

support for the child's physical, emotional, or social development. At the other extreme, overprotective parents may limit friendships and other growth-promoting experiences or seek excessive health care, as may occur in the vulnerable child syndrome. Parental perfectionism may create intense pressure on children related to achievement that may contribute to problems such as anxiety disorders.

FAMILY STRUCTURE

The traditional family consists of a married mother and father and their biologic children. The diversity in the structure of the family in the United States has increased dramatically; less than half of children now live in the traditional nuclear family. Today children may live with unmarried parents, single parents of either gender, a parent and a stepparent, grandparents, parents living as a same-sex couple, or foster care families. There is little evidence that family structure alone is a significant predictor of child health or development. Regardless of family structure, the presence of a loving adult or adults serving as a parent or parents committed to fulfilling a child's physical, emotional, and socialization needs is the best predictor of good health and development. Different family structures create different types of family stresses.

Single-Parent Families

At any one point in time, approximately 30% of children are living in single parent families, and more than 40% of children are born to unmarried mothers. In some cases this is the mother's choice, but often times this results from a young woman's unplanned pregnancy. Children may also live in single-parent families because of divorce or the death of a parent (see Chapter 26). Although most single parent families are still headed by mothers, single-father families are increasing and in 2009 nearly 5% of children lived in single-father families.

Single parents often have limited financial resources and social supports. For households headed by single mothers,

the median income is only 40% of the income of two-parent families and for single fathers it is only 60% of the income of two parent families. Thus the frequency of children living in poverty is three to five times higher in single-parent families. These parents must also rely to a greater extent on other adults for child care. Although these adults may be sources of support for the single parent, they also may criticize the parent, decreasing confidence in parenting skills. Fatigue associated with working and raising a child may also make consistent parenting difficult. Single parents are likely to have less time for a social life or other activities, which may increase their isolation. When the increased burdens of being a single parent are associated with exhaustion, isolation, and depression, developmental and behavioral problems in the child are more likely.

When the parent is a teenage mother, problems of parenting may be exacerbated further (see Section 12). Being a teenage parent is associated with lower educational attainment, lower paying jobs without much opportunity for autonomy or advancement, and lower self-esteem. They are even less likely than other single mothers to have any support from the child's father. Children of adolescent mothers are at high risk for cognitive delays, behavioral problems, and difficulties in school. Referral to early intervention services or Head Start programs is important in these situations.

When a single parent has good social supports, is able to collaborate well with other care providers, and has sufficient financial resources, he or she is likely to be successful in raising a child. Pediatricians can improve parental confidence through education about child development and behavior and validation of parenting behaviors. Empathetic understanding of the difficulties of being a single parent can have a healing effect or help a parent discuss difficulties that may suggest the need for a referral to other professionals.

Children Living with Homosexual Parents

Many children with a gay or lesbian parent were conceived in the context of a heterosexual relationship. Some parents were unaware of their homosexuality at the time that they married, whereas others may view themselves as bisexual or marry despite the recognition that they are homosexual. Gay men and lesbian women also become parents on their own or in the context of an already established relationship with a same-sex partner through adoption, insemination, or surrogacy. Children living with homosexual parents may encompass many possible family structures.

Parents in these families are likely to have concerns about how disclosure of the homosexuality and the associated social stigma will affect the child. In general earlier disclosure of a parent's homosexuality to children, especially before adolescence, is associated with better acceptance. Most children of homosexual parents experience some social stigma associated with having a gay or lesbian parent; this may occur in the form of teasing by peers, disapproval from adults, and stress or isolation related to keeping the parent's homosexuality a secret.

Evidence suggests that having a homosexual parent does not cause increased problems in the parent-child relationship or the child's social-emotional development. Gender and gender role behaviors are typical for the child's age. Nonetheless distress related to teasing or maintaining the parent's secret may be great for some children, especially in early adolescence

Table 24-1 Important Roles Families Play in Supporting Children

PHYSICAL NEEDS
Safety
Food
Shelter
Health and health care
EMOTIONAL SUPPORT
Affection
Stimulation
Communication
Guidance/discipline
EDUCATION AND SOCIALIZATION
Values
Relationships
Community
Formal schooling