Reconceptualizing Family Instability to Include Measures of Childbearing: The Practical Value of Assessing Multiple Partner Fertility

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DRAFT: Not for general distribution
***Note to reviewers: this work is part of an ongoing project associated with my dissertation. The writing and core findings will be refined and updated prior to the conference, as noted on p2. ***

Introduction

Significant gains are often made in family scholarship when researchers question the taken-for-granted approaches to conceptual, methodological, and theoretical notions of family life. For example, the question "Who is part of a family?" has led to work in recent years on expanding heteronormative boundaries, including nonresident and ex-partners in studies of family membership, and shifted data collection efforts away from individuals and towards households in order to better capture the dynamic features of modern families. Similar advancements have been made when researchers have addressed questions such as "What type of relationships should be examined in families?" and "Who should be asked to report on family member's behavior?". Given the current state of family scholarship and the era of rapid family change we are trying to assess, it is also important to address whether the conceptualization of family instability (usually measured as a discrete event such as a marriage or divorce, or series of events such as marriage-divorce-remarriage) adequately answers the question "When does family change matter for individuals?". The purpose of this paper is to make the case that there is value in assessing family instability as the intersection of family forming/disrupting behaviors and other key family events, such as childbearing. To do this, I will explore how women's multiple partner fertility (or "MPF") provides a single trajectory of instability and childbearing that clearly distinguishes MPF women from those who would otherwise look very similar when assessing instability alone. As part of this larger goal of reconceptualizing instability by exploring multiple partner fertility, I will (1) provide the first national-level estimates of women's multiple partner fertility prevalence; and (2) describe how these women differ from single partner fertility women on a range of attitudinal, behavioral, and socio-demographic characteristics. I will conclude the paper by discussing how these

findings demonstrate that traditional measures of instability may not adequately capture the diverse and dynamic nature of modern family life.

From here on, the paper is taken largely from my dissertation work. The main findings and conceptual arguments will remain the same in the final paper, although they will be significantly edited for the conference presentation, and the idea of reconceptualizing inequality will be addressed thoroughly in the conclusion and discussion section.

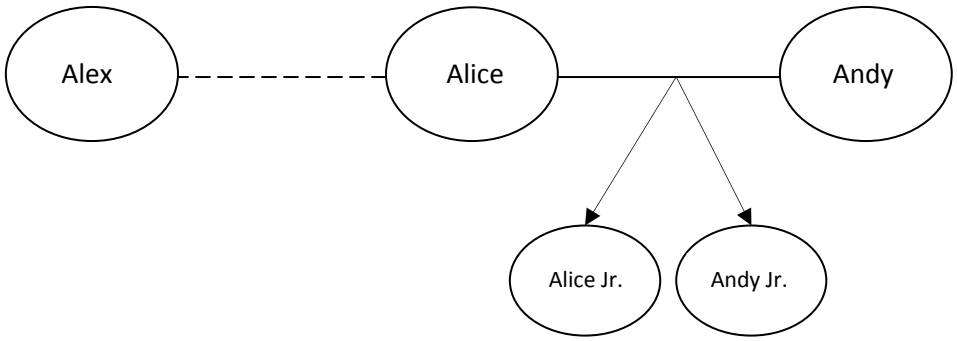
Background

Because women with the same number of children and relationship histories may have radically different real-world experiences from women who would otherwise look very similar on paper, it is critical to assess family instability and childbearing as a single family trajectory (see Hareven, 1978 for a discussion of how similar family transitions do not always lead to similar life experiences). For an example of why a unified fertility and instability trajectory is useful, imagine a scenario in which two women share the same household level relationship *history* of marriage → divorce → remarriage, with the same number of *transitions* (three), the same number of *partners* (two), and the same number of *children* (two). See Figure 1.1 for a visual representation of this example. In the first scenario Alice married young, divorced quickly, and then later remarried a man with whom she had two children. In the second scenario, Betsy married a man and had one child. After several years of marriage, she and her husband divorced, and as a result Betsy was a single mother for a period. After a time, Betsy remarried and gave birth to a second child.

