989; Brown et al., 1993; Brown & Harris, 1993) or absence of contact with and support of others correlate with limited health and well-being. Such research, which focuses on social contacts and social support for single parents, is discussed in more detail in the following section.

4 Social Relationships of Single Parents

Social relationships and social support have been considered in research on the effects of divorce and separation for several decades. Studies on single parents, who may never have been married or lived in a partnership, and who, unlike divorcees, by definition always have children in the household, are more recent.

Divorce research shows overall that separation from a partner entails a loss of social contacts and their positive effects. Thus, the loss of a partner not only changes

the way everyday life is organized, since a partner is missing in all the tasks involved, but also means that a potential source of emotional support and social esteem is lost (e.g., Gerstel et al., 1985; Myers et al., 1975). Separation also leads to the loss of further contacts (Milardo, 1987) because mutual friends experience loyalty conflicts and maintain friendships with only one of the two partners (Terhell et al., 2004). It is also difficult for many parents to maintain contact with their in-laws after separation (Dearlove, 1999). Often, therefore, social isolation and the loss of social support have long been considered major consequences of divorce (e.g., Jauch, 1977). However, empirical findings on social support after separation are not consistent: some studies find that divorced parents receive increased support from their own parents and continue to receive support from in-laws, while others find a decline in social support (Harknett & Knab, 2007).

Also relevant is how much time has passed since separation. Recent longitudinal studies show a more differentiated picture with regard to the longer term consequences of a separation: Although contact losses occur shortly after the divorce, about half of those surveyed compensate for these losses in the following years. Over time, the number of relatives decreases (probably due to the loss of the in-laws) while contact with friends increases. For men, the support of friends and acquaintances also increases (Terhell et al., 2004).

Divorce is not the only way to become a single parent, and divorced parents do not necessarily live with their children. Thus, the results of divorce research cannot easily be applied to the situation of single parents who entered single parenthood via different paths. For example, it is known that women receive more support from relatives, friends, and neighbors after widowhood than after separation (Kalmijn, 2012). It has also been shown that social networks and the receipt of support differ between divorced and never married single parents (Nestmann & Stiehler, 1998). However, there are hardly any studies that examine the social relationships of single parents differentiated according to their path to single parenthood.

Comparing the social relationships of single parents with those of parents living together in a household reveals a reduced scope in many areas: single parents have fewer contacts with relatives (Cairney et al., 2003; Cochran et al., 1990), fewer contacts with in-laws (Dearlove, 1999), and fewer contacts with friends (Cairney et al., 2003). They are also less active in clubs or organizations (Cairney et al., 2003). Findings on social support are mixed (Lye, 1996): Some studies show that single parents receive less support than parents living with their partner in a household (Cairney et al., 2003; Reeves et al., 1994; Targosz et al., 2003). Other studies show that single mothers in particular receive more support after a divorce (Hogan et al., 1990; Marks & McLanahan, 1993). Single parents, however, can benefit much from social support (Balaji et al., 2007; Harknett, 2006) because childcare support in particular enables many single parents to take up gainful employment and combine family work and employment, thus escaping poverty (Ciabattari, 2007; Cook, 2012).

While support research is mainly concerned with the perception and receipt of certain forms of social support, social network research takes a broader perspective by looking at the importance of social relationships, including the structural characteristics of relationship networks (Smith & Christakis, 2008).

Single parent networks are very heterogeneous in structure and function. Networks can be large and small, dense and less dense, or supportive and less supportive. Socially isolated single parents are rarely found, but those that are found tend to be living in poverty (Campbell et al., 2016; Keim, 2018; Lumino et al., 2016; Niepel, 1994). Contacts lost through separation are often replaced with new friends or by the intensification of existing relationships (Niepel, 1994).

There are contradictory findings on the composition of the networks. There is widespread agreement that those providing support are mostly women (Attree, 2005; Keim, 2018; Niepel, 1994). While some studies show a predominance of relatives (Lumino et al., 2016), other studies present a predominance of friendships (Niepel, 1994). In any case, it becomes clear that the networks are often very heterogeneous in their composition and that the range of variation of different network structures and compositions is large. Studies that develop network typologies are therefore interesting as they provide a differentiated overview on the network characteristics of single parents. However, there are very few of these studies to date; we only found three such studies conducted in Germany and the U.S. Moreover, they are based on very small and very different samples, which makes them hardly comparable: 45 white divorced, mostly working mothers in the U.S. (McLanahan et al., 1981); 20 working and unemployed single parents in Bielefeld, a city in western Germany (Niepel, 1994); and 26 unemployed single parents in Mecklenburg-Western Pomerania, a district in eastern Germany (Keim, 2018).

