



Gender Complementarity and Child-rearing: Where Tradition and Science Agree

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I. INTRODUCTION

The notion that all "family forms" are equally as helpful or healthful for children has no basis in science. Indeed, there is no better example than the extensive research on children reared in single-parent families. The most authoritative evidence on children growing up in single-parent families (most often headed by single mothers) concluded that such children are three times more likely to have a child out of wedlock, twice as likely to drop out of high school, 1.4 times more likely to be idle (out of school and out of work) and 2.5 times more likely to be teen mothers. Lest one might suggest that the lower socio-economic level of children alone accounts for such statistics, these conclusions were reached subsequent to adjustments for income-related variables such as race, sex, mother's/father's education, number of siblings, and place of residence (McLanahan & Sandefur, 1994).

Perhaps, if we follow these statistics further, another picture emerges. Of children born out-of-wedlock, their chances of living in poverty are five times greater than that of growing up within intact families. Additionally, children born out of wedlock have a two to three times greater probability of having psychiatric problems as adolescents (Popenoe, 1996). Following this statistic even further, early sexual activity poses a great danger for adolescent health. Adolescents account for more than 25 percent of all sexually transmitted diseases (STDs) nationally. Women are twice as likely as men to acquire gonorrhea, chlamydia and hepatitis.

Many STDs generate increased risk of one developing certain cancers, becoming infertile, and contracting HIV upon exposure. Tragically, STDs are passed on by women to their children at birth. We could carry this scenario further and include excellent data on single parenting and child abuse, single parenting and violence. While it is clear that there are cases where children reared by single parents do well, such cases are the exception rather than the rule. The evidence shown by the substantial majority of children reared in single-parent homes is very clear: this one family form places children at substantial risks (Popenoe, 1996).

A. Is Dual-Gender Parenting Protective For Children?

There is no fact that has been established by social science literature more convincingly than the following: all variables considered, children are best served when reared in a home with a married mother and father. David Popenoe (1996) summarized the research nicely: "social science research is almost never conclusive, yet in three decades of work as a social scientist, I know of few other bodies of data in which the weight of evidence is so decisively on one side of the issue: on the whole, for children, two-parent families are preferable to single-parent and step-families" (p. 176). Children navigate developmental stages more easily, are more solid in their gender identity, perform better; in academic tasks at school, have fewer emotional disorders and become better functioning adults when they are reared by dual-gender parents. This conclusion, supported further by a plethora of research spanning decades, clearly

demonstrates gender-linked differences in child-rearing that are protective for children. That is, men and women contribute differently to the healthy development of children. Children of parents who are sex-typed are more competent (Baumrind, 1982). Research has repeatedly supported the conclusion that most effective parenting is highly expressive and highly demanding (Baumrind, 1991). Highly expressive, instrumental parenting provides children with a kind of communion characterized by inclusiveness and connectedness, as well as the drive for independence and individuality. These essential contributions to the optimum development of children are virtually impossible for a man or woman alone to combine effectively (Greenberger, 1984). Children learn about male-female relationships through the modeling of their parents. Parental relationships provide children with a model of marriage--the most meaningful relationship that the vast majority of individuals will have during their lifetimes.

Complementarity is readily observable in differing parenting styles of mothers and fathers. Not only are fathers' styles highly complementary to the styles of mothers, but research indicates that the fathers' involvement in the lives of children is essential for optimal child-rearing. For example, complementarity is provided by mothers who are flexible, warm and sympathetic, and fathers who are more directive, predictable and consistent. Rossi's research (1987) noted that mothers are better able to read an infant's facial expressions, handle with tactile gentleness, and soothe with the use of voice (p. 113). Fathers tend to emphasize overt play more than caretaking. This play in various forms among the young appears critical for later development. (Yogman, 1982).

A study authored by Marissa Diener, (2002) at the University of Utah, demonstrated that babies (12 months old) who have a close relationship with their fathers seemed more stress resistant than those who did not. Babies who had secure relationships with their fathers used more coping strategies than those who did not. Her conclusion has fascinating implications: "there may be something unique to fathers that provides children with different opportunities to regulate their emotions" (Broughton, 2002 p. A1).

Male and female differences emerge in ways in which infants are held and the differential ways in which mothers and fathers use touch with their children. Mothers more frequently use touch to calm, soothe, or comfort infants. When a mother lifts her child, she brings the child toward her breasts providing warmth, comfort, security and protection. Fathers more often use touch to stimulate or to excite the child. Fathers tend to hold infants at arms length in front of them, make eye contact, toss the infant in the air, or embrace the child in such a way that the child is looking over the father's shoulder. Shapiro notes that each of these "daddy holds" underscores a sense of freedom (1994).

