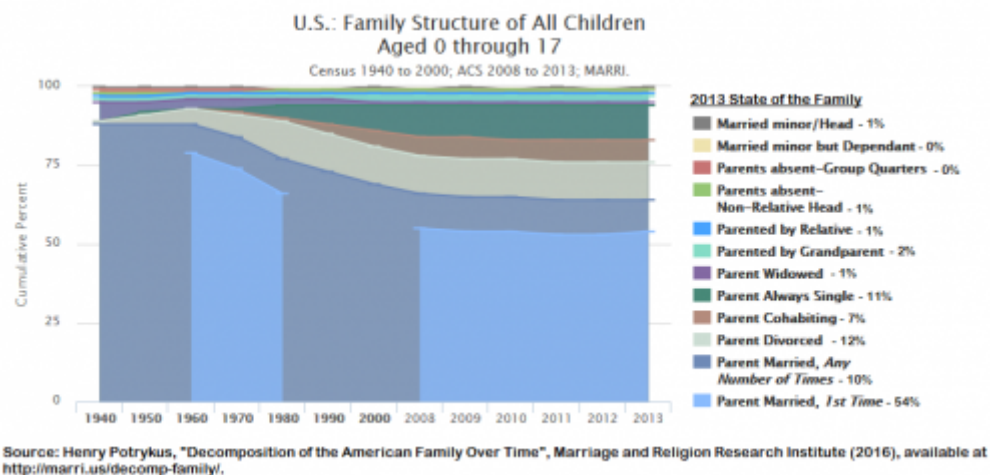


# Effects of Family Structure on Children's Health

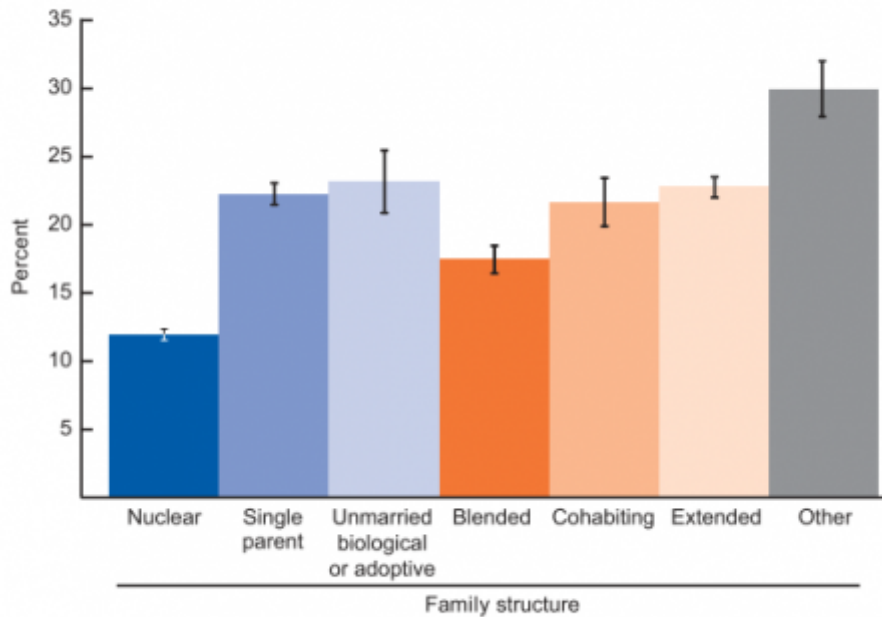
Children raised in intact families tend to be healthier, have better access to health care, and exhibit less emotional and behavioral difficulties as compared to children raised in non-intact families.<sup>1)</sup> However, the percent of married-parent families has significantly declined over the past 50+ years, while the proportion divorced, cohabiting, and single-parent families has risen.<sup>2)</sup> Promoting marriage is essential to ensure the physical and mental well-being of our nation's youth.



## 1. Physical Health

Children in non-intact families are more likely to be in good, fair, or poor health rather than very good or excellent health, according to researchers at the Center of Disease Control.<sup>3) 4)</sup> This holds true for children of all races/ ethnicities and income levels.<sup>5)</sup> Correspondingly, children in intact married families were less likely to have asthma, frequent headaches/ migraines, or a chronic condition as compared to children raised in single-parent, blended, or cohabiting families.

