

## Chapter 2

### *Family Demography*

Chapter 2 examines in depth the changes and variations in North American families within the past century to understand the implications for family health care nursing. In response to economic conditions, cultural change, and shifting populations, North American families are increasingly diverse. More families are maintained by single mothers, single fathers, cohabitating couples, and grandparents and have both parents working than in times past.

Less time available for taking care of family health care needs affects all members of the family, especially the young and the elderly. The character of young families is changing, and concerns exist about decreasing fertility rates, with downstream effects of a reduction in the tax base forecast by some experts. Assisted reproductive technologies (ART) are in greater demand among both heterosexual and same-sex couples. Lengthening life spans mean many older adults are “sandwiched” between the needs of their young adult children and caregiving for elderly relatives.

The proportions of elderly persons who do not have family stability in their lives will continue to increase in the North American population, prompting a need for nurses who specialize in their care. There are more immigrants living in North America now than ever before in history, presenting language and cultural challenges for family health care nurses. This chapter reviews all these changing demographic trends to help family health care nurses in better understanding their clients.

#### **Critical Concepts**

- Economic, social, and cultural changes have increased family diversity in North America.

More families are maintained by single mothers, single fathers, cohabitating couples, and grandparents than in the past.

- Increases in women's labor force participation, especially among mothers, have reduced the amount of nonwork time that families have to attend to health care needs.
- North Americans are more likely to live alone than they were a few decades ago. Thus, people are less likely to have family members living with them who can assist them when they become ill or injured.
- The Great Recession has increased the likelihood that young adults will remain in or return to their parents' homes after graduating from school. Many of them cannot find a stable job that pays enough for them to live on their own. In the United States, many young adults do not have health insurance and, thus, do not seek health care regularly.
- More North Americans are immigrants than was the case a few decades ago. Family nurses provide care for an increasingly ethnically, culturally, and linguistically diverse population.
- Single-mother families are particularly vulnerable. They are more likely to live in poverty than are other families. These mothers are usually the sole wage earners and care providers in their families. Thus, these families are more likely than other families both to be monetarily poor and to face stringent time constraints.
- Single-father families have been increasing in recent decades, and fathers are spending more time caring for their children. Nurses will be increasingly likely to encounter fathers who bring their children in for checkups or medical treatments.
- Cohabitation among opposite- and same-sex couples continues to rise in North America. In the United States, because cohabitating relationships are not legally sanctioned in many states and localities, partners may not have the right to make health care decisions on behalf of

each other or for the other partner's children.

- Couples who are having trouble conceiving are increasingly turning to the medical profession for help. Births resulting from ART are on the rise in North America. The ART process is expensive, is time-consuming, and often increases health risks for the women and children involved.
- Many children in North America are adopted. These children need time to adjust to their new circumstances and are more likely than other children to have special health care needs.
- Stepfamilies are common in North America. Legal arrangements in these families can be complicated; it is not always clear who has the right to make health care decisions for children in these families.
- Many children are raised by or receive regular care from their grandparents. These grandparents may or may not have legal responsibility for their grandchildren but may seek medical care for them.
- The aging of the population, as well as the impending retirement of the baby boomer generation, presents significant challenges for both informal caregivers and the health care system. The need for nurses who specialize in caring for elderly persons will continue to increase.

### **Review of Key Terms**

**Assisted reproductive technologies (ART):** Includes all fertility treatment methods handling both ovum and sperm. Families' use of them has increased in the past three decades, costing in excess of \$3,000,000,000 annually in the United States. ARTs increase the incidence of multiple

and preterm births, which increase risks for both mothers and children. A growing number of same-sex couples are using ARTs to achieve parenthood.

**Changing family norms:** The family norm of the previous century of two married parents of different genders living in a household containing their biological children has changed to include many diverse family structures, including stepfamilies, single-headed households, multigenerational households, same-sex parents with biological or adopted children, grandparents parenting grandchildren, and cohabitating couples.