Clarke-Stewart (1980) reported differences in mothers' and fathers' play. Mothers tend to play more at the child's level. Mothers provide an opportunity to direct the play, to be in charge, to proceed at the child's pace. Fathers' play resembles a teacher-student relationship--apprenticeship of sorts. Fathers' play is more rough-and-tumble. In fact, the lack of this rough-and-tumble play emerges disproportionately in the backgrounds of boys who experience gender disorders. Additionally, Clarke-Stewart notes the benefits of this rough-and-tumble play have appeared in child development areas extending from the management of emotions to intellectual and academic achievement. Interestingly enough, fathers' play is related to the development of socially acceptable forms of behaviors and does not positively correlate with violence and aggression, but rather correlates with self-control. Children who "roughhouse" with their fathers quickly learn that biting, kicking and other forms of physical violence are not acceptable. Children learn how to recognize and manage highly charged emotions in the context of playing with their fathers, and such play provides children with opportunities to recognize and respond appropriately to emotions (Cromwell & Leper, 1994).

There are gender differences in parental approaches to discipline. The disciplinary approaches of fathers tend toward firmness, relying on rules and principles. The approaches of mothers tend toward more responsiveness, involving more bargaining, more adjustment toward the child's mood and context, and is more often based on an intuitive understanding of the child's needs and emotions of the moment. Gilligan (1982) concluded that the differences between paternal and maternal approaches to discipline are rooted in the fundamental differences between men and women in their moral senses. Men stress justice, fairness and duty based on rules, while women stress understanding, sympathy, care and helping based on relationships.

The critical contributions of mothers to the healthy development of children have been long recognized. No reputable psychological theory or empirical study that denies the critical importance of mothers in the normal development of children could be found. Recent research validates the importance of fathers in the parenting process, as well. Studies such as that conducted by Pruett (1987) concluded that six-month old infants whose fathers actively played with them had higher scores on the Bailey Test of Mental and Motor Development. Parke (1981) noted that infants whose fathers spent more time with them were more socially responsive and better able to withstand stressful situations than infants relatively deprived of substantial interaction with their fathers. A second female cannot provide fathering. In fact, McLanahan and Sandefur (1994) found that children living with a mother and grandmother fared worse as teenagers than did those adolescents living with just a single parent. Biller (1993) concluded that men who were father-deprived in life were more likely to engage in rigid, over compensatory, masculine, aggressive behaviors later. His research, based on more than 1,000 separate sources, demonstrated repeatedly the positive effect of fathers on children.

Pruett (1993) summarized the highly acclaimed work of Erik Erikson, one of the most esteemed developmental psychologists in the world, who noted that mothers and fathers love differently. A fathers' love is characterized by instrumentality and more expectancies, whereas a mother's love is more nurturing, expressive, and integrative. Mothers care for their young. Fathers baby sit. Mothers nurture. Fathers negotiate. Fathers focus on extra-familial relationships, social skills and developing friendships. Adolescents who have affectionate relationships with their fathers have better social skills, exude more confidence, and are more secure in their own competencies. When there is a father present in the home, there are lower instances of adolescent sexual involvement.

What are the consequences when fathers are not present? Alfred Masser, a psychiatrist at Northside Hospital in Atlanta, Georgia, noted that more and more children who seek psychiatric help are suffering from father-hunger (1989). Blankenhorn (1995) concluded that father-hunger is the primary cause of the declining well-being of children in our society and is associated with social problems such as teenage pregnancy, child abuse, and domestic violence against women.

Based on extensive research spanning decades, the importance of mothers to the healthy development of children is irrefutable. Recent research has provided clear and compelling evidence of the importance of fathers to the healthy development of children. The evidence is equally convincing regarding the consequences of father absence and the relationship, not only to the severe difficulties in the lives of children, but the societal costs, as well. However, the consequences of mother-hunger are less clear.

In spite of the overwhelming evidence citing the importance of mothers and fathers to the healthy development of children, attempts have been made in professional literature to blur the lines between genders, and to claim that neither mothers nor fathers are necessary for positive child outcomes. Such research reports have become increasingly bold with their activist agendas. Perhaps the boldest of such articles appeared in the flagship journal of the American Psychological Association in 1999. In the article titled "Deconstructing the Essential Father," the authors argue that "neither mothers nor fathers are essential to child development and that responsible fathering can occur within a variety of family structures" (Silverstein & Auerbach, 1999, p. 397).

