Defining Family in Family Medicine: Perceived Family vs Household Structure in an Urban Black Population

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This paper explores two hypotheses: first, that household structure, the people who live in one's household, and perceived family, the people one considers members of one's family, are different entities among urban black pregnant women; and second, that the perceived family is a stronger predictor of social, psychological, and health outcomes than is household structure. The study data are from the first interview of a prospective study of a consecutive sample of 140 black pregnant women patients of a Cleveland, Ohio, university hospital family practice center. The study hypotheses are supported: household structure and perceived family differ in their size and the inclusion or exclusion of members of the family of origin and the father of the baby. Household structure is strongly correlated with demographic variables such as age, socioeconomic status, and household income, whereas perceived family is less strongly associated with these measures. Perceived family, but not household structure, is associated with family functioning, measures of psychological status, worries about household change, and better family and parental relationships during the woman's childhood.

D espite the growing evidence for the importance of the family in health and illness, the basic definition of family remains elusive. Is family the genetic family as represented in family medicine by the classical family tree or genogram? Is it the structural family or household, consisting of all related (or significant) persons occupying a common dwelling unit? Or is it, in a more functional sense, those people a person considers to be family? Winch and colleagues[1] advocate the empirical use of structural and functional criteria for defining family systems. Stack[2] notes, "the family for urban blacks is an organized, durable network of kin and non-kin. . .providing for the domestic needs of children and assuring their survival." Building on these themes, this study develops an empirical definition of the family, as perceived by these subjects, as distinguished from the people with whom they live. The utility of this concept for assessing family functioning and psychosocial adjustment will be demonstrated. The hypotheses are, first, that household composition and the perceived family are different entities among urban black pregnant women, and second, as Winch et al and Stack suggest, the perceived family, or self-defined family, is a stronger predictor of psychosocial outcomes than is the number or types of people with whom someone lives. In other words, it is the functional family that plays a more important role than the household structure.

METHODS

The data reported here are from the first interview of a prospective study of the biopsychosocial function of black women and their families during late pregnancy and through the subsequent 15 months of their newborn infants' lives. A consecutive sample of black, pregnant women in their seventh month of gestation was recruited between May 1982 and August 1983. All women were patients of an urban university hospital

family practice center located in Cleveland, Ohio. The subjects attended the center for their obstetrical care and for their own and their infants' subsequent health care. Informed consent was obtained prior to an interview by a trained, mature black woman interviewer. Of the 146 eligible women contacted, 140 agreed to participate for a 96 percent response rate. The interview data reported upon here focus on psychosocial information pertaining to the subject's background and to her current life situation.

Four major indicators were used to examine family and household structure and psychosocial adjustment.

Household structure includes two components: (1) household size or the number of individuals living with the respondent, and (2) household composition, or the relationship to the respondent of individuals living with her. Based on whether a respondent lives with the baby's father, household composition was divided into the following categories: (1) partner households in which the woman is living with her partner (sometimes also with other relatives of any generation, either his or hers) and her children, if any (n = 70); (2) family of origin households in which the woman is living with members of her family of origin but not with her partner (n = 40); and (3) woman-alone households in which the woman is living alone or only with her children (n = 30).

Perceived family structure has two components: (1) perceived family size, or the number of individuals named in response to the request, "Please tell me the names of the people you think of as close family," and (2) perceived family composition, or the relationship to the respondent of these family members.

Various combinations of response categorizations by gender, inclusion or exclusion of male partner, and generation (relatives in parents' or grandparents' generation) were tested for their performance with other variables. The most meaningful breakdown was realized by the following classification of perceived family composition: (1) Partner families were families that included the woman's partner with or without a person from his or her parents' or grandparents' generation (n = 48). (2) Intergenerational families were families that did not include the partner, but did include a member of the parental or grandparental generation (n = 72). This grouping may include the respondent's father, mother, grandparents, or aunts and uncles. (3) Other families were those that included either blood or fictive kin of the same generation as the respondent, but not a partner or a member from the parental or grandparental generation (n = 20).