In their study of divorced mothers, McLanahan et al. (1981) identify three network types: (1) “return to the family of origin,” which are quite small, densely connected, and dominated by relatives; (2) “extended network,” which are quite large, not very dense and heterogeneous in composition; and (3) “maintenance or reestablishment of a conjugal relationship with the ex-partner or a new partner,” or networks that include kin as well as friends that vary in size and density.

In her sample of female single parents, Niepel (1994) distinguishes (1) “friendship networks,” which are relatively small and loosely connected in which friends dominate; (2) “family and friendship networks,” which are rather large and frequently include kin as well as friends; and (3) “family networks,” which are small and dense and mostly include kinship relationships. In her study of unemployed female single parents, Keim (2018) distinguishes four types of networks: (1) “family-oriented;” (2) “conjugal networks;” which both mainly contain own kin (“family-oriented”) or partner’s kin (“conjugal”); (3) “extended networks,” which are large but not very dense and are composed of different relationship types; and (4) “restricted networks,” which are very small and contain a large proportion of institutional helpers.

The three typologies all describe a wide range of variation in single parent networks, from particularly large and low-density networks (“extended network” in McLanahan’s and Keim’s typologies and “family and friendship network” in Niepel’s typology) to small, dense, and kinship-dominated networks. But only the “restricted networks” from Keim’s typology hint towards a certain degree of social isolation of the unemployed single parents studied. However, these networks often

contain institutional helpers who fill important support functions. A typology based on a larger sample has yet to be developed.

To conclude, whether it is a question of social contacts, social relations, social support, or social capital, the studies presented make it clear that single parents have a different social embeddedness than married parents. Concepts such as social support are more often examined, while network analytical studies are rather rare. It is striking that the term “network” is often used here as a metaphor (“support networks”) and can stand for a variety of social relationships and forms of support. Less frequently, in these studies on “support networks” the structure of these relationships is actually examined more closely, and social network analysis is hardly applied.

5 What Is the Role of Social Relationships for the Health of Single Parents?

Many studies in recent decades have shown that social relationships are important for well-being, health, and health behavior (see chapter “[Social Networks and Health Inequalities: A New Perspective for Research](#)”). This also applies to single parents.

The concept of social support has been quite well researched: single parents benefit from the fact that social support helps to alleviate stressful life situations and thus contributes to well-being (Campbell et al., 2016; Ciabattari, 2007; Harknett, 2006). Social support also correlates negatively with specific disease patterns. Thus, lower perceived social support is associated with a higher incidence of depressive symptoms (Cairney et al., 2003; Harknett, 2006) and other mental illnesses (Franz et al., 2003). Compared to mothers in couple relationships, single mothers are not only more exposed to stressors but also have less support (Cairney et al., 2003). The combination of lower social status, higher numbers of stressors, and lower support can almost completely explain the differences in depression propensity between mothers living with an adult in the household and single mothers (Targosz et al., 2003).

A more differentiated picture emerges when the links between social status and social support are analyzed more closely. For persons with lower social status, social support can have a relieving effect. For example, access to social support reduces conflicts in the reconciliation of family and work for unmarried mothers, especially for those with lower social status (Ciabattari, 2007). However, social relationships also generate costs. Support received often has to be reciprocated, which can be particularly difficult for people with lower social status, such as unemployed single parents. Reciprocity expectations exert social pressure, which not only puts a strain on an individual’s well-being, but in the longer term can also lead to contact breakdowns and the loss of social support (Andreotti, 2006; Cook, 2012). Whether active renunciation of support or lack of access to support opportunities, individual disadvantage is reinforced by such relationship effects: for single parents with little

education, in precarious employment and poverty situations, the support they need most is least available (Brown & Moran, 1997; Harknett, 2006). This lack of support is in turn closely related to mental illness (Simons et al., 1993).