As advocates of homosexual parenting, Silverstein and Auerbach support their "normalcy" or homosexual parenting theory through their observations of animal behavior. They utilized the offspring-raising habits of soft-furred, tree-dwelling South American monkeys to support their view that homosexual parenting leads to positive child outcomes. "Marmosets illustrate how, within a particular bioecological context, optimal child outcomes can be achieved with fathers as primary caregivers and limited involvement by mothers. Human examples of this proposition include single fathers . . . and families headed by gay fathers" (p. 400). I am not sure that animal models are good models for humans. To their credit, however, Silverstein and Auerbach offer the following statements: "We acknowledge that our reading of the scientific literature supports our political agenda. Our goal is to generate public policy initiatives that support men in their fathering role, without discriminating against women and same-sex couples. We are also interested in encouraging public policy that supports the legitimacy of diverse family structures, rather than policy that privileges the two-parent, heterosexual, married family" (p.

399). Further, the authors state, "We realize that some of the research we cite to support our perspective will turn out to be incorrect" (p. 399). It is noteworthy that the authors did not consider the best interest of children to be one of their goals. In fact, a careful reading of the article is reminiscent of activism, but not of science. That such a commentary would appear as the lead article in the premier journal of the American Psychological Association demonstrates that activism has replaced science in this instance.

B. Homosexual Couples and Child-Rearing

Homosexual adoption of children has forced the issue of homosexual couples and child-rearing to center stage. Until recently, advocacy groups have argued that an upbringing in a homosexual environment not only presents no challenges for children, but actually may be better than a dual-gendered parenting environment. Such advocacy seems illogical and at odds with the abundance of peer-reviewed research. Nonetheless, the civil rights of homosexual couples, with an activist backdrop of politically correct words like tolerance, diversity and non-discrimination, seem to dismiss what is in the best interest of the child.

A close scrutiny of many of the studies provided some interesting data, more appropriately described as problems with the research. Lerner and Nagai (2000), in their excellent review of the research concluded:

The claim has been made that homosexual parents raise children as effectively as married biological parents. A detailed analysis of the methodologies of the 49 studies, which are put forward to support this claim, shows that they suffer from severe methodological flaws. In addition to their methodological flaws, none of the studies deals adequately with the problem of affirming the null hypothesis, of adequate sample size, and of spurious non-correlation. (p. 1) The critique of the research on homosexual parenting completed by Williams (2000) arrives at essentially the same conclusion. However, Williams goes a step further in his review of the research by Golombok, Spencer, and Rutter (1983), and Golombok and Tasker (1996), which followed children of lesbian and heterosexual parents into adulthood. He noted that the follow-up study found that children of lesbian parents were significantly more likely to have both considered and actually engaged in homosexual relationships. This finding did not seem particularly interesting to the researchers. Williams found that other omissions were made by researchers who conducted research in these areas as well. Huggins found a difference in the variability of self-esteem between children of homosexual and heterosexual parents. Huggins did not test for significance, but Williams reanalyzed the data and found the differences to be significant. Williams noted that Patterson found, and left unreported, similar differences. Likewise, Williams noted that Lewis found social and emotional difficulties in the lives of children of homosexual parents, but such data did not seem to find its way into her conclusions.

Perhaps the most significant study to be published within last few years came from Stacy and Biblarz (2001). Stacy, the former Streisand Chair of Gender Studies at the University of Southern California and currently at New York University, conducted a meta-analysis that contradicted nearly 20 years of studies indicating that there were no differences between children reared by heterosexual versus homosexual couples. The findings of these authors include:

- Based on sex-typed cultural norms, daughters of lesbian mothers when compared with daughters of heterosexual mothers more frequently dress, play and behave in gender nonconforming ways.
- Sons of lesbian mothers behave in less traditionally masculine ways in terms of aggression and play. They are more apt to be more nurturing and affectionate than their counterparts in heterosexual families.
- One of the studies indicates that a significantly greater proportion of young adult children raised by lesbians had engaged in homosexual behavior (six of 25) when compared with those raised heterosexual mothers (none of the 20).
- Children reared by lesbian mothers are more likely to consider a homosexual relationship.

- Teenage and young adult girls reared by lesbian mothers were more sexually adventurous and less chaste than girls reared by heterosexual mothers. Sons were less sexually adventurous and more chaste than boys reared by heterosexual mothers.