### Percent of Children (under 18 years) in Good, Fair, or Poor Health By Family Structure



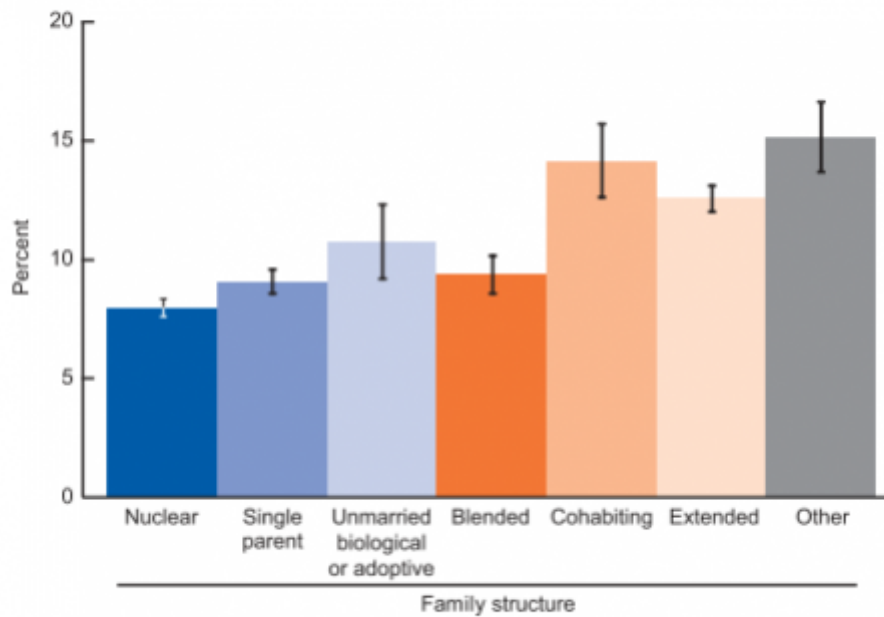
Source: CDC/ NCHS, National Health Interview Survey, 2001-2007  
\*Figure shows children in "good", "fair", or "poor" health as compared to children in "excellent" or "very good" health.

Many of these health complications extend throughout life. Adults whose parents separated during childhood reported more medical complaints in midlife,<sup>6)</sup> had a greater risk of premature mortality due to cardiovascular disease,<sup>7)</sup> and had an increased risk of cancer at tobacco-related, alcohol-related, and sex-related sites.<sup>8)</sup>

## 2. Health Insurance and Medical Care

Children living in intact married families were least likely to have had no health insurance, according to researchers at the Center of Disease Control.<sup>9)</sup> Researchers also found that, in the past year, children in intact married families were least likely to delay medical treatment due to costs, forego a prescription medication due to cost, go without glasses due to cost, or fail to receive dental care due to costs.<sup>10)</sup>

