

pitals and in specific situations. Thus, this is an area for improvement in Spain in neonatal care and in the training of medical residents in this speciality. It would be interesting to carry out studies to explore the expectations of families as regards prenatal counselling to better adapt the interview to their needs and identify the diseases for which this intervention provides benefits to the families or an excess of information can be an additional source of stress.

The high response rate makes this initial approximation to the subject robust, although we were unable to compare our findings with those of other authors, as we did not find any similar studies in the reviewed literature.

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New family models. A review of our current situation[☆]



Nuevos modelos de familia. Revisión de nuestra situación actual

Dear Editor:

The transformation of the family is one of the greatest social changes in the past 60 years. We have evolved from the practically exclusive model of the conventional nuclear family to a multiplicity of organizational structures for this pillar of society as a result of multiple social shifts.^{1,2}

We obtained the list of patients in a primary care paediatrics caseload as of January 1, 2019, which included 1096 patients aged less than 14 years. We conducted a prospective study over 2 years of the structure and composition of each family through December 31, 2020. We applied the classification of family models used by the Sociedad Española de Medicina de la Adolescencia (Spanish Society of Adolescent Medicine) in their course on child and adolescent psychiatry.³

We present a review of family structures in a set of minors included in the paediatrics caseload of a primary care centre, who were part of a total of 741 families (Table 1). Eighty percent of these families (n = 593) fit the conventional nuclear family model. Only 10% of this subset of families

included 3 or more children (n = 58). Thirteen percent of families were single-parent families (n = 94), and all of them but one consisted of the mother and children, with 77% (n = 72) corresponding to divorced mothers living with their children, 10% (n = 9) to single mothers by choice (assisted reproductive techniques), 9% to mothers with children fruit of unplanned pregnancies and 4% (n = 4) to widowed mothers.

Five percent of the families (n = 36) were blended families in which one or both parents had custody of children from a previous relationship. In addition, the caseload includes a total of 9 families with adopted children, with this structure accounting for 1% of the sample. There were three (<1%) same-sex parent families consisting of 2 lesbian mothers with 2 children. Of the single minors that were wards of the state (also <1% of the total), 2 lived in group homes and 3 with foster families.

In Spain, the mean number of people per household in 2020 was 2.5. The most frequent number was 2 people per household, while households of 5 or more individuals amounted to only 5.8% of the total.⁴ In our study, only 10% of families were large (with 3 or more children), while 90% (n = 535) had fewer than 3 children. The number of single-parent households has increased progressively in recent years, with most consisting of a mother with her children.⁵ In 2013, the majority of these single mothers were widows, while in 2020 most were divorced,⁴ which was also reflected in the data collected in our sample.

The analysis of the structure of the families in the catchment area of our primary care centre and the review of data on Spanish households suggest that there have been important changes in relation to the traditional family model.⁵ In recent decades, there has been a drastic reduction in

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Table 1 Type of family structures of the minors included in the paediatric caseload of a primary care centre in Seville.

Type of family	Number of families	Percentage
Conventional nuclear family	593	80%
	Of total conventional families:	
*2 or fewer children	535	90%
*3 or more children	58	10%
3 children	52	
4 children	5	
5 children	1	
Same-sex parents	3	0,4%
*Two fathers	0	
*Two mothers	3	
Single parent	94	13%.
	Of total single-parent families:	
-Single mother		
*Single mother by choice	9	9,5%
*Single mother due to unplanned pregnancy	8	8,5%
*Widow	4	4,2%
*Divorced	72	76,6%
-Single father		
*Divorced	1	1%
Blended families	36	5%
Single minors	6	0,8%
*Foster family	2	
*Group home	4	
Adopted (2 families with 2 adopted children)	9	1%
Total families	741	

extended- and multiple-family households. The nuclear family continues to be most frequent in our region, although there is an increasing frequency of children of unmarried parents, couples without offspring, couples with children from previous relationships, and same-sex parent and single-parent households.^{5,6} In the latter type, it is most common for the mother to have custody and live with the children, and divorced mothers living with children amounted to 77% of single-parent households in our caseload.

The role of the paediatrician involves a close relationship not only to the patient, but to the family and the individuals that accompany the child, so paediatricians are frequently asked for advice about situations that involve the interactions between different members of the household.¹

Primary care paediatricians need to be aware that we live in a society that is constantly transforming, which reflects on emerging family configurations. There is no ideal configuration to ensure adequate development of children, and it is not appropriate to attribute disease to differences in family structure.^{3,5,6} Children need a clear family structure and the presence of an adult that is fully available and empathetic, capable of meeting the emotional, psychological and physical needs of the child and with the necessary time to fulfil these responsibilities. It is crucial that parents have the ability to provide security and continuity in care and to distinguish their own needs from those of their children, which can be achieved in a variety of family environments.^{3,6}

Conflicts of interest

The authors have no conflicts of interest to declare.

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