

book reviews..

Contributions from readers are invited for this section and should be forwarded to:

Book Review Editor

Mr Adam Jamrozik

Department of Social Work

Tasmanian College of Advanced Education
G.P.O. Box 1415 P,
Hobart. Tas. 7001

or C/O

**AUSTRALIAN
CHILD AND
FAMILY
WELFARE**

25 Queens Road,
Melbourne. 3004

"Single Mothers: The First Year"

by Angela Hopkinson

Scottish Council for Single Parents
(1976) pp. 253

MARIE D. CAMPBELL,
Department of Social Work,
Monash University.

In this Scottish study of single mothers Angela Hopkinson provides a portrait of the life styles and of the problems encountered by young mothers in bringing up their child during the first year of life.

The study was promoted by a national association for single parents whose objective was to gain evidence for recommended changes in policy, and the research undertaken has primarily, but not wholly, focussed on material needs and resources.

It follows in the wake of some major studies of unsupported mothers, notably the Report of the National Children's Bureau, of which some use has been made in the consideration of data.

RESTRICTED

The study is restricted to the young, never married primiparae of the lower socio-economic classes, although also included are a few multiparous and ever-married mothers. The difficulties experienced by the author in getting a representative sample are explained, but little attention is given to the significant change in the pattern of illegitimacy over the last decade or more. This omission is unfortunate in that the sample studied is heavily weighted with young mothers from Manual Social Class 3, through to Social Class 5. Much evidence is given, however of the problems ex-

perienced by these young mothers, a large proportion of whom return with their child to their low income parents who seek to extend their already limited resources and accommodation.

ACCOMMODATION AND FINANCE

The findings reveal accommodation and finance as the core problems. Housing is a major issue in Scotland for young married couples, although many local authorities do now grudgingly offer council accommodation to a young unsupported mother and her child.

LACK OF CHOICE

The study reveals the lack of choice, or the poor quality, of the accommodation offered which is often in the least desirable areas, and which have been rejected by other tenants. Over 70 per cent initially reside with their parents or other relatives, but the financial and other advantages of living with the family do not always offset the disadvantages of overcrowding and dissensions over child rearing.

VARIATIONS

The variations and discrepancies of the Supplementary Benefits Commission (U.K.) are highlighted, together with the lack of information regarding entitlement to benefits. Most of the mothers were dependent on supplementary benefit as their source of income, but among those who sought "essential needs payment" and/or "exceptional circumstances addition" the reasons for refusals or limited help were either not understood or fatalistically accepted.

PUTATIVE FATHERS

The putative fathers were not included in the survey, and any data was gleaned from the mothers. For the majority the relationship with the putative father prior to confinement was assessed as serious, that is between six months and two years,

which confirms earlier findings which deny the casual relationship as a dominant factor in illegitimate births.

RETURN TO EMPLOYMENT

Return to employment versus remaining at home to care for the child proved to be a difficult choice for many mothers, either because of the low wage they could expect owing to lack of skill and training, or because of difficulties in finding day care for the child. The difficult decisions which faced these young mothers were many and complex.

SERVICES AVAILABLE

Despite the high standard of health and maternity services available to all pregnant women in Scotland, the use of these services was comparatively low, and delayed with this group. Although the study did not essentially explore the access to and use of social services, there are indications that this group who can surely be identified as 'at risk', were often overlooked or not given continuity of help.

SOCIAL ISOLATION NOT A PROBLEM

Social isolation does not emerge as an overall problem, and to the contrary, interaction with family, the extended family, neighbours and friends is strongly evident among this group of mothers.

CONCLUSION

In conclusion, the findings of this study relate to a particular community, but the evidence of disadvantage and need among young unsupported mothers is comparable in many major aspects to the situation in Australia.

Childhood Illness; A Commonsense Approach

Jack C. Shiller
George Allen & Unwin, London,
1974.

REVIEWED BY

John Powles, M.B., B.S.,
M.F.C.M.
Lecturer, Departments of Social &
Preventive Medicine and Social
Work, Monash University.

"Usually when a child has a fever, it means he has an infection. Usually when he has an infection, it is viral. And usually if he has a virus, antibiotics won't help it. You should call the doctor if your child experiences severe disturbances of the vital functions: state of consciousness, respiratory distress, or fluid intake and output. If these functions are not being impaired, you can usually afford to wait and see."

CHARACTER POSTER

This paragraph could well provide the text of a large character poster, to be hung in the waiting rooms of primary care clinics throughout the country. If exposure to such a poster was insufficient to break the middle class custom of taking every fever to the doctor, then the next step would be to get the parents to read this excellent book by Shiller from which the paragraph comes.

Shiller describes his purpose as three-fold "to indicate when simple disease can be treated at home; to alert parents as to when competent medical help should be sought; and to enable young mothers to take better care of their sick children". He deliberately excludes psychological and developmental problems (which

are well covered by Spock), and also nutrition and injuries.

The book is very clearly set out and is divided into a main text of 190 pages, and a 43 page glossary. The eleven chapters of the main text deal successively with the suddenly ill child, the ears, nose and throat, cough, wheeze and the chest, bellyache, allergies, rashes and the contagious diseases of childhood, problems of the new-born baby, headaches, the eyes and visual function and new advances.

ADVICE CLEAR

The advice offered is generally clear and, as far as this reviewer can judge, sound. The first chapter includes a particularly helpful account of the significance of fever and of the three vital functions where impairment signals serious illness — consciousness, respiration and fluid intake and output. Throughout, Shiller encourages parental self-confidence. He concludes his chapter on the new-born by stating that "short of throwing him around too much, you can't hurt him. As a matter of fact I believe that more harm comes to him from too much care and concern than from too little. Common sense should get you through most of the problem situations that arise".

Shiller was born and educated in New York, and practises paediatrics in Westport, Connecticut. This British edition of his book has been edited to conform to British terminology. It is, however, unfortunate that metric values for temperature, height and weight have not been included along with the now superseded imperial values.

Who then might benefit from this book? All those who need a handbook on the management of common childhood illnesses to complement the psychological advice of Spock. Although clearly written, I nevertheless doubt if the text would be accessible to parents who have not matriculated.