### Percent of Children (under 18 years) Who Did Not Have Health Insurance By Family Structure



Source: CDC/NCHS, National Health Interview Survey, 2001-2007

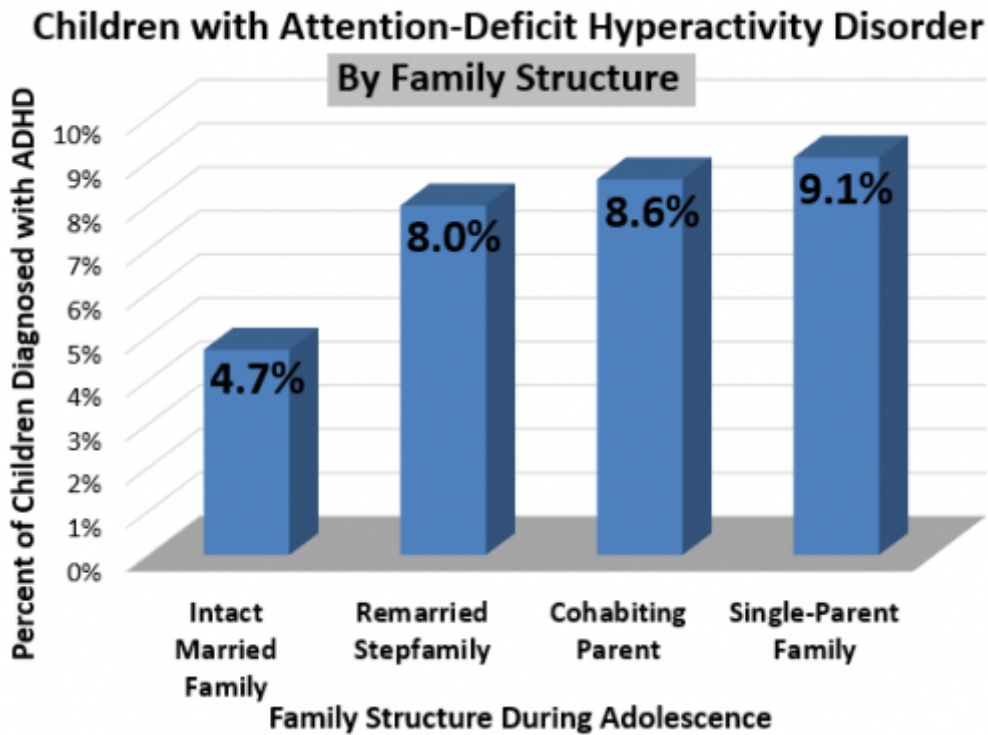
## 3. Mental Health

Children raised in intact families rank better on multiple mental health measures than those raised in non-intact families. According to the National Health Interview Survey, children living in married-parent families were least likely to receive special education or EIS for an emotional or behavioral problem, least likely to have had basic action disability, least likely to have ever been told they had a learning disability or ADHD, least likely to have frequently seemed worried (in the past 6 months), and least likely to have had definite or severe emotional or behavioral difficulties.<sup>11)</sup>

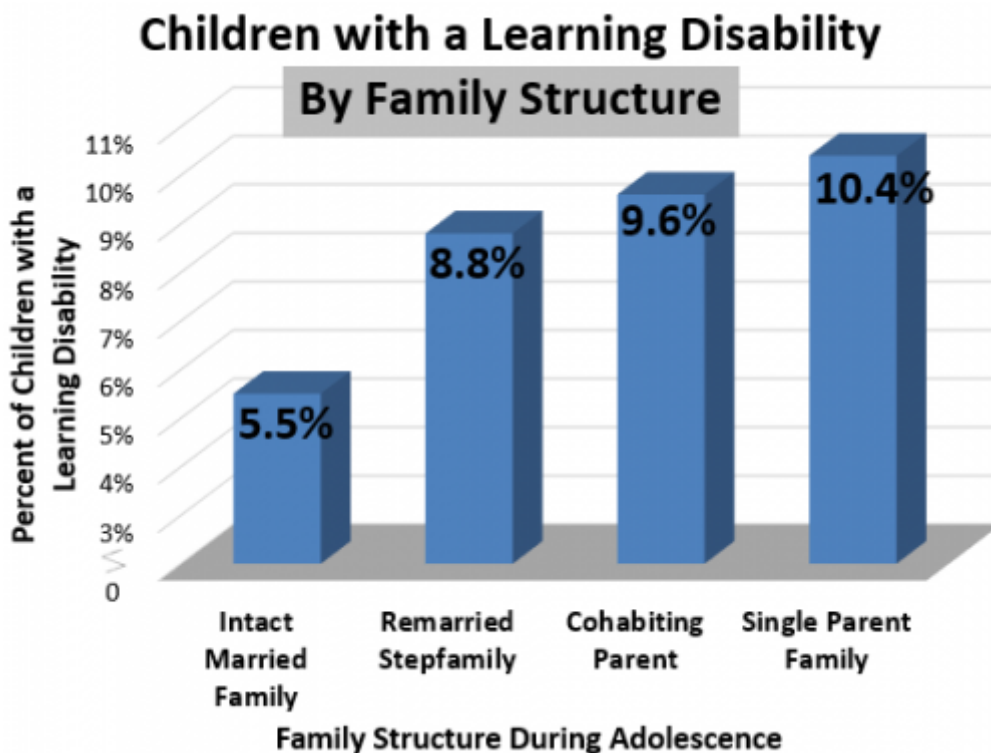
Men whose parents divorced during their youth had less positive relations with others and exhibited greater depression.<sup>12)</sup> Women who grew up without a father were particularly vulnerable to psychological instability throughout life, particularly if her father left before age 5.<sup>13)</sup>

### 3.1 Related American Demographics

According to the 2001 cycle of the National Health Interview Survey, 4.7% of children in intact married families, 8.0% of children raised in remarried stepfamilies, and 8.6% of children living with a cohabiting parent had been told by a doctor that they had ADHD. Children living in single-parent families were most likely to have been diagnosed with ADHD (9.1%).<sup>14)</sup>