Family functioning is the woman's perception of her family's instrumental and emotional activities and her satisfaction with their performance as determined by scores obtained from three family functioning scales: (1) Smilkstein's five-item Family APGAR[3]; (2) a truncated version of Olson's FACES II[4] adaptability (five-item) and cohesion (five-item) subscales, developed in a poor, predominantly white, urban Cleveland

TABLE 1. PERCENTAGE OF HOUSEHOLD PERCEIVED AS FAMILY

Perceived Family Composition: Self-defined	Household Composition: Persons Living With Respondent		
	Partner Households (n = 70)	Family of Origin Households (Parental Generation) (n = 40)	Woman Alone Households (n = 29)
Partner families (n = 48)	63	10	—
Intergenerational families (n = 72)	29	73	79
Other family constellations (n = 19)	8	18	21

$(\chi^2 = 50.8, 4$ df, $P < .001)$

population by Speagle[5]; and a shortened 16-item version of Hudson's Index of Family Relations.[6] All three instruments use a five-point scale extending from strongly agree to strongly disagree. They perform better as a combined measure than individually, with an alpha reliability of 0.86.

Family social history is an 11-item scale adapted from The Michigan Screening Profile of Parenting.[7] It assesses the woman's relationship with her parents as a child (eg, "I have always been very close to my mother.") and the degree to which her emotional needs were met while she was growing up (eg, "I have never felt really loved.") The scale has an alpha reliability of 0.82.

Maternal psychological status is determined by the symptoms the patient reports on five subscales of the Brief Symptom Inventory[8]: anxiety, depression, hostility, obsessive thoughts and behaviors, and somatization. These scales are constructed so that higher scores reflect fewer symptoms of maternal distress. The alpha reliabilities of these scales in this study range from 0.66 to 0.85.

Two scales were used to determine the extent of the woman's worries concerning her anticipation of future stressful life events.[9] Worries about loss of support is a five-item scale pertaining to potential disruption of supportive relationships such as breaking up with the baby's father or losing a close friend. This scale has an alpha reliability of 0.68. Worries about household changes include three items that involve possible family fights, household moves, or the addition or loss of a household member. This scale has an alpha reliability of 0.59.

Demographic variables include age, socioeconomic status as assessed by the Index of Social Position,[10] marital status, monthly household income, and the woman's parity.

TABLE 2. PERCENTAGE OF HOUSEHOLD AND PERCEIVED FAMILY COMPOSITION BY AGE, SOCIAL CLASS, AND INCOME

Demographic Variable	Household Composition*			Perceived Family Composition**		
	Partner (n = 70)	Family Origin (n = 40)	Woman Alone (n = 30)	Partner (n = 48)	Intergenerational (n = 72)	Other (n = 20)
Age						
< 20 years (n = 25)	4	50	7	6	27	15
21-29 years (n = 95)	79	45	73	77	65	55
> 30 years (n = 20)	17	5	20	17	8	30
Socioeconomic status						
Class V (n = 57)	24	48	70	23	53	40
Household income						
< $800/mo (n = 73)	49	54	91	48	64	63

*Age, $\chi^2 = 40.4$, 4 df, $P < .001$; socioeconomic status, $\chi^2 = 19.2$, 2 df, $P < .001$; household income, $\chi^2 = 12.13$, 2 df, $P < .01$.
**Age, $\chi^2 = 13.2$, 4 df, $P < .01$; socioeconomic status, $\chi^2 = 10.6$, 2 df, $P < .01$; household income, $\chi^2 = 3.04$, 2 df, $P = .22$.

RESULTS

DEMOGRAPHIC VARIABLES

As would be expected for pregnant women, this population was young. The average age was 24.1 years with 18 percent in the 14- to 19-year age group and 5.7 percent, 35 years and older. (This age distribution is similar to that for all US pregnant black women in 1981. Twenty-five percent were 19 years or less, and 4.1 percent were 35 years or older.)[11] The sample included both primagravidas (27 percent) and multigravidas (73 percent). Their socioeconomic status included 4 percent in the upper middle and 15 percent in the middle class, with a disproportionately large percentage from the working and lower classes (40.7 percent in each).