**Economics and families:** Men and women are remaining single longer, a decision that influences all aspects of family life, partly due to changes in the economy. As a direct result, more adults and children live in nontraditional family structures: However, most North American adults have children, and most children live with two parents. Families today balance many economic issues, such as paid work, child rearing, health care needs, income inequality between men and women, parenting roles, and the expected increase in the number of frail elderly and intergenerational relationship changes due to increased life expectancy. Many families live under economic strain that increases stress-related and chronic illnesses while decreasing their ability to afford health care.

### *Family Structure*

**Multigenerational families:** Grandparents play crucial roles in these households, with the most common structure being adult children or grandchildren moving into a house that grandparents own or rent. These grandparents tend to be younger, healthier, better educated, and more likely to be employed than grandparents who live in residences their adult children own or rent. However, in immigrant families the flow of support more often flows from adult children to their older parents.

**Fertility:** North American fertility has demonstrated more than a century of decline, interrupted by the baby boom after World War II and other minor fluctuations. In recent decades, concern has developed about replacement-level fertility and the subsequent “aging effects” on the total population, including shrinkage of the working-age population. Largely due to immigration, since the 1980s the United States has shown fertility rates nearing replacement levels. Notably, the birth rate for teenagers has decreased in the United States and Canada, although there are two times as many births to teen mothers in the United States as in Canada. The United States still has one of the highest teenage pregnancy rates among developed countries. The overall trend is for women to have fewer children and at older ages—which leads to more pregnancy-related complications and greater rates of infertility. Nurses will encounter more families seeking ART as declining fertility continues.

**Older adults:** The United States has an aging population because of improved medical care, increased longevity, and the baby boomers reaching 65 years of age. This trend has changed how older adults spend their final years. More older adults are living independently than ever before, particularly single women. Independent older adults tend to be female, healthier, better educated, and younger than older adults living with an adult child or in a nursing home.

**Same-sex couple families:** The number of same-sex couples has greatly increased over the past few decades in both Canada and the United States, with the majority of these being cohabitating relationships. The number of same-sex couples who are raising children is also rising (17% in the United States in 2010, 9.4% in Canada in 2011).

Female couples are more likely than male couples to be parents. Many children in these

households are from previous heterosexual relationships; others are adopted or a result of ART and surrogacy. Research finds the parenting skills of same-sex couples comparable to, if not better than, those of heterosexual couples. Often there is inequality in the legal rights of same-sex parents, with one often being completely responsible for health care of the children. Canada legalized same-sex marriage in 2005. In the United States, however, federal law provides each state autonomy to regulate marriages; Massachusetts became the first state to legalize same-sex marriages, and other states are continuing to follow suit.

**Single mothers:** Single mothers refer to mothers caring for their children without a partner, including never-married mothers, mothers after separation or divorce, and mothers after the death of the father.

**Stepfamilies:** The percentage of children who live in blended families (containing a stepparent, stepsibling, or half-sibling) is around 13 percent in North America. Whereas both law and cultural customs uphold parental and financial responsibilities for biological parents, no such clear descriptions apply for stepparents, whose rules and responsibilities must be continually defined, negotiated, and renegotiated. Members of stepfamilies often do not share a common definition of who is included in their family, and negotiations necessarily include former spouses and partners as well as former in-laws. These dynamics lead to increased stress, which can manifest as behavioral problems in children and marital discord. Obtaining authorization for medical procedures can be challenging when legal obligations are unclear, and nonresidential parents may not share in legal rights to make medical decisions for their children.

**Unmarried couples:** A growing trend in the United States and in other westernized countries is to delay or avoid marriage in favor of cohabitation. This trend occurs for both never-married adults and divorced or widowed adults. This trend has resulted in many children being raised in homes with unmarried parents and stepparents.

**Unmarried parents cohabitating:** Recent U.S. data (2006–2010) show that 58% of births to unmarried mothers were to cohabitating women. In the U.S. cohabitating couples account for 13% of all single-parent families; in Canada the figure is 17%.

**Young adults:** Young adults are delaying marriage into their late 20s because of the need for college education for living-wage jobs, increased financial constraints, and difficulty maintaining independent living or accepting cohabitation. Young adults are also more likely to return to living with their parents than previous generations were because of financial constraints, longer time spent in college, relationship dissolutions, and increased transitions.