According to the 2001 cycle of the National Health Interview Survey (NHIS), fewer children in intact married families had ever been told they had a learning disability (5.5 percent) than children in remarried stepfamilies (8.8 percent), cohabiting families (9.6 percent) or single parent families (10.4 percent).<sup>15)</sup>

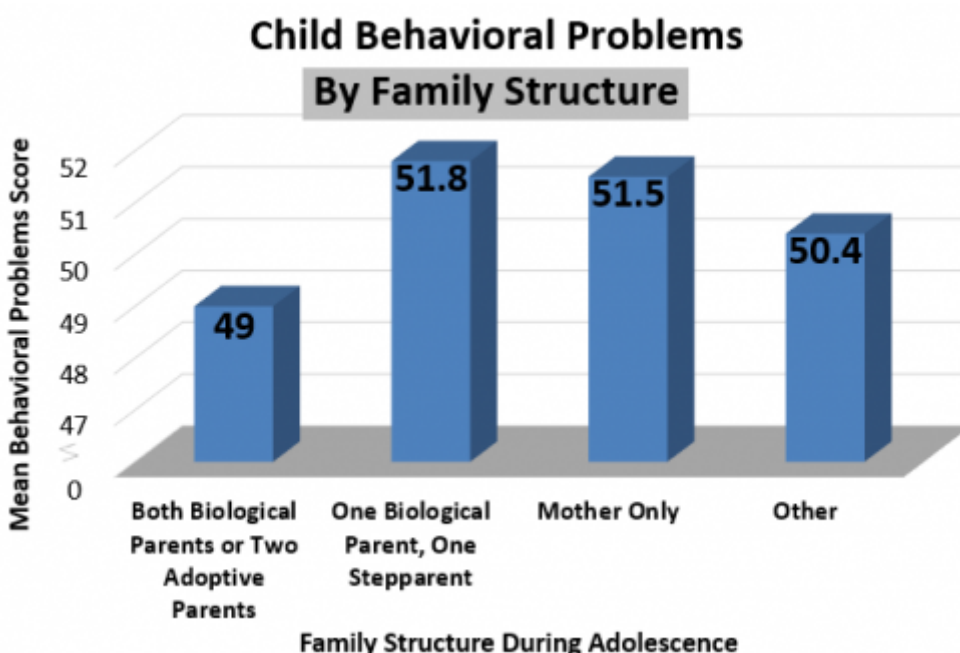


## 4. Behavior

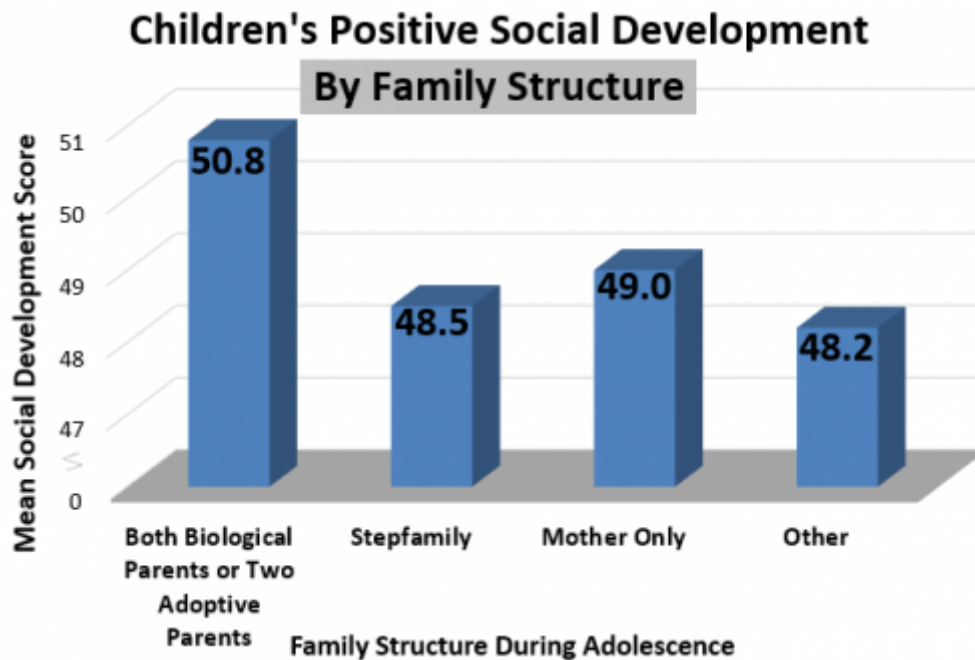
Children’s physical and mental well-being is often manifested in their external behavior. According to researchers at the Center for Disease Control, children living in married-parent families were least likely to be deemed as “generally not well behaved or did not usually do what adults requested” (during past 6 months) and least likely to exhibit poor attention span or not see chores/ homework through to end (in past 6 months).<sup>16)</sup>