Thirty-four percent of the respondents were married. Sixteen percent were unmarried, but were living with their partners. Thus 50 percent of women were living with male partners.

PERCEIVED FAMILY AND HOUSEHOLD COMPOSITION AND SIZE

In support of the first hypothesis that perceived family and household composition are different phenomena, the number of perceived family members and actual household membership differed in this population. Perceived families included more members than did household (mean family size = 4.6 persons vs 2.8 for household ($t = 8.01$; 139 df; $P < .01$). The perceived family types defined by women living in each of the three household categories are compared in Table 1. Two major points are illustrated: (1) There is an overall statistically significant association between household and perceived family composition, eg, 63 percent of women living with their partner included him in their family. (2) Important differences exist between the two entities. For example, although most women living with their partner in partner households included him in their perceived family (partner families), 37 percent of these women did not mention their partner as family. Women living alone are not necessarily isolated; 79 percent of those in woman-alone households consider themselves members of intergenerational perceived families. These findings suggest that the extended family is very important for these young black women and that the significant family structure is often unrelated to household living arrangements. Household composition thus is not necessarily the best method for assessing close family among low-income blacks. It is important to ask patients from such settings whom they include as members of their families.

DEMOGRAPHIC VARIABLES AND PERCEIVED FAMILY AND HOUSEHOLD STRUCTURE RELATIONSHIPS

Differences in relationships between demographic variables and perceived family and household structure further distinguish between these two concepts. Winch and Kitson[12] point out that the US Bureau of the Census "uses the household as its unit of observation" to measure what these authors define as the "domestic family." The contrasts between relationships of household and of perceived family composition with three classical demographic variables (age, socioeconomic status, and household income) are shown in Table 2. In all three cases, household composition bears a stronger relationship than does perceived family with the demographic variable. Use of household composition for demographic study of the family therefore seems justified, but what does this measure assess in terms of maternal and family function?

TABLE 3. CORRELATIONS BETWEEN NUMBER OF HOUSEHOLD AND PERCEIVED FAMILY MEMBERS AND PSYCHOSOCIAL MEASURES

Psychosocial Measures	Number of Household Members (r)	Number of Perceived Family Members (r)
Family functioning	.09	.24 **
Anxiety	−.05	.21 **
Obsessiveness	−.03	.16 *
Hostility	−.12	.18 *
Depression	−.12	.10
Somatization	−.14	.16 *
Worries about loss of support	−.04	.15
Worries about household change	−.12	.18 *
Family social history	−.03	.28 **

*P < .05, 2-tailed test
**P < .01, 2-tailed test

PERCEIVED FAMILY AND HOUSEHOLD STRUCTURE: FUNCTION RELATIONSHIPS

Does the pregnant woman's sense of support and well-being depend more on the people with whom she lives or on those she considers to be her self-defined family regardless of her living arrangements? Data presented in Table 3 relate to the second hypothesis, that the perceived family is a stronger predictor than household structure of psychosocial outcomes. Although no statistically significant Pearson correlations exist between household size and the variety of maternal and family psychosocial measures included in Table 3, perceived family size correlates significantly with all but two of these measures. The size of the perceived family correlates significantly with the composite measure of family functioning. The more people a woman includes in her family, the fewer are her symptoms of anxiety, obsessiveness, hostility, and somatization on the Brief Symptom Inventory. (No correlation was found with depression or with worries about loss of support.) Women with larger families worry less about changes that might occur in their household after their baby is born. They report that their emotional needs were better met during childhood. The magnitude of any single correlation presented is not strong, opening its practical significance to question. The large number of associations with this wide range of measures is striking, however, especially when not one is associated with household size. (These statistical differences could be exaggerated because household size is significantly smaller than perceived family size. This potential distortion is less likely though, because all but one household correlations are negative. Moreover, both household and perceived family size are constrained by zero at their lower limit. As these correlations were essentially un-changed using the Spearman rank order to adjust for higher outliers, these observed differences are concluded to be real.)