Sociological network research, which deals with relationship structures and their effects and considers social mechanisms that go beyond social support (cf. Berkman & Glass, 2000), is still very rare in single parent research.

Nevertheless, some studies show that social networks are particularly relevant for explaining health differences between single and coupled parents. For example, the study by Gerstel et al. (1985) shows that the characteristics of social networks can explain the relationship between marital status (divorced or married) and mental health to a high degree (Gerstel et al., 1985, p. 95).

Findings on the exact effect of specific measures of network structure on the health of single parents are rare and often inconsistent. On the one hand, in some studies, large networks are associated with happiness and well-being in divorced couples, regardless of the content exchanged in these networks, and in women, large networks are also associated with better mental health (Gerstel et al., 1985). On the other hand, for single mothers, smaller networks offer better support than larger ones (Malo, 1994), thus one may assume that small networks could have more positive health effects. Exactly how network size affects health is still an open question—it may be less a matter of size but more a matter of quality of relationships. Additionally, it is important to note that the studies mentioned are cross-sectional studies that cannot make any statements about cause and effect. It is therefore conceivable that large networks have a protective effect and that women who are less burdened mentally are more likely to maintain larger networks.

With regard to network density, initial findings show that common theoretical considerations about the role of network density and social support do not necessarily apply to single parents. It is generally assumed that dense networks are more likely to provide instrumental and emotional support than less dense ones, and that sparser networks are more positively related to access to information and new social contacts (Granovetter, 1973; Mitchell, 1969). One could therefore assume that single parents embedded in dense networks profit especially from instrumental and emotional support, which helps them deal with raising their children alone. According to a 1981 study by McLanahan, Wedemeyer, and Adelberg, single parents find support from relatives (who usually form dense networks) less satisfying than support from friends in a low-density network. A dense network with many relatives is associated with a lower quality of life for single parents (Leslie & Grady, 1985). Networks not as dense provide more flexible support and therefore help individuals cope better with new situations—men in particular are better protected from mental illness after divorce (Gerstel et al., 1985).

Network research not only opens our eyes to the complexities of networks structures and the functions of supportive social relationships but also to negative or ambivalent relationship content (see chapter “[Negative Ties and Inequalities in Health](#)”). Thus, social relationships can be not only supportive but also conflictual, oftentimes both simultaneously. In the context of separation and divorce processes, negative or ambivalent relationships are particularly relevant since conflict-ridden

relationships with former partners but also their parents, relatives, or friends cannot be easily cut off, as these family members are often important caregivers for the divorced person's own children. Also, conflicts with own kin can come up with separation. Studies on single parents that include negative aspects of social relationships are rare. The study by Gerstel et al. (1985) not only looks at individual support dimensions but also whether social relationships are perceived as a burden. The analysis shows that networks that are not perceived as a burden are associated with a lower risk of mental illness (Gerstel et al., 1985). The study by Samuelsson (1994) also shows that conflicts and negative contacts are a burden on mental health. Empirically, we know little about the interaction of support and conflicts in their health consequences, not only among single parents. Recent research shows that social conflicts do not correlate with well-being for students who receive a high level of support, while social conflicts have a negative impact on well-being for people who receive little support (Abbey et al., 2010). Further research is needed here.

In a particularly differentiated analysis of network structures and their effect on the individual well-being of divorced mothers, McLanahan et al. (1981) formed a network typology in which each of the four network types is related in its specific way to the health of single parents. The key factor in determining whether the network structure is perceived as promoting or hindering health is not the structure itself, but whether it fits the role orientation and support needs of the divorced mothers. The authors therefore argue that specific network structures and support options do not necessarily have the same health promoting or impairing effect on all—support needs are what matter.