Stacy and Biblarz (2001) reported,

the adolescent and young adult girls raised by lesbian mothers appear to have been more sexually adventurous and less chaste... in other words, once again, children (especially girls) raised by lesbians appear to depart from traditional gender-based norms while children raised by heterosexual mothers appear to conform to them." (p. 171)

The research can be summarized as follows: lesbian mothers tend to have a feminizing effect on their sons and a masculinizing effect on their daughters. The bigger question is how healthy is the rejection of gender roles? Gender non-conformity is probably the only factor in the literature that predicts future homosexuality. Indeed, there are few facts on which both Rekers and Hamer agree and the relationship of gender nonconformity to homosexuality is one of them. Rekers (1995) states, "Gender nonconformity in childhood may be the single common observable factor associated with homosexuality" (p. 300). Hamer (1993) concluded: Most gay men were sissies as children. Despite the provocative and politically incorrect nature of that statement, it fits the evidence. In fact, it may be the most consistent, well-documented and significant finding in the entire field of sexual-orientation research and perhaps in all of human psychology. (p. 166)

Stacy and Biblarz (2001) offered an interesting observation.

Planned [les-bi-gay] parenthood offers a veritable 'social laboratory' of family diversity in which scholars could fruitfully examine, not only the acquisition of sexual and gender identity, but the relative effects on children of the gender and number of their parents, as well as the implications of diverse biosocial routes to parenthood. (p. 179)

What is the ethicality of such radical experimentation?

C. Homosexual Couples and Adoption

[Note to the reader: the author was employed by an agency which has a very comprehensive adoption program.] The "best interest of the child" test is often the most important guideline in the agency, and adoptive parents had to demonstrate that they were physically healthy, emotionally stable and had sufficient longevity to rear a child to adulthood. The question was, "[i]s this family the best fit for the child?" with the understanding that some parents are not able or prepared to rear the children whom they conceive or that some children, because of abuse or neglect, may need a home. Such children have a right to the best possible parenting arrangement that society can provide. The best possible placement for a child, regardless of the child's needs, is with parents whose health and lifestyles provide optimal development for that child on his or her journey to adulthood.

Historical and current research provides significant concerns about the mental health, physical health and longevity of homosexual individuals, as well as stability of homosexual relationships. The data cannot be applied to all homosexual individuals, but the findings are so significant that they cannot be ignored when considering the placement of children.

D. Mental Health, Physical Health, Stability of Homosexual Men and Women and Longevity of Homosexual Relationships

The mental health data is alarming. Herrel, Goldberg, True, Ramakrishnan, Lyons, Eisen (1999) concluded, "same-gender sexual orientation is significantly associated with each of the suicidality measures . . . the substantial increased lifetime risk of suicidal behaviors in homosexual men is unlikely to be due to substance abuse or other psychiatric co-morbidity" (p. 867). Fergusson, Horwood, and Beautrais (1999) concluded,

Gay, lesbian and bisexual young people were at increased risks of major depression . . . generalized anxiety disorder . . . conduct disorder . . . nicotine dependence . . . multiple disorders . . . suicidal ideation . . . suicide attempts. (p. 876)

These researchers further noted that "findings support recent evidence suggesting that gay, lesbian and bisexual young people are at an increased risk for mental health problems, with these associations being particularly evident for measures of suicidal behavior and multiple disorder" (p. 876). Commentaries on this research were offered by some of the most prominent investigators in the field. Bailey (1999) noted,

[T]hese studies contain arguably the best published data on the association between homosexuality and psychopathology, and both converge on the same unhappy conclusion: homosexual people are at a substantially higher risk for some forms of emotional problems, including suicide, major depression and anxiety disorder. Preliminary results from a large [,] equally well-conducted Dutch study generally corroborate these findings. (p. 883)

Bailey (1999) offered the following possible explanations:

- "increased depression and suicidality among homosexual people are caused by societal oppression" (p. 884).
- "Homosexuality represents a deviation from normal development and is associated with other such deviations that may lead to mental illness" (p. 884). Since evolution naturally selects for heterosexuality, Bailey indicates that homosexuality may represent a 'developmental error' (p. 884). Noting that some research links homosexuality to 'developmental instability.' (p. 884).
- "Increased psychopathology among homosexual people is a consequence of lifestyle
- differences associated with sexual orientation ... such as behavioral risk factors associated with male homosexuality such as receptive anal sex and promiscuity" (p. 884).

Bailey concluded, "it would be a shame if sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis" (p. 884).

A commentary by Remafedi (1999) noted "[T]here can be little doubt about the conclusion that homosexual orientation is associated with [suicide], at least among young men" (p. 886).

Friedman (1999), in another commentary, noted, "[T]here is clearly a need for additional investigation of associations between sexual orientation, suicidality and psychopathology. Collaborative research between developmentally oriented clinicians, descriptive psychiatrists and epidemiologists might help distinguish between causes and consequences of these associations" (p. 888).