### 4.1 Related American Demographics

According to the National Survey of Children’s Health, children who lived with both biological parents scored lower on the behavior problems scale (49.0) than those who lived with a biological parent and a stepparent (51.8). In between were those who only lived with their biological mother (51.5) or those who lived within another family structure (50.4). Items measured on the behavior problems scale included bullying, disobedience, and acting depressed.<sup>17)</sup>



According to the National Survey of Children’s Health, children who lived with both biological parents or two adoptive parents scored higher on the social development scale (50.8) than children who lived within other family configurations (48.2), such as with their father only or foster parents. In between were those who lived in a stepfamily (48.5) and those who lived with single mothers (49.0).<sup>18)</sup>



1)

Blackwell, Debra L, "Family Structure and Children's Health in the United States: Findings from the National Health Interview Survey, 2001-2007," *Vital and Health Statistics, Series 10, Data from the National Health Survey 246* (2010): 1-166. Available at [https://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_246.pdf](https://www.cdc.gov/nchs/data/series/sr_10/sr10_246.pdf).

2)

Potrykus, Henry, "Decomposition of the American Family Over Time", Marriage and Religion Research Institute (2016), available at <http://marri.us/decomp-family/>.

3) 5) 9)

Blackwell, Debra L, "Family Structure and Children's Health in the United States: Findings from the National Health Interview Survey, 2001-2007," *Vital and Health Statistics, Series 10, Data from the National Health Survey 246* (2010): 1-166.

4)

A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

6) 12)

Maier, E. Hailey, and Margie E. Lachman, "Consequences of Early Parental Loss and Separation for Health and Well-Being in Midlife," *International Journal of Behavioral Development* 24, no. 2 (2000): 183-189.

7)

Larson, Kandyce, and Neal Halfon, "Parental Divorce and Adult Longevity," *International Journal of Public Health* 58, no. 1 (2013): 89-97.

8)

Hemminki, Kari, and Bowang Chen, "Lifestyle and Cancer: Effect of Parental Divorce," *European*

*Journal of Cancer Prevention* 15, no. 6 (2006): 524-530.

<sup>10)</sup> <sup>11)</sup> <sup>16)</sup>

As compared to children in single-parent, unmarried biological or adoptive, blended, cohabiting, extended, and "other" families. Blackwell, Debra L, "Family Structure and Children's Health in the United States: Findings from the National Health Interview Survey, 2001-2007," *Vital and Health Statistics, Series 10, Data from the National Health Survey* 246 (2010): 1-166.

<sup>13)</sup>

Slade, Alexander N., Andrea H. Beller, and Elizabeth T. Powers, "Family Structure and Young Adult Health Outcomes," *Review of Economics of the Household* 15, no. 1 (2017): 175-197.

<sup>14)</sup>

Patrick F. Fagan and Paul Sullins, "Children with Attention-Deficit Hyperactivity Disorder", Marriage and Religion Research Institute Mapping American, available at

<http://marri.us/wp-content/uploads/MA-140.pdf>.

<sup>15)</sup>

Patrick F. Fagan and Paul Sullins, "Children with Attention-Deficit Hyperactivity Disorder", Marriage and Religion Research Institute Mapping American, available at

<http://marri.us/wp-content/uploads/MA-140.pdf>.

<sup>17)</sup>

Patrick F. Fagan and Paul Sullins, "Children with a Learning Disability", Marriage and Religion Research Institute Mapping American, available at <http://marri.us/wp-content/uploads/MA-141.pdf>.

<sup>18)</sup>

Patrick F. Fagan and Nicholas Zill, "Children's Positive Social Development", Marriage and Religion Research Institute Mapping American, available at

<http://marri.us/wp-content/uploads/MA-58-60-168.pdf>.

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