### *Parenting*

**Single parents:** Single parents, especially if never married, struggle more with parenting because of decreased education, wages, and time for health care. Single parents with family support and financial stability do better than single parents struggling with low-wage jobs and poor relationships with extended family members.

**Fathers:** Fathers are more likely to be involved with their children if married, but 50% of fathers do not live with their biological children. However, more fathers are awarded sole custody of their children or joint custody with the biological mother than ever before.

Single never-married fathers are at similar risk to single never-married mothers for poverty, low education, and parenting stress.

**Grandparenting:** A growing number of grandparents are assisting with or taking on the parenting role for their grandchildren. Grandparents are becoming an important resource for families, including financial, child care, and educational support. The grandparent at greatest risk for poverty and poor health is the single grandmother raising her grandchildren. Grandparents raising grandchildren report more health concerns for themselves and their grandchildren when compared with grandparents not raising their grandchildren and grandchildren raised by their parents.

**Health demographics:** The statistical trends in health factors that affect families, including rates of healthy living patterns; health of children, adolescents, and adults; and mortality rates for the population as a whole and in specific categories (e.g., ethnic groups) have improved generally since the 1970s.

**General health status:** In general, U.S. citizens are enjoying improved health and increased longevity over the past half century. This is largely due to improved biomedical research; access to preventive services, including immunizations; and awareness and practice of healthier living patterns, including exercise and smoking cessation. However, certain groups continue to be at risk for health concerns, especially ethnic minorities and African American adolescents.

**Cause of unhealthy living:** Debate continues over who is to blame for unhealthy living patterns: the individual or society. The individual is responsible for behaviors, but society is also responsible for public education and avoidance of societal advertisement of unhealthy living (e.g., cigarette ads to adolescents, fast-food advertisement and availability in schools, and easy access to alcohol for minors).

**Quiz and Exam Questions**

1. Because more couples are waiting to get married until their late 20s, we find:
  - a. more children are being born out of wedlock.
  - b. delayed childbearing.
  - c. increased number of couples cohabitating before marriage.
  - d. all of the above.**
  
2. Immigration rates increased after the Immigration and Naturalization Act was amended in 1965. The impact of this increase in immigration included:
  - a. increased number of older adults immigrating to the United States.
  - b. increased number of children born in the United States who do not speak English.
  - c. increased diversity in cultural practices and traditions.
  - d. all of the above.**
  
3. The traditional family of two parents with two biological children living in one household has declined since the 1960s. The new family structures accepted in our society include:
  - a. increased numbers of adults living alone.**
  - b. decreased numbers of single-headed households with children.
  - c. decreased numbers of adults living with partners outside of marriage.
  - d. decreased numbers of adults living with friends or relatives other than a spouse.
  
4. One reason there are more older adult women than men living alone is:
  - a. older adult women are more likely to prefer living alone than men.
  - b. older adult women are more financially secure and able to live alone than men.
  - c. older adult women tend not to get along with their adult children, and therefore have no choice but to live alone.

**d. older adult women live longer than men, and therefore find themselves outliving their spouse or partner and living alone.**

5. One important difference between young adults today compared with young adults of previous generations is that:

a. young adults are marrying younger today than before.

b. young adults are entering the workforce at younger ages than before.

**c. young adults are spending more years, on average, living with their parents than before.**

d. young adults are entering the military more than before.

6. The single mother most likely to live in poverty with her children is:

**a. the mother who has never married.**

b. the mother who is separated from her spouse.

c. the mother who is divorced from her spouse.

d. the mother who has lost her spouse because of death (widowhood).

7. The documented risks to cohabitation after 1990 include:

**a. less financial stability with few laws protecting either partner if dissolution occurs in the United States.**

b. increased risk for divorce after marriage if cohabitation preceded the marriage.

c. increased behavioral problems in children residing in cohabitating homes.

d. increased health concerns of adults cohabitating when compared with married adults.

8. Researchers offered all of the following explanations of the increase in cohabitation without marriage in North America except:

a. increased uncertainty about the stability of marriage.