Keim (2018) shows that there are two types of network structures among unemployed single parents that are generally associated with particularly high or low levels of well-being. These networks are large and low-density “extended networks” that exhibit a high degree of heterogeneity and come with high levels of well-being. Persons who are involved in such networks receive a wide range of social support services and are also themselves able to support their network partners and thus maintain reciprocal relationships. Interactions between well-being and network structure are also found here. The support that is assessed as helpful promotes well-being, but the high level of well-being and the low level of stress also contribute to being able to maintain reciprocal support relationships, to approach conflicts constructively, and to dare to build new relationships. There are also “limited networks,” which are small networks with a high proportion of institutional helpers that come with low levels of well-being. Respondents who are embedded in these networks can often only receive support that is assessed as helpful through the use of institutional helpers, but the support can only partially buffer the perceived burdens for a short period of time, and well-being is very limited compared to the other single parents surveyed. Active network maintenance, for example, by providing support or establishing new contacts, is hardly possible. Between these two poles, there are two types of networks in which kinship contacts to the family of origin or the family of the old/new partner dominate. Here, stressful situations occur more often than with persons with extended networks, but these can usually be buffered quite well by

the support in the networks when there is enough time and energy for the care of the existing, and the development of new, relationships.

6 Conclusion and Research Desiderata

Our short overview shows that there are a number of studies advancing our knowledge on single parents' health and well-being by analyzing their social relationships and social networks. However, there is still a need for further research, which is discussed in the following paragraphs:

1. The paths to single parenthood are varied, and findings from divorce research on both health and social relationships are not necessarily applicable to single parents who have never been married, never lived in a relationship, or are widowed. Also, living arrangements as a single parent may be organized very differently, therefore custody and contact rights should also be considered. Models of alternation (the child lives with both mother and father for a time, or lives with the other parent every other weekend) certainly offer other advantages and challenges than the sole right of custody and contact and are linked to other forms of social integration or social stress.
2. Studies focusing on the role of social relationships for the health of single parents usually deal with concepts such as social support. Structural network analyses are rare. There is still a need for research in this area, for example:
 - (a) How do network structures change with the transition to a life as a single parent?
 - (b) What role do specific network structures play for health? In addition to single burdening and/or supporting relationships, are there structures of the entire network that have a particularly burdening or supportive health effect?
 - (c) Which social network mechanisms are relevant besides social support (see chapter "[Social Network Mechanisms](#)")?
3. The role of social networks in reproducing or compensating for social and health inequalities for single parents has hardly been researched.

The empirical research points in two directions: On the one hand, economic deprivation often goes hand in hand with a smaller network that can provide less support. Since a lack of both economic and social resources can have a negative impact on health, and since poor health in turn has a negative impact on the endowment of resources, there is evidence of a downward spiral in which resource endowment and health are steadily deteriorating. On the other hand, empirical studies also show compensating effects. Establishing new contacts and intensifying those already available can compensate for contact losses resulting from separation. Additionally, social resources can compensate for a lack of economic resources. Thus, social networks of single parents could have a health-promoting effect by buffering negative health effects of separation,

poverty, and social inequality. However, it is unclear to what extent and under what conditions they do so or under what conditions a negative spiral develops.

- (a) Particularly desirable would be longitudinal studies that analyze short- and long-term changes in lifestyle, social status, social networks, and health in their conditions and consequences.
 - (b) However, cross-sectional surveys, for example, among single parents with different social status or different lengths of participation in the lifestyle, are also useful and can show the extent to which these groups differ in their network structure and health.
 - (c) Qualitative studies can shed light on the relevance of social relationships and specific network structures for single parents. They allow identifying in much detail the ways in which social networks affect health. Additionally, they can explore how and under which conditions social networks contribute to the reproduction of social and health inequalities or compensate for those inequalities. There is also a lack of in-depth qualitative studies that can illuminate how people from different social classes deal with separation and what this means for their social relationships.
 - (d) Often social relationships are only examined in their beneficial effects, but they can contain conflicts and trigger stress. Accepting support can be a burden especially for single parents with a lower social status. These negative aspects of social relationships (see chapter “[Negative Ties and Inequalities in Health](#)”) are still far too rarely included in network studies. So, the question is: How can the complex interplay of support and conflicts in social networks be grasped, and what role do concrete network structures play in this for network effects on health?
4. Support networks are not only of a private nature. Institutional support is also provided for single parents. There is a need for research into the interaction of private and institutionalized support. This raises the question of whether institutionalized support displaces private support and thus further weakens the social fabric and the availability of resources, or whether it does not make support possible in the first place, especially in situations of severe stress, since individual supporters are no longer overburdened by the necessary support.

