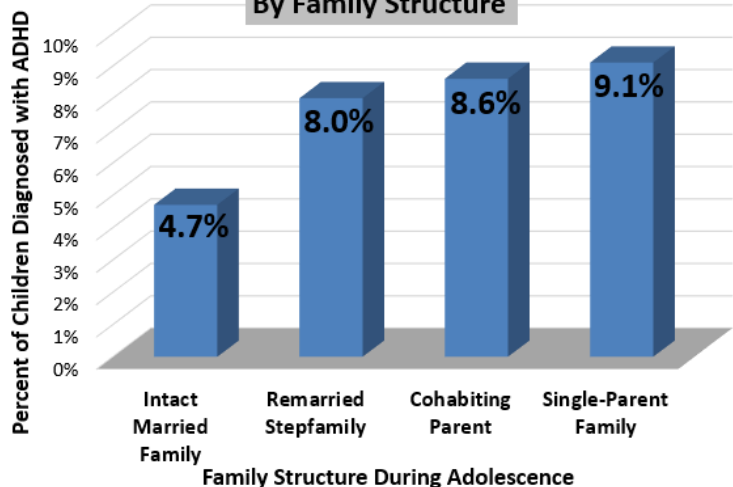


## Children with Attention-Deficit Hyperactivity Disorder By Family Structure and Religious Practice

Children with Attention-Deficit Hyperactivity Disorder

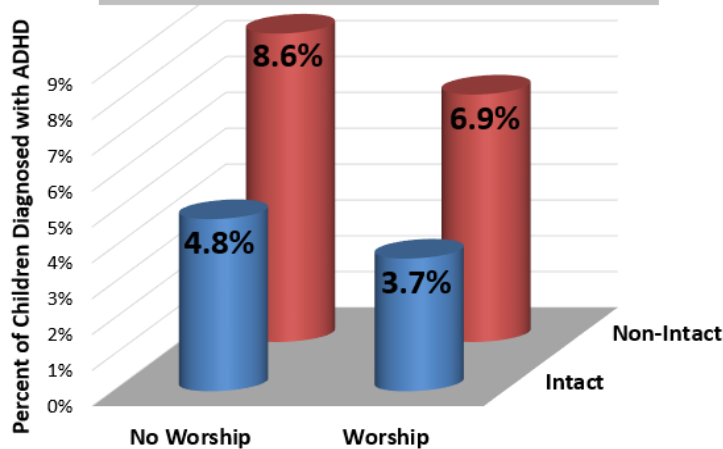
By Family Structure



Source: National Health Interview Survey (NHIS) (2001)

Children with Attention-Deficit Hyperactivity Disorder

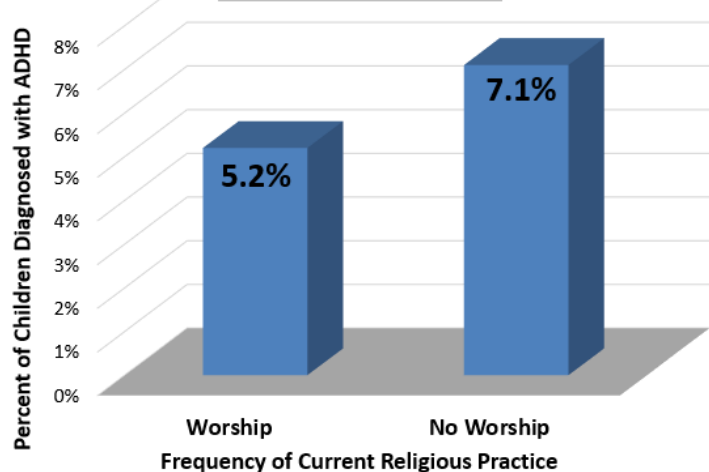
By Family Structure and Religious Practice



Source: National Health Interview Survey (NHIS) (2001)

Children with Attention-Deficit Hyperactivity Disorder

By Religious Practice



Source: National Health Interview Survey (NHIS) (2001)

*This chart looks at the number of children who have been diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) at the extremes of four demographic quadrants.*

*These four quadrants are derived from combining two sets of marital statuses (intact versus non-intact)\* and two sets of religious attendance (worship vs. no worship).\*\**

*The individuals occupying the four corners (or four extremes) of these quadrants are:*

*The children from intact families that worship.*

*The children from intact families that do not worship.*

*The children from non-intact families that worship.*

*The children from non-intact families that do not worship.*

*\*The intact married family consists of children who live with their two biological parents who are married. Non-intact includes all other family types.*

*\*\*The worshipping consists of children who went to a church, temple, or another place of worship for services or other activities within the past two weeks.*

## Children with Attention-Deficit Hyperactivity Disorder (ADHD) by Family Structure and Religious Practice

The 2001 cycle of the National Health Interview Survey (NHIS) showed that children in intact families that worshipped<sup>1</sup> were least likely to have been diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD).

**Family Structure:** 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%).

**Religious Practice:** The 2001 cycle of the National Health Interview Survey showed that fewer children from families who worshipped had been diagnosed with ADHD (5.2%) than children whose families did not worship (7.1%).

**Family Structure and Religious Practice Combined:** Children in intact families that worshipped were least likely to have been diagnosed with ADHD (3.7%), followed by children in intact non-worshipping families (4.8%) and non-intact worshipping families (6.9%). Children in non-intact non-worshipping families were most likely to have been told by a doctor that they have ADHD (8.6%)—more than double that of children in intact worshipping families.

**Related Insights from Other Studies:** A robust collection of research shows that family structure can significantly impact the mental health of children. Ann-Margret Rydell found that single parenthood and step-parenthood was associated with high levels of ADHD symptoms, and that family conflict had a strong additive effect on the level of ADHD symptoms in children (beyond the effects of demographic factors).<sup>2</sup> Using the National Survey of Children's Health, Matthew D. Bramlett and Stephen J. Blumberg found that more than two times as many children raised in blended step-families, blended adoptive families, and grandparent families were ever told their child has ADD/ ADHD than children raised in two-parent families.<sup>3</sup> These studies reiterate that children tend to be healthier in two-parent biological families.

Patrick F. Fagan, Ph.D. and D. Paul Sullins, Ph.D.

---

<sup>1</sup> A worshipping family has attended at least one worship service in the past two weeks.

<sup>2</sup> Rydell, Ann-Margret. "Family factors and children's disruptive behavior: an investigation of links between demographic characteristics, negative life events and symptoms of ODD and ADHD." *Sociological Psychiatric Epidemiology* 45 (2010): 233-244.

<sup>3</sup> Bramlett, Matthew D. and Blumberg, Stephen J. "Family structure and children's physical and mental health." *Health Affairs* 26 (2007): 549-558.