**b. the desire to make a statement that unmarried life is distinctly different from the life of married, cohabitating couples.**

- c. the wider availability of reliable birth control.
- d. the erosion of the stigma associated with cohabitation and sexual relations outside of marriage.

9. Single mothers today are younger and less educated than they were a few decades ago; single-mother families present challenges for family health care nurses providing care because these mothers:

- a. are likely to have more difficulty reading directions.
- b. are likely to have more difficulty communicating effectively with doctors and nurses.
- c. are likely to have more difficulty understanding their care instructions.

**d. all of the above.**

10. When considering nursing care of families today, the changing demographics will change nursing care because:

- a. fewer fathers will be involved with the health care of their children.
- b. most older adults will be living with their adult children.
- c. **more children will be living in nontraditional family structures when compared with the 1970s.**
- d. most custody cases are awarded to fathers, changing nurses' focus from mothers to fathers.

**Reflection Questions**

1. How does the economy affect changes in family structure?

2. What are the benefits and risks of grandparents parenting grandchildren?
3. Why are never-married fathers and mothers at a greater risk for poverty than divorced fathers and mothers?
4. Why do you think African American fathers are less likely to live with their biological children than white fathers are?

### **Student Learning Activities**

1. Have students view the Healthy People 2020 Web page (<http://www.healthypeople.gov/>). Have students pick a health topic to read more about from the case study of Janelle that follows these questions (e.g., attention-deficit disorder and drug use, family violence).
2. Have students review the U.S. Census Report titled *Sharing a Household: Household Composition and Economic Well-Being: 2007–2010* regarding the change in household composition during the Great Recession (<http://www.census.gov/hhes/www/poverty/publications/P60-242.pdf>). Review the data and trends discussed in this document, and describe how economic circumstances affect families.
3. Have students reflect on their own family, charting changes in family structure across three generations. Have students discuss how changes in economics have influenced their family's health by naming each family structure (e.g., Single-parent household—mother as head of household, married heterosexual couple with biological children).
4. Have students write a one-page essay on the state of the American family. How do they think families are doing in our country? They will need to support their opinion. Students are to save this essay for a comparison discussion at the end of the course.

### **Case Study: How Today's Demographics Affect Family Health**

Janelle is a 42-year-old grandmother currently parenting her 4-year-old grandson, Jacob. Janelle has been divorced for 7 years from her physically and emotionally abusive husband. Her 20-year-old daughter, Danielle, lost custody of her son after an incidence of domestic violence where her live-in partner threatened her with a gun. Jacob witnessed this episode, and the Child Welfare Services learned that Jacob was a witness to numerous occasions of violence, including his mother's partner hitting, kicking, strangling, and threatening his mother, resulting in two emergency department visits. The court determined that Danielle could not adequately protect her son from danger. She asked her mother to care for her son until she could obtain needed counseling, alcohol abuse treatment, and job training.

Janelle agreed to parent her grandson. She feels partially responsible for her daughter's difficulties, because her daughter suffers from attention-deficit disorder (ADD) and a learning disability that affected her academic success and peer relationships. She was also very upset during the divorce of her parents and witnessed physical abuse of her mother by her father. She dropped out of high school at age 15 and drifted from partner to partner, experimenting with drugs and violence. She became pregnant at 16, and her mother kicked her out at that point, hoping her actions would result in Danielle reevaluating her life and resuming school and sobriety. The result was the opposite. Janelle watched her daughter choose dangerous men to live with, and her struggle with alcohol and drugs increased. Danielle is finally receiving the counseling and job training she needs but at the expense of her son suffering from severe post-traumatic stress disorder, with symptoms of poor attention, anxiety with sleep disturbances, and difficulty stabilizing emotions. His grandmother obtains training and support through the Child Welfare Services caseworker.

Case Study Discussion Questions

1. How does this family compare to current demographic trends seen across the United States?
2. Why is this family at risk for poverty?
3. What other economic trends may affect this family?
4. What are two nursing interventions that may help change risk factors for this family, based on the Healthy People 2020 criteria?