These findings were corroborated by another study conducted by Sandfort, de Graaf, Bijl, and Schnabel (2001). The researchers concluded that

homosexual men had a much larger chance of having 12-month and lifetime bipolar disorders, and a higher chance of having a lifetime major depression . . . the greatest differences were found in obsessive-compulsive disorder and agoraphobia. The 12-month prevalences of agoraphobia, simple phobia and obsessive-compulsive disorder were higher in homosexual men than in heterosexual men. (p. 87)

Homosexual women reported a substantially higher rate of substance abuse disorders during their lifetime than did heterosexual women, and "[o]n a life time basis, homosexual women had a significantly higher prevalence of general mood disorders" (p. 87). This study was significant from several perspectives. First, it was a large study of 7,000 individuals which avoided convenience samples and the potential for bias that such samples often introduce. Of the individuals surveyed, 2.8 percent of the men and 1.4 percent of the women were classified as homosexuals. The authors noted, for example, that the lifetime prevalence for two or more psychiatric disorders for men who engaged in homosexual behaviors was 37.85 percent versus

14.4 percent for men who did not engage in homosexual behaviors. For women engaging in homosexual behaviors, the rate for two or more psychiatric disorders was 39.5 percent versus 21.3 percent for women not engaging in homosexual behaviors (Sandfort, et al., 2001). Society's oppression of homosexual people is a hypothesis unlikely to find support in this study, concluded the Netherlands, which is perhaps one of the most gay-affirming and tolerant countries in the world.

High suicide rates among homosexual individuals have been further substantiated in the research literature. In a study reported in *The Washington Advocate* (2002), Lisa Lindley recruited 927 lesbian, gay, bisexual and transgendered students for her study. She found that 62.1 percent of lesbians had considered suicide compared to 58.2 percent of gay men. Among lesbians, 29.2 percent had actually attempted suicide and 28.8 percent of gay men had attempted suicide.

Studies on sexual molestation and its relationship to homosexuality have mental health consequences. Shrier and Johnson (1988) found that homosexually assaulted males identified themselves as subsequently homosexual seven times more often as the nonassaulted control group. In half of the molestations, physical force was used. The mean age at which the molestation was reported was 18.2 with a range from 15 to 24. The mean age at the time of the molestation was from four to six with mean age of 10. Of the extension group, "one half of the victims currently identified themselves as homosexual and often linked their homosexuality to their sexual victimization experiences" (p. 1192).

Additional data on molestation was found in a recent study by Tomeo, Templer, Anderson, and Kotler (2001). The researchers used a non-clinical sample of 942 adults to compare rates of childhood molestation between heterosexuals and non-heterosexuals. The researchers found that 46% of the gay men and 22% of the lesbians reported homosexual molestation in childhood. In the compared heterosexual group, the homosexual child molestation rates were 7% of the heterosexual men as compared to 1% of the heterosexual women. The researchers noted that this was the first study to report substantial homosexual molestation of girls. The girls had a mean age of 13 at the time of the same sex abuse and the group of abused boys had a mean age of 11. This study was particularly important because the population was not dissatisfied homosexual men and women. Ninety-seven percent of those surveyed were participating in a gay pride celebration at the time they were interviewed. What was particularly intriguing about this study was that 68% of the men and 38% of the women did not identify as homosexual until after the molestation.

Violence in gay and lesbian relationships has been another area of considerable investigation. Waldner-Haugrud, Gratch, and Magruder (1997) explored the gender differences in victimization and perpetration experiences of gays and lesbians in intimate relationships. The results from a sample of 283 gays and lesbians revealed that 47.5% of lesbians and 29.7% of gays had been victimized by a homosexual partner. Lesbians reported an overall perpetration rate of 38% compared to 21.8% for gay men.

High rates of violence in lesbian and gay relationships finds significant support in the research. In a study Lockhart (1994) found that 90% of lesbians surveyed had been recipients of one or more acts of verbal aggression from their partners during the 12 months prior to the study. Thirty-one percent reported one or more incidents of physical abuse. Lie and Gentlewarrior (1991) found that more than half of the lesbians had been abused by a partner. Island and Letellier (1991) noted that the incidence of domestic violence among gay men was almost double that of the heterosexual population. In a national survey of lesbians published by Bradford, Ryan, and Rothlum (1994) found that 75 percent of almost 2,000 respondents had received psychological care, many for long-term depression.