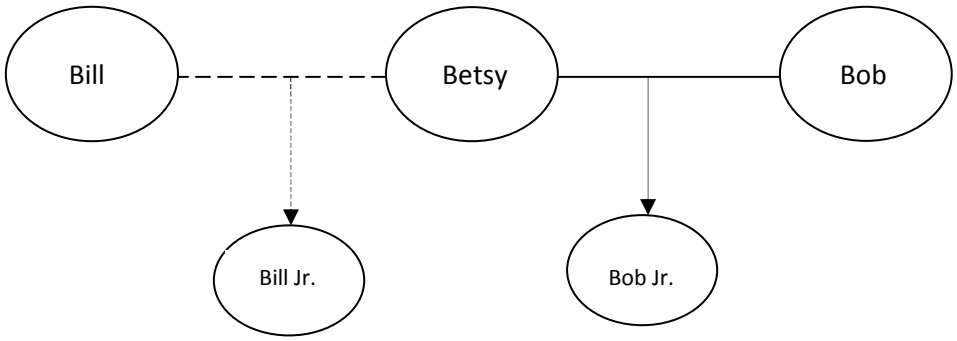
Although these women have similar histories, transitions, number of partners, and number of children, they have very different real-world experiences. For example, in Alice's family the children are full siblings who were raised in a two-biological-parent home. In Betsy's family, on the other hand, there are half siblings who have a non-resident biological father, a resident biological father, a resident step-father, and, for one of the children, time spent in a single parent home. In Betsy's family there are also many more family roles that need to be filled which may create family strain and ambiguity and as a result, heighten stress in the home (Brown & Manning, 2009; Carroll, Olson, Buckmiller, 2007). Furthermore, while Alice's family has very clear ties to kin outside the household (e.g. the paternal grandparents and aunts and uncles are biologically related to all of the children in the household), Betsy's family has ambiguous ties to two sets of extra-household kin networks. And, in Betsy's family, her former in-laws may be interested in maintaining ties with their grandchild but be unsure as how to navigate this relationship with their son's ex-wife.

Chart 1.1. Visual Depiction of Identical Number of Children, Relationship Transitions, and Relationship Histories, with Differences in Multiple Partner Fertility

Scenario A: Alice marries and divorces Alex, then remarries Andy. She has two children.



Scenario B: Betsy marries and divorces Bill, then remarries Bob. She has two children.



<u>Instability Measures for Scenarios A and B:</u>

Relationship trajectory= marriage, divorce, remarriage (both A & B)
Number of transitions= three (both A & B)
Number of children= two (both A&B)
Number of partners= two (both A&B)
Multiple partner fertility= no (A), yes (B)

Further, while the grandparents of Betsy's youngest child may have easy access to their grandchild, they may not visit as often because they do not know the appropriate roles they should take relative to their step-grandchild for whom their son is acting as a step-father. Research done on step-parenting has found that when families with children experience disruptions and reformations (both marital and cohabiting) the likelihood of ambiguous roles and family stress increases (Brown & Manning, 2009; Pasley, 1987). Furthermore, research has shown that in families like Betsy's, the total amount of kin support tends to be lower because both the first and second husband's parents provide less instrumental support to blended families, regardless of their son's or daughter's current relationship status (Harknett & Knab, 2007). Also, women receive fewer resources related to parenting their first child when they move in with a social father rather than a biological father (Hofferth & Anderson, 2003). Conversely, in families like Alice's, where couples have children and remain together, her husband's parents are much more likely to provide regular instrumental support.

Because women like Alice and Betsy may have radically different family experiences, yet still report the exact same sequencing of transitions (e.g. marriage → divorce → remarriage), it is important for researchers to look beyond instability measures and take into account other significant life course events that may alter the experience of family instability. In particular, by accounting for the childbearing that occurs across these relationships, much of the family complexity can be understood. For this project I have chosen to parse out the unique effects of childbearing and instability by linking women's relationship histories with their fertility histories to consider how women who have children born across multiple relationships, like Betsy's, fare compared to women who have children with a single partner, like Alice. For the remainder of the paper, I will use the terminology 'single partner fertility' or 'SPF' to describe women like Alice who have children exclusively with one partner, and I will use the phrases 'serial parenting', 'multiple partner fertility', or 'MPF' to describe women like Betsy who have children with multiple partners over their life.

