

The Role of Pediatricians in Caring for the Well-Being of Children Living in New Types of Families

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Each person is born into a family characterized by different biological and cultural bonds. Close clan structures developed and persisted in the majority of countries, especially in times and areas of environmental danger, because they can best protect individual family members. On the other hand, clans are based on collectivism and conformism, which are roots of inequality concerning socialization, education, and health care. The long-term success of a clan depends on the number and health of offspring, and thus, the protection and support of children should be at the center of collectivist desires.

Decreasing social and economic insecurity typically leads to the development of individualistic desires of adults, and consequent changes in the structures of families.^{1,2} Individuality is an important human and social asset, and a driving force for authenticity and creativity of the mature members of the society. Nonetheless, it should not be forgotten that the rights and well-being of children must always remain at the center of the adult activities to guarantee social success.

The model of two biological parents with 1–4 children, which emerged as the “modern” family in the Western world after the Industrial Revolution,^{1,2} has evolved in recent years after remaining relatively stable for many decades under constraints of various social and economic limitations. These changes can be attributed to several factors, including high divorce rates and heterogeneous family structures, that extend beyond biological or conjugal relationship boundaries.^{3,4} These factors have been investigated over the years for possible psychological and physical risk factors to child health, which require further attention.

Pediatricians are on the front line of child care and advocacy, and it is their role to promote children’s well-being and to help parents raise healthy children, independent of the configuration of their families. This report aims to draw attention to the evolving social scenarios and to emphasize that pediatricians must be trained to coordinate new challenges that may arise from differently configured families, particularly single-parent and same-sex-parent families.

the countries of the European Union.⁶ However, the “single-parent family” definition has been speculated to be reductive, because the data reported under this classification may mask the possibility that various types of diverse families could be incorporated by this term, including divorced, cohabiting, teenage mother families, single by choice, and lesbian.⁷

The structure of same-sex-parented families is variable, including homosexuals who became parents in the context of a previous heterosexual relationships and those who became parents in the context of a same-sex relationship.⁸ Same-sex couples may have children by adoption, foster parenting, or with the use of reproductive technology and surrogacy.⁹ Currently, a large number of children are raised by same-sex couples. In 2005, more than 270 000 children in the US were reported to live in households under the care of same-sex couples, and in 2015 more than 120 000 same-sex married couples raised children.¹⁰ In a notable social phenomenon, reported in 2012 by the University of California at Los Angeles Williams Institute, as the overall percentage of same-sex couples raising children declines, those adopting almost doubles. The report¹⁰ attributed this finding to the decrease in parenting by lesbian, gay, bisexual, and transgender (LGBT) individuals who had children at a relatively young age while in a relationship with a different-sex partner. Data from Europe are scarce and mostly fragmented, owing to a substantial and generalized diversity and multiplicity of laws and regulations, which are obstacles to the collection of reliable statistics. These couples and their children are, in general, subjected to legal and social disparities, which certainly have an impact on the well-being of the children.¹¹

There is also an ongoing public debate on postulated potential negative impacts of same-sex parenting on children. However, regardless of the outcome of such debates, pediatricians should carefully and plainly interact with the minors’ caregivers and focus on promoting optimal physical, mental, and social health and well-being for all infants, children, and adolescents being raised in all families, irrespective of their configuration.

Single-Parent and Same-Sex-Parent Families

Statistics show that the percentage of single-parent families has increased significantly in recent years in the Western world. Forty percent of all children born in the US in 2007 were born to unwed parents,⁵ and an identical percentage was recorded in 2012 for

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LGBT Lesbian, gay, bisexual, and transgender

Diversity of Legal and Policy Contexts for Diverse Families and Their Children in Europe and the US

The legal recognition of same-sex marriage and parenthood has been the subject of vigorous public debates worldwide during recent years. Legal and policy contexts for diverse families, including lesbian and gay parents and their children, are remarkably variable in Western countries, creating a significant disparity of rights between states, which particularly impact the well-being of children.