Among the sample as a whole, there was a distressing high prevalence of life events and behaviors related to mental health problems. 37 percent) had been physically abused and 32 [percent] had been raped or sexually attacked. 19 [percent] had been involved in incestuous relationships while growing up. Almost one-third used tobacco on a daily basis and about 30 [percent] drank alcohol more than once a week--6 [percent] drank daily. One in five smoked marijuana more than once a month. Twenty one percent had actually tried to kill themselves,

more than half had felt too nervous to accomplish ordinary activities at some time during the past year and over one-third had been depressed. (p. 228)

A most alarming report recently appeared in a popular magazine about a group of gay men identified as bug chasers, or those who consciously seek the AIDS virus (Freeman. 2003). Freeman reported an interview with Dr. Robert Cabaj, the Director of Behavioral Health Services for San Francisco County, who suggested that bug chasers are alarmingly common. Cahaj estimates that at least one-fourth of newly infected gay men may have sought out the fatal disease. The article centered around Carlos who estimated that he has already had several hundred sex partners and that he eagerly awaits for the day when he tests HIV positive and will turn toward infecting another person. The process is referred to as "gift-giving." Carlos noted that "as sick as it sounds, killing another man slowly ... is exciting" (p. 48).

Mortality rates among those who engage in homosexual practices have attracted the attention of public health researchers. Using a population drawn from a major urban area of Canada, researchers focused on the mortality rates of men engaged in homosexual relationships. Hogg and Strathdee researchers concluded:

In a major Canadian centre, life expectancy at age 20 years for gay and bisexual men is 8 to 20 years less than for all men. If the same pattern of mortality were to continue, we estimate that nearly half of gay and bisexual men currently aged 20 years will not reach their 65th birthday. Under even the most liberal assumptions, gay and bisexual men in this urban centre are now experiencing a life expectancy similar to that experienced by all men in Canada in the year 1871. (p. 657)

A recent issue of *The American Journal of Public Health* (June 2003, Vol. 93, No. 6) focused on the risks associated with homosexual practices. The magazine's cover contained numerous public health posters, including the caption; "I gave my lover everything including HIV. I didn't mean to. We made a mistake. Maybe deep down we felt it would be better if we both had it. Now I know *that's bullshit*. HIV is not a gift." [emphasis in original] The journal contents read like a litany of bad news, one article following another. Consider the following: Mary F. Northbridge, (2003) writes,

Having struggled to come to terms with the catastrophic HIV epidemic among MSM [MSM is the new politically correct term for homosexual men i.e., Men who have Sex with Men] in the 1980's by addressing the pointed issues of sexuality and heterosexism, are we set to backslide a mere 20 years later as HIV incidence rates move steadily upward, especially among MSM? (p. 860)

In the same issue, Gross's editorial (2003) focused on the resurgence of HIV/AIDS among homosexual men in the United States. The highest rates of HIV transmission are among African-American and Hispanic men who self-identify as gay. Gross noted, "To prevent HIV transmission, we have little more today than we had [two] decades ago, when it became clear that the virus causing AIDS is sexually transmitted: behavioral interventions" (p. 861).

Malebranche (2003) addressed risk assessment and risk reduction. Malebranche referenced a recent six-site, U.S. metropolitan area study that concluded 93% of African-American men who were HIV infected felt that they were at low risk for HIV and did not know they had contracted the virus. Malebranche's study contradicts the view that coming out of the closet, or disclosing one's homosexuality, is associated with improved mental health, responsible behavior and lower rates of HIV infection. To the contrary, African-American men who disclose their homosexuality had a higher rate of HIV prevalence than those who do not choose to do so (24% versus 14%). They also engaged in more unprotected anal sex (41% versus 32%) than those who do not disclose.

A second article by Gross (2003) contained the ominous warning: "The Second Wave Will Drown Us." Gross cited the Centers for Disease Control (CDC) statistic of a 14% increase of HIV/AIDS among homosexual men in the United States between 1999 and 2001. He noted unprecedented outbreaks of syphilis and alarming rates of rectal gonorrhea. He also noted an emerging visible subculture of "barebacking" (men who have anal sex without condoms). Gross

concluded that "behavioral interventions to promote condom use--the only strategy currently available to stem the MSM epidemic--are failing" (p. 874).

Gross offered an interesting comparison:

On the same day that seven astronauts and fragments of the vehicle that failed them plummeted to the fields and woods of East Texas, six times that many U.S. MSM became infected. Maybe the number was higher, since it occurred on a weekend; perhaps lower if the news of the catastrophe interrupted libidinous pursuits . . . on the basis of CDC estimates of the lifetime expenditures for treating a single case of HIV infection, MSM infections acquired that single day will cost \$6.5 million. The cost in human potential need not enter the calculus even for a voodoo economist, unless so muddled by moral outrage that he thinks sex between men is indeed something to die for. (p. 879)

Ciccarone (2003) authors noted that "risky sex without disclosure of serostatus is not uncommon among people with HIV" (p. 949). From their study, they conclude:

