

Children in single-mother-by-choice families do just as well as those in two-parent families

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A study comparing the well-being of children growing up in single-mother-by-choice and heterosexual two-parent families has found no differences in terms of parent-child relationship or child development. However, the study did find that the single-mothers-by-choice did have a greater social support network.

"Children in both family types are doing well in terms of their well-being," said investigator Mathilde Brewaeys from the Centre of Expertise on Gender Dysphoria of the VU University Medical Centre, Amsterdam. "Single-mothers-by-choice and their [children](#) benefit from a good social support network, and this should be emphasised in the counselling of women who want to have and raise a [child](#) without a partner." Ms Brewaeys will present the results of the study today at the 33rd Annual Meeting of ESHRE in Geneva.

Fertility treatment of [single women](#) is now available in most European countries and is an increasingly popular procedure for single women who wish to become pregnant without a partner (ie, [single mothers](#) by choice).(1,2)

Some specialists have raised concerns about the well-being and development of these children. "The assumption that growing up in a family without a father is not good for the child is based mainly on research into children whose parents are divorced and who thus have experienced parental conflict," explained Ms Brewaeys, "However, it seems likely that any negative influence on child development depends

more on a troubled parent-child relationship and not on the absence of a father. Single-mothers-by-choice knowingly make the decision to raise their child alone, in contrast to unintended single mothers. Little research has been done on the specific features of these single-mothers-by-choice families and whether there are differences between them and heterosexual two-parent families in terms of parent-child relationship, parental social support and well-being of the children."

The study described by Ms Brewaeys was a comparison of 69 single-mothers-by-choice (who had knowingly chosen to raise their child alone) and 59 mothers from heterosexual two-parent families with a child between the ages of 1.5 and 6 years. Parent-child relationships, mothers' social support network and children's well-being were compared between family types according to three validated questionnaires. The analysis drew three main conclusions:

- There were no significant differences in emotional involvement or parental stress between family types.
- Single-mothers-by-choice showed significantly higher scores on the social support they received, but also on wanting more social support.
- There were no significant differences in the children's internal and external problem behaviour (well-being) between both family types.

Based on these results Ms Brewaeys reported that children growing up with single-mothers-by-choice appeared to enjoy a similar parent-child relationship as those in heterosexual two-parent families.

Ms Brewaeys explained that the support systems welcomed by the single mothers were either informal or formal: the former could be parents, other family, friends, neighbours or a nanny, while the latter included teachers, family doctors, paediatricians, television programmes or

articles about child rearing.

"A strong social network is of crucial importance," said Ms Brewaeys. "So I would recommend that all women considering single motherhood by choice make sure of a strong social network - brothers, sisters, parents, friends of neighbours. And to never be afraid to ask for help."

Ms Brewaeys pointed to earlier studies investigating the profile of this new group of single mothers. The great majority, she said, would have preferred to have a child with a partner. But as fertility time was running out, they opted to do so alone. Most women in her study were financially stable, had received a higher education and had meaningful partner relationships in the past.

Fertility treatment for single women is an increasingly popular procedure, but there are no exact numbers yet available, even in countries with detailed IVF registries.

More information: Abstract O-262, Wednesday 5 July 2017: Single-mothers-by-choice: parent-child relationships, social support networks and the well-being of their children

1. There are some countries, such as France, in which fertility treatment is not allowed in single (or lesbian) women (ie, without a diagnosis of infertility). There were protests last year about the inability of specialists in France to help these women, who generally head abroad for treatment. There are also national differences in the anonymity requirements of sperm donors; current movement is towards non-anonymous donation, with identifiable information available to the child at a later date.
2. Nevertheless, even in countries which give full parenthood rights to single women (such as the UK) fertility clinics are likely to ask about plans for caring for the child. In the UK 4675 donor insemination cycles

(at 85 clinics and for various indications) were performed in 2014, and 2691 IVF cycles using donor sperm.

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