Reading Recommendations

Gerstel, N., Kohler Riessman, C., & Rosenfield, S. (1985). Explaining the symptomatology of separated and divorced women and men: The role of material conditions and social networks. *Social Forces*, 64(1), 84–101. *This U.S. study from the 1980s is interested in the ways in which marriages have a health-protective effect. The authors analyze data from the Northern California Community Study on the health of married and divorced or*

(continued)

separated persons. This is an early study with a network analytical perspective, which specifically examines network structures. It shows the explanatory power of social networks for differences between married and divorced persons and the health-protective effect of networks of lower density.

Harknett, K. (2006). The relationship between private safety nets and economic outcomes among single mothers. *Journal of Marriage and Family*, 68(1), 172–191. *Using U.S. data, the author shows that single parents with little education, in precarious employment and in poverty, need support the most but have it least available. In her view, disadvantages at the meso-level of social relations thus reinforce disadvantages at the individual level.*

McLanahan, S. S., Wedemeyer, N. V., & Adelberg, T. (1981). Network structure, social support, and psychological well-being in the single-parent family. *Journal of Marriage and the Family*, 43(3), 601–618.

Keim, S. (2018). Are lone mothers also lonely mothers? Social networks of unemployed lone mothers in eastern Germany. In L. Bernardi & D. Mortelmans (Eds.), *Lone parenthood in the life course* (pp. 111–140). Springer Open.

These two method-integrative network analytical studies (from the U.S. and Germany) analyze the structures and functions of social networks of single parents/divorcees in very differentiated ways and examine their effects on well-being and health. They both display a typology of social networks.

References

- Abbey, A., Abramis, D. J., & Caplan, R. D. (2010). Effects of different sources of social support and social conflict on emotional well-being. *Basic and Applied Social Psychology*, 6(2), 111–129.
- Andreotti, A. (2006). Coping strategies in a wealthy city of northern Italy. *International Journal of Urban and Regional Research*, 30(2), 328–345.
- Anson, O. (1989). Marital status and women's health revisited: The importance of a proximate adult. *Journal of Marriage and Family*, 51(1), 185–193.
- Attree, P. (2005). Parenting support in the context of poverty: A meta-synthesis of the qualitative evidence. *Health and Social Care in the Community*, 13(4), 330–337.
- Balaji, A. B., Claussen, A. H., Smith, D. C., Visser, S. N., Morales, M. J., & Perou, R. (2007). Social support networks and maternal mental health and well-being. *Journal of Women's Health*, 16(10), 1386–1396.
- Benzeval, M. (1998). The self-reported health status of lone parents. *Social Science and Medicine*, 46(10), 1337–1353.
- Berkman, L. F., & Glass, T. (2000). Social integration, social networks, social support, and health. In L. F. Berkman & I. Kawachi (Eds.), *Social epidemiology* (pp. 137–173). Oxford University Press.
- Brown, G. W., & Harris, T. O. (1993). Aetiology of anxiety and depressive disorders in an inner-city population: Early adversity. *Psychological Medicine*, 23(1), 143–154.
- Brown, G. W., & Moran, P. M. (1997). Single mothers, poverty and depression. *Psychological Medicine*, 27(1), 21–33.