The results of this study indicate that sex without disclosure of HTV status is relatively common among persons living with HIV. The rates of sex without disclosure found in our sample of HIV-positive individuals translate into 45,300 gay or bisexual men, 8,000 heterosexual men and 7,500 women -- all HIV infected -- engaging in sex without disclosure in our reference population of individuals who were in care for HIV. . . these numbers, suggest the authors. "should be considered a lower-bound estimate." (p. 952)

Perhaps the most alarming study was that reported by Koblin, et al. (2003). The authors described the prevalence of risk behaviors among MSM who participated in a randomized behavioral intervention study conducted in six U.S. cities: Boston, Chicago, Denver, New York, San Francisco and Seattle. The data involved homosexual men who were HIV-negative and who reported engaging in anal sex with one or more partners during the previous year. The results were staggering:

among 4295 men, 48.0 percent and 54.9 percent respectively, reported unprotected[,] receptive and insertive anal sex in the previous [six] months. Unprotected sex was significantly more likely with [one] primary partner or multiple partners than with [one] non-primary partner. Drug and alcohol use were significantly associated with unprotected anal sex. (p. 926)

While it is not intended to detail the medical consequences of homosexual practices, the following diseases have extraordinary frequency among gay men: anal cancer, chlamydia trachomatis, cryptosporidium, giardia lamblia, herpes simplex virus, human immunodeficiency virus, human papilloma virus, isopora belli, microsporidia, gonorrhoea, viral hepatitis types B and C and syphilis. The transmission of some of these diseases are so rare among heterosexuals as to be virtually unknown. Other diseases, such as syphilis, were found among heterosexuals, but not nearly as prevalent as in the gay population (Diggs. 2003). The CDC (1999) reported that 85% of syphilis cases in King County, Washington were among gay men. Presently, syphilis has reached epidemic in San Francisco (Heredia, 2001). Besides diseases, physical conditions associated with anal intercourse include hemorrhoids, anal fissures, anorectal trauma and retained foreign bodies (Barone, 1983). The list continues with the "gay bowel syndrome" and extremely high rates of parasitic infections (Hastings & Weher. 1994; Kazal. 1976).

Although the study of medical conditions associated with female homosexuality is relatively new, bacterial vaginosis, Hepatitis B, Hepatitis C, alcohol abuse and intravenous drug use was significantly higher among lesbians than among heterosexual women (Fethers, 2002). In one study of lesbian women 30% had bacterial vaginosis, which is associated with high risk for pelvic inflammatory disease and other sexually transmitted infections (Berger & Kolton. 1995).

Lesbians are three times more likely to be diagnosed with breast cancer than heterosexual women (Burnett, Stakley, Slack, Roth, & Lerman, 1999; The Medical Institute for Sexual Health, 1999). These conclusions also found support in another study conducted by Suzanne Haynes of

the National Cancer Institute, who estimated that lesbians have a three times higher risk than the average female population (Campbell, 1994).

Promiscuity is not a myth among gay men. Gay author Gabriel Rotello noted that "Gay liberation was founded ... on a sexual brotherhood of promiscuity and any abandonment of that promiscuity would amount to a communal betrayal of gargantuan proportions" (p. 112). Rotello's perception finds support in the literature. Bell and Weinberg (1978) found that 75% of white, gay men had sex with more than 100 different males during their lifetime, 15% claimed to have had sex with 100-249 sex partners, 17% claimed sex with 250-499 partners; 15% claimed 500-999 partners and 28% claimed more than 1,000 lifetime male sex partners. Subsequent to AIDS, instead of averaging six different partners per month, there was a decrease to four partners per month (McKusick, 1984). More recently, the CDC reports that from 1994 to 1997, the percentage of gay men reporting multiple partners and unprotected sex increased from 23.6% to 33.3%, with the largest increase among men under 25 (1999). In another CDC report, 30 percent of all gay black men are HIV positive. Forty-six percent of the study participants had unprotected anal sex during the previous months, and less than 30 percent realized that they were infected (Sternberg, 2001).

While promiscuity among lesbians is less extreme, recent Australian research reports that lesbian women were 4.5 times more likely to have had more than 50 lifetime male partners than heterosexual women (Price, 1996). It is interesting that 93% of lesbians reported a history of sex with men. Other research has been supportive (Ferris, 1996; Skinner & Stokes, 1996).

Monogamy is usually defined as sexual fidelity. Perhaps the most extensive study on sexual fidelity was conducted by Michael, Gagnon, Laumann, and Kolata (1994), who found that the vast majority of heterosexual couples were monogamous while the marriage was intact. Ninety-four percent of married couples and 75% of cohabiting couples had only one partner in the previous 12 months. In contrast sexual fidelity is so rare among gay men that a new term has been offered: "Monogamy without fidelity." Gay men who were coupled reported that they had sex with some one other than their partner in 66% of their relationships during the first year, rising to 90% if the relationship lasts for five years. In one study, 15% of gay men and 17.3% of lesbians had relationships that lasted for more than three years.