In addition to the differences between household and perceived family size and their correlations with function shown in Table 3, there is also a substantial difference between the relationships of these two variables with family functioning as determined by ANOVA tests. Perceived family composition correlates with family functioning as measured by the composite scale (F = 4.5, P < .01), while household composition does not (F = 1.3, P = .27). Women in partner families rate their family's function significantly higher than do those women in intergenerational families. Those women in other families who include neither a parent nor a partner have the lowest family functioning scores. As measured by type, perceived family is a stronger predictor of family functioning than is household composition.

DISCUSSION

These findings substantiate the hypotheses that the perceived family and the household differ markedly in this population of urban black pregnant women. Perceived family is more highly associated with psychosocial indicators than is household. It may also have more clinical significance. Behavioral scientists and family physicians have often equated family with household or have substituted one for the other.[3,13,14] Clinicians usually operationally define the family as those persons living together in the same household, making the household their primary focus. The US census defines the family as "those related persons occupying a common dwelling unit."[15] However, Winch et al[1] and Stack[2] have both distinguished between family and household. In particular, Stack points out that the household is not a meaningful unit among urban black families, "because one may eat in one household, sleep in a second, contribute resources to a third and feel that he/she belongs to all three."

In this study population, perceived families are (1) larger, (2) more likely to include members of the respondent's family of origin (parental families), and (3) less likely to include the father of the baby than are households.

Although parallels exist among these categories of perceived family and household composition, each seems to represent somewhat different dimensions of family life and of psychosocial function. For example, only about one fifth of the 29 women living alone (woman-alone households) do not include a partner or a parent in their perceived families. The remaining four fifths consider themselves members of intergenerational families. Similarly, about one third of the 70 women living with their partner in partner households do not include him as a family member.

Both perceived family structure and household

structure relate to a variety of demographic variables. The highly significant relationships between these variables and household structure support the demographic utility of household as a basic unit of family as used by the US Bureau of the Census. The classification of perceived family types has a weaker, but nevertheless statistically significant, association with most of these demographic variables. Furthermore, these associations fit with expected relationships, providing construct validity for this empirical definition of family. For example, as might be expected, younger women are more likely to include a parent in their perceived family. Women who are members of a partner family are significantly more likely to be married. Thus this new entity, perceived family, is logically consistent with these basic demographic measures.

The size and composition of the perceived family have greater psychosocial significance than household size and composition. Women from larger perceived families have fewer symptoms of psychological distress on four of five subscales of the Brief Symptom Inventory: anxiety, obsession, hostility, and somatization. Perceived family size also correlates with one of the worry subscales: pregnant women from larger families worry less about anticipated changes in their household after the baby's birth. Perceived family size also correlates with the woman's satisfaction with her family relationships as a child and with the degree of support she currently gets from her parenting partner. No significant correlations are found between household size and any of these factors.

Perceived family structure bears a logical relationship to family functioning in this population. Both perceived family size and composition correlate highly with the family functioning scale used in this study. Partner families have the highest functioning scores, while those families without a parent or partner have the lowest. Larger families have higher scores. Household size and composition do not relate to this important factor.

Family functioning is an important variable for these families. Not only does it correlate with a broad range of psychosocial variables, but also it predicts the subsequent delivery of low birth weight infants to these pregnant women. Thirteen of the 20 low birth weight infants born in this study came from families with low perceived family functioning scores.[16]

Thus the structure and function of the perceived family seem to have long-ranging biopsychosocial significance for pregnant, urban black women in the northeastern United States. In all likelihood, perceived families are important in other segments of the population as well. Based on a review of research findings, Winch and Kitson[12] hypothesize that extended familialism, or the degree to which familial systems transcend the nuclear family, occurs in many situations in the United States. Extended families are more likely in poverty or in great wealth, in family-owned businesses, in incomplete families (eg, single parents),

and in many ethnic groups that suffer from discrimination (eg, Catholics, Jews, Mexican-Americans, Italian-Americans, and Blacks). Virtually every clinician cares for patients in one or more of those categories. Perhaps clinicians interested in detecting high-risk families and individuals should ask "Who do you think of as close family?" rather than "With whom do you live?"

Acknowledgment

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