- Brown, G. W., Harris, T. O., & Eales, M. J. (1993). Aetiology of anxiety and depressive disorders in an inner-city population: Comorbidity and adversity. *Psychological Medicine*, 23(1), 155–165.
- Cairney, J., Boyle, M., Offord, D. R., & Racine, Y. (2003). Stress, social support and depression in single and married mothers. *Social Psychiatry and Psychiatric Epidemiology*, 38(8), 442–449.
- Campbell, M., Thomson, H., Fenton, C., & Gibson, M. (2016). Lone parents, health, wellbeing and welfare to work: A systematic review of qualitative studies. *BMC Public Health*, 16, 188–195.
- Chiu, M., Rahman, F., Kurdyak, P., Cairney, J., Jembere, N., & Vigod, S. (2016). Self-rated health and mental health of lone fathers compared with lone mothers and partnered fathers: A population-based cross-sectional study. *Journal of Epidemiology and Community Health*, 71(5), 417–423.
- Ciabattari, T. (2007). Single mothers, social capital, and work-family conflict. *Journal of Family Issues*, 28(1), 34–60.
- Cochran, M., Larner, M., Riley, D., Gunnarsson, L., & Henderson, C. R. (1990). *Extending families: The social networks of parents and their children*. Cambridge University Press.
- Cook, K. E. (2012). Social support in single parents' transition from welfare to work: Analysis of qualitative findings. *International Journal of Social Welfare*, 21(4), 338–350.
- Cooper, C., Bebbington, P. E., Meltzer, H., Bhugra, D., Brugha, T., Jenkins, R., Farrell, M., & King, M. (2008). Depression and common mental disorders in lone parents: Results of the 2000 National Psychiatric Morbidity Survey. *Psychological Medicine*, 38(3), 335–342.
- Dearlove, J. (1999). *Lone or alone? A qualitative study of lone mothers on low income with reference to support in their everyday lives*. Thesis. University of Warwick. http://wrap.warwick.ac.uk/36376/1/WRAP_THESIS_Dearlove_1999.pdf
- Domanska, O., Rattay, P., & von der Lippe, E. (2013). Sind Alleinerziehende öfter von Rückenschmerzen betroffen als in Partnerschaft lebende Mütter und Väter? Ergebnisse der GEDA-Studie 2009/10 [=Are single parents more often affected by back pain than mothers and fathers living in partnerships? Results from GEDA study 2009/10]. *Gesundheitswesen*, 75(8/9), A189.
- Evans, R. G., Hodge, M., & Pless, I. B. (1994). If not genetics, then what? Biological pathways and population health. In R. G. Evans, M. L. Barer, & T. R. Marmor (Eds.), *Why are some people healthy and others not? The determinants of health of populations* (pp. 161–188). A. de Gruyter.
- Franz, M., Lensche, H., & Schmitz, N. (2003). Psychological distress and socioeconomic status in single mothers and their children in a German city. *Social Psychiatry and Psychiatric Epidemiology*, 38(2), 59–68.
- Gerstel, N., Kohler Riessman, C., & Rosenfield, S. (1985). Explaining the symptomatology of separated and divorced women and men: The role of material conditions and social networks. *Social Forces*, 64(1), 84–101.
- Granovetter, M. (1973). The strength of weak ties. *American Journal of Sociology*, 78(6), 1360–1380.
- Harknett, K. (2006). The relationship between private safety nets and economic outcomes among single mothers. *Journal of Marriage and Family*, 68(1), 172–191.
- Harknett, K., & Knab, J. (2007). More kin, less support: Multipartnered fertility and perceived support among mothers. *Journal of Marriage and Family*, 69(1), 237–253.
- Helfferich, C., Hendel-Kramer, A., & Klindworth, H. (2003). Gesundheit alleinerziehender Mütter und Väter [=Health of single parent mothers and fathers]. *Gesundheitsberichterstattung des Bundes*, 14. <http://www.gbe-bund.de/pdf/Heft14.pdf>
- Hogan, D. P., Hao, L.-X., & Parish, W. L. (1990). Race, kin networks, and assistance to mother-headed families. *Social Forces*, 68(3), 797–812.
- Jauch, C. (1977). The one-parent family. *Journal of Clinical Child Psychology*, 6(2), 30–32.
- Kalmijn, M. (2012). Longitudinal analyses of the effects of age, marriage, and parenthood on social contacts and support. *Advances in Life Course Research*, 17(4), 177–190.
- Keim, S. (2018). Are lone mothers also lonely mothers? Social networks of unemployed lone mothers in eastern Germany. In L. Bernardi & D. Mortelmans (Eds.), *Lone parenthood in the life course* (pp. 111–140). Springer Open.