Another extensive study on homosexuality and monogamy was conducted by McWhirter and Mattison (1984), focusing on evaluating the quality and stability of long-term homosexual couplings. The study was actually undertaken to disprove the reputation that gay male relationships do not last. The authors themselves are a homosexual couple, one a psychiatrist and the other a psychologist. After much searching, they were able to locate 156 couples who had been in relationships that had lasted from one to thirty-seven years. Two-thirds of the respondents had entered the relationship with either the implicit or the explicit expectation of sexual fidelity. The results demonstrated that of the 156 couples, only seven had been able to maintain sexual fidelity. Furthermore, of those seven couples, none had been together more than five years. In other words, the researchers were unable to find a single male couple capable of maintaining sexual fidelity for more than five years.

The expectation for outside sexual activity was the rule for male couples and the exception for heterosexual couple. Heterosexual couples lived with some expectation that their relationships were to last "until death do us part," whereas gay couples wondered if their relationships would survive (p. 3).

McWhirter and Mattison (1984) admitted that sexual activity outside the relationship often raises issues of trust, self-esteem and dependency. However, they believed that

the single most important factor that keeps couples together past the 10 year mark, is the lack of possessiveness they feel. Many couples learn very early in their relationship that ownership of each other sexually can become the greatest internal threat to their staying together. (p. 256)

A more recent study published in the journal *AIDS* (2003) found that gay relationships last 1

1/2 years on the average and had an average of eight partners per year outside those relationships.

II. Conclusion

The research is clear: mothers and fathers are essential for optimal child-rearing. Gender complementarity affords children the opportunity to thrive in the best possible environment. Other family forms are not equally as helpful or healthful for children. Substantial research demonstrates the negative effects of father hunger. One can only surmise the consequences of mother hunger.

Adoption is not a right. Rather the best interest of the child should always prevail. Although most children do well when raised by the couples who conceive them, some children are voluntarily released for adoption because parents are not able to adequately care for them. Others become available for adoption because of abuse or neglect. These children have a right to the best possible parenting arrangement that society can provide. The best interest of a child is in a family setting with parents whose health and lifestyle are likely to ensure appropriate care and guidance until the child reaches adulthood. Taking into consideration appropriate family preparation, the social science data suggests that a married mother and father have beneficial outcomes for adoptive children. Other family constellations are less optimal and place children at risk.

The emerging data on the placement of children with homosexual couples provides significant warning signs, suggesting that there are differences between children reared by homosexual and heterosexual couples. Stacy and Biblarz' s meta-analysis (2001) contradicted prior studies on homosexual parenting, and concluded that lesbian mothers have a feminizing effect on their sons and a masculinizing effect on their daughters. How healthy is the rejection of gender roles? What is more alarming is that both historical and current research provides significant concerns about the medical and mental health consequences of homosexual practices, as well as the stability of homosexual relationships. Medical health, mental health, longevity and relationship stability are essential issues to be addressed when considering the placement of children. Those who engage in homosexual practices present serious concerns in all of the above areas. Hayton (1993) expressed concern about children who are reared without the benefit of dual-gender parenting. What do children learn from homosexual relationships? Hayton writes,

Homosexuals . . . model a poor view of marriage to children. [Children] taught by example and belief that marital relationships are transitory and mostly sexual in nature. Sexual relationships are primarily for pleasure rather than procreation. And they are taught that monogamy in a marriage is not the norm and should be discouraged if one wants a good marital relationship. (p. 9)

The contribution of gender complementarity to child rearing is deeply rooted in the innate differences between men and women. The Harvard sociologist Pitirim Sorokin (1956) concluded that no society has ceased to honor the institution of marriage and survived. Traditional marriage and parenting contributes to the fulfillment of life's meaning to both individuals and society.

Enjoying the marital union in its infinite richness, parents freely fulfill many other paramount tasks. They maintain the procreation of the human race. Through their progeny, they determine the hereditary and acquired characteristics of future generations. Through marriage they achieve a social immortality of their own, of their ancestors, and of their particular groups and community. This immortality is secured through the transmission of their name and values and of their traditions and ways of life to their children, grandchildren, and later generations. (p. 6) Regarding gender complementarity and child-rearing, tradition and science agree: mothers and fathers provide optimal development for children. Children's needs must be placed first. The placement of children in settings where there is not a mother and a father begins a slippery slope, one filled with risks that neither the children, nor society can afford to take.

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