A Brief Clinical Guide to Parental Gender Differences

Family-Centered Care
“Family-Centered Care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice, which results in high quality services.” - Maternal and Child Health Bureau

In short, working with children with special healthcare needs also means working with families. Parents with children diagnosed with a neurodevelopmental disability find the principles of family-centered care important (Jansen, van der Putten & Vlaskamp, 2012).

Purpose
This guide is available to healthcare professionals in order to provide helpful information concerning gender difference that may be of use in the clinical setting. Knowledge of these differences can guide appropriate resources and support. While broad gender differences do exist, many other features and characteristics can allow professional to better understand a family.

Broad Gender Differences
*articles cited analyzed the responses of parents with children diagnosed with disabilities
  • In the general population, women are diagnosed with depression more often than men (Piccinelli, 2000)
  • Women are reported to be more spiritual than men (Swicket, 2009)
  • Women have a variety of coping mechanisms typically emotionally focused and support seeking (Heaman, 1995)
  • Men typically use coping mechanisms that involve problem solving and self control (Katz, 2002)
  • Women report higher scores in burden and lower scores in optimism (Schneider, 2011)
  • Most articles noted that more research is needed in the area of gender differences

This information can be helpful when selected the most appropriate resources and supports for a family who has a child with special healthcare needs.
Sample of Gender Differences by Condition

*in order to gather more information on the stress and impact of a condition on a family, looking at condition-specific literature may be more useful.

- Autism Spectrum Disorder (Jones et al, 2013)
  - Increased depression, anxiety, and stress in mothers compared to fathers
  - Increase in reports of positive behaviors compared to fathers
- ADHD (Theule et al, 2013)
  - No gender differences reported in stress
- Parents participating in early intervention (Wang, 2006)
  - No difference in quality of life
- Childhood cancer (Yeh, 2002)
  - Increased maternal distress compared to fathers
- PKU (Kazak, Reber, Snitzer, 1988)
  - Maternal reports of poor cohesion and adaptability issues than fathers, no difference in stress

It was challenging to find literature that focused on gender differences with parental stress and perception unless a specific condition was in mind. Due to the wide variety of care and attention each child with special healthcare needs requires, a condition-specific search may be helpful. This also draws attention to additional factors other than parent gender that can guide care when interacting with parents.

Other factors to consider

- Socioeconomic status (Grant et al. 2013)
  - Financing care
  - Access to transportation
  - Education
- Supports available (Grant et al. 2013)
- Complexity of the condition (Garner et al. 2011)
  - Syndromic
  - Demands of care (Grant et al. 2013)
  - Visibility of the condition (Toposki et al, 2005)
  - Prognosis of the condition (Grant et al, 2013)

Conclusion

This is not a complete list of all of the factors that are important to consider when working with families. Many aspects of the family, parent, child, and condition can interact with one another to impact how to best provide resources and supports for parents. While the literature is important to reference and can give insights into how to best support families, it is important to consider that every family is unique.
References