In 2013 in the US, an estimated 8.2 million adults self-identified as LGBT, and 6 million children and adults had an LGBT parent.¹² For instance, considering data from the US and the European Union, almost 14 million children have been born into lesbian families.¹³ Among the scarce available data for Europe, the Polish Institute of Psychology National Academy of Science reports that 9% of homosexuals living in Poland were parents in 2014.¹⁴

In Europe, full joint adoption by same-sex couples is currently permitted in 15 of 51 countries.¹⁵ In Germany, Estonia, and Slovenia, adoption of stepchildren by same-sex couples has been legalized. Furthermore, in Germany, the partner also can adopt the adopted child of his or her partner. A similar institution, called partner-guardianship, exists in Croatia.¹⁵ In Italy, the debate about the legalization of same-sex civil unions and stepchild adoption is currently under consideration by legislators. In the US, adoption by same-sex couples has been permitted in all 50 states since March 2016, when a federal judge granted a preliminary injunction to bar Mississippi from carrying out its law preventing same sex-couples from adopting.

The Open Debate on the Well-Being of Children Raised by Heterosexual Versus Homosexual Couples

Children's psychosocial development is linked both to their relationships with parents and the sociocultural context in which they live.¹⁶ Over the past decades, several studies have focused on a possible causal relationship between parents' sexual orientation and children's emotional, psychosocial, and behavioral development.^{17,18} The debate on this topic remains open.¹⁹ Some studies report that the offspring of homosexual parents could face greater difficulties than children of heterosexual parents.¹⁷ According to these studies, these difficulties are linked to instability, emotional upset, secrecy, own sexual preferences, and ideas on marriage and having children. A more consistent number of studies show no significant differences between children raised by same-sex or different-sex families. Their findings indicate that children of homosexual parents are no different from children of heterosexual parents in terms of psychological health; development of sexual and gender identity; sexual orientation; psychiatric, emotional, or behavioral problems; social life; intelligence; self-concept; locus of control; moral judgment; school adjustment;

victimization; substance use; and delinquency.^{8,9} Furthermore, these studies indicate the risk of sexual abuse to be lower for children living in homosexual families, considering that abusers are often male heterosexuals, and that children of homosexual parents may be more tolerant of diversity,⁸ having also normal relationships with peers and adults outside of family members.⁹

Children-focused time is also an important factor implicated in the effects of family structure on children. Studies of parents' attitudes report that parents in same-sex relationships spend more time with and for children than parents in different-sex relationships, and that children of homosexual and heterosexual parents experience approximately 3.5 and 2.5 hours of time investment per day, respectively.²⁰ However, other studies comparing homosexual and heterosexual parents have shown no differences between the two groups in problem-solving, providing recreation, or encouraging autonomy.⁸

Studies conducted of lesbian mothers are more numerous than those conducted of gay fathers. A comparison of adolescents belonging to lesbian and heterosexual families found no significant differences in internalizing and externalizing problems.^{18,21} However, the majority of the studies in this area indicate that several limitations that should be emphasized, including a lack of long-term follow-up and the fact that many studies of same-sex families rely on convenience samples, and that same-sex families may be more selective than other families because the children studied included those from adoption, artificial insemination, or divorce.²⁰

Conclusion

As society and culture have progressively changed in Western Europe, different configurations of families have emerged, and the traditional model of parenting has been replaced by new types of family frameworks characterized by different configurations, beliefs, cultural norms, and personal practices.²² With regard to the results of the studies and their limitations reported above, and the debates still open within the civil society of adults on children growing up in diverse families, it is important to emphasize that children's well-being relies primarily on the parents' competence and sense of security, as well as the presence of social and economic support for the family.¹¹ Psychological and physical health are not so much based on the gender or the sexual orientation of their parents.

Pediatricians should be trained to play a major role in caring for and supporting the social and developmental well-being of children raised in variously configured families. They should listen to all families and actively work with them to offer support, stability, and security, and to remove prejudices and disparities resulting from the existence of marriage inequalities and the presence or absence of legal parental recognition of infants, children, and adolescents. In particular, pediatricians must assist parents in answering questions related to sexuality and reproduction. The families should seek advice from

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