- Kohler, H.-P., Behrman, J. R., & Skytthe, A. (2005). Partner + children = happiness? The effects of partnerships and fertility on well-being. *Population and Development Review*, 31(3), 407–445.
- Leslie, L. A., & Grady, K. (1985). Changes in mothers' social networks and social support following divorce. *Journal of Marriage and Family*, 47(3), 663–673.
- Lumino, R., Ragozini, G., & Vitale, M. P. (2016). Investigating social support patterns of single mothers from a social network perspective. *International Review of Social Research*, 6(4), 182–194.
- Lye, D. N. (1996). Adult child–parent relationships. *Annual Review of Sociology*, 22(1), 79–102.
- Malo, C. (1994). Ex-partner, family, friends, and other relationships: Their role within the social network of long-term single mothers. *Journal of Applied Social Psychology*, 24(1), 60–81.
- Marks, N. F., & McLanahan, S. S. (1993). Gender, family structure, and social support among parents. *Journal of Marriage and Family*, 55(2), 481–493.
- McLanahan, S. S., Wedemeyer, N. V., & Adelberg, T. (1981). Network structure, social support, and psychological well-being in the single-parent family. *Journal of Marriage and the Family*, 43(3), 601–618.
- Milardo, R. M. (1987). Changes in social networks of women and men following divorce. A review. *Journal of Family Issues*, 8(1), 78–96.
- Mitchell, C. J. (1969). The concept and use of social networks. In C. J. Mitchell (Ed.), *Social networks in urban situations*. Manchester University Press.
- Myers, J. K., Lindenthal, J. J., & Pepper, M. P. (1975). Life events, social integration and psychiatric symptomatology. *Journal of Health and Social Behavior*, 16(4), 421–427.
- Nestmann, F., & Stiehler, P. (1998). *Wie allein sind Alleinerziehende? Soziale Beziehungen alleinerziehender Frauen und Männer in Ost und West [=How lone are lone parents? Social relations of lone parent women and men in eastern and western Germany]*. Leske & Budrich.
- Niepel, G. (1994). *Soziale Netze und soziale Unterstützung alleinerziehender Frauen [=Social networks and social support of single parent women]*. Leske & Budrich.
- OECD. (2020a). *Family Database. SF1.2 Children in Families*. <http://www.oecd.org/social/family/database.htm>
- OECD. (2020b). *Family Database. CO2.2 Child Poverty*. <http://www.oecd.org/social/family/database.htm>
- Osborne, C., Berger, L. M., & Magnuson, K. (2012). Family structure transitions and changes in maternal resources and well-being. *Demography*, 49(1), 23–47.
- Reeves, J., Kendrick, D., Denman, S., & Roberts, H. (1994). Lone mothers: Their health and lifestyle. *Health Education Journal*, 53, 291–299.
- Riessman, C. K., & Gerstel, N. (1985). Marital dissolution and health: Do males or females have greater risk? *Social Science and Medicine*, 20(6), 627–635.
- Rousou, E., Kouta, C., Middleton, N., & Karanikola, M. (2013). Single mothers' self-assessment of health. A systematic exploration of the literature. *International Nursing Review*, 60(4), 425–434.
- Samuelsson, M. A. K. (1994). Associations between the mental health and social networks of children and parents in single-parent families. *Acta Psychiatrica Scandinavica*, 90(6), 438–445.
- Simons, R. L., Beaman, J., Conger, R. D., & Chao, W. (1993). Stress, support, and antisocial behaviour trait as determinants of emotional well-being and parenting practices among single mothers. *Journal of Marriage and Family*, 55(2), 385–394.
- Smith, K. P., & Christakis, N. A. (2008). Social networks and health. *Annual Review of Sociology*, 34(1), 405–429.
- Targosz, S., Bebbington, P., Lewis, G., Brugha, T., Jenkins, R., Farrell, M., & Meltzer, H. (2003). Lone mothers, social exclusion and depression. *Psychological Medicine*, 33(4), 715–722.
- Terhell, E. L., Broese Van Groenou, M. I., & van Tilburg, T. G. (2004). Network dynamics in the long-term period after divorce. *Journal of Social and Personal Relationships*, 21(6), 719–738.

- Van de Velde, S., Bambra, C., Van der Bracht, K., Eikemo, T. A., & Bracke, P. (2014). Keeping it in the family: The self-rated health of lone mothers in different European welfare regimes. *Sociology of Health and Illness*, 36(8), 1220–1242.
- Vignoli, D., Pirani, E., & Salvini, S. (2014). Family constellations and life satisfaction in Europe. *Social Indicators Research*, 117(3), 967–986.
- Westin, M., & Westerling, R. (2006). Health and healthcare utilization among single mothers and single fathers in Sweden. *Scandinavian Journal of Public Health*, 34(2), 182–189.
- Winkelmann, L., & Winkelmann, R. (1998). Why are the unemployed so unhappy? Evidence from panel data. *Economica*, 65, 1–15.

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