Multiple Partner Fertility Prevalence and Correlates

While multiple partner fertility has been a key component of family life for centuries, its prevalence among U.S. women is largely unknown. Prior research has demonstrated the significance of MPF among urban women and young women, but work has yet to be done on those who have finished their childbearing, and as a result, have complete multiple partner fertility histories (Carlson & Furstenburg, 2006; Guzzo & Furstenburg, 2007b). This paper advances current thinking by providing

nationally representative estimates of serial parenting among U.S. women aged 41-49 who have concluded their childbearing and have a final multiple partner fertility status. In addition to providing information on MPF prevalence, this article explores the numerous correlates of serial parenting; beginning with a description of how multiple partner fertility differs according to chronic stressors such as time in poverty, time employed, educational attainment, and race. Then, I examine the correlates of multiple partner fertility in relation to its three component parts: relationship instability (e.g. number of relationship transitions), fertility (e.g. number of children), and partnering (e.g. number of residential partners).

Data

I draw on data from the *National Longitudinal Survey of Youth 1979* (NLSY79) , which is a nationally representative sample of American women who were 14-22 years of age when they were first interviewed in 1979. These women were interviewed every year until 1994, and biennially thereafter. Because the NLS employed racial and ethnic oversamples as part of its initial sampling design, the unweighted data skews the population means toward Black and Hispanic averages. This creates serious problems when estimating the incidence of certain family characteristics, such as serial parenting, which are more common among some racial and ethnic groups than others. By weighting the data with year-specific sampling weights provided by NLSY, I am able to provide population descriptors that are adjusted to reduce the impact of both African American and Hispanic women on the sample average, and thus remove bias associated with the NLSY oversample strategy (Olsen, 2009)[1]. Table 1.1 provides a comparison of the weighted and unweighted sample characteristics.

Prevalence of Multiple Partner Fertility

Almost one in five middle-aged American women has experienced serial parenting during her life. As noted in Table 1.1, 19% of U.S. women aged 41-49 has had children with multiple partners, and amongst these, most have children with only two men (74%). When limiting the sample to mothers, the percentage of women who have been serial parents rose to 22%. And, among mothers with two or more children (e.g. those who have the possibility of MPF), the rate of multiple partner fertility was over one

[1] Data are weighted by the survey year weights in which the question was asked. For questions that span several interviews, such as percentage of life spent in poverty, the data were weighted by the final survey weights. All survey weights are created to account for racial oversamples and attrition between waves, and weighted coefficients are roughly similar regardless of the year of weight used.

in four, or 28%. See Figure 1.1 for a visual depiction of these rates for women, mothers, and mothers with two or more children.[2] This high prevalence rate suggests that multiple partner fertility is indeed an important component to modern family life, and it should be a valuable area of study for family scholars interested in understanding the changing American family.

Correlates of Multiple Partner Fertility

In addition to being a common occurrence among these women, multiple partner fertility also appears to be an important feature of the American family landscape, as seen by the pairwise correlations between MPF (1=yes, 0=no) and each of the key variables in this study, as presented in the last column of Table 1.1.[3] With the exclusion of age, every health outcome and predictor variable was significantly correlated with multiple partner fertility, and most were associated at the $p < .001$ level. The only surprising finding was the insignificant association between MPF and age, given that the prevalence of MPF has been consistently shown to increase as people get older (Carlson & Furstenberg, 2006; Logan et al, 2006). However, the non-significant correlation is likely a reflection of the limited differences in ages among this birth cohort, and suggests that within the six year range between the oldest and youngest women in the sample there are no significant variations in serial parenting by age. This finding does not suggest, however, that the link between MPF and age would not be significant in a sample of all American women, as it is likely that the women from this birth cohort will have different rates of serial parenting than their daughters (c.f. Guzzo & Fursetnburg, 2007b).

Also noted in Table 1.1 is a strong correlation between MPF and various event, role, and chronic stressors. For example, women with MPF tend to have more transitions, more children, and more residential partners than SPF women. They spend less of their adult life employed, more of their adult life in poverty, and have lower levels of education than their comparison group. Serial parenting is more common among African American and Hispanic mothers, and is associated with younger age at first birth, and being unmarried and having fewer children living in the household at the time of the final survey. Further, multiple partner fertility is negatively associated with general physical health and general mental health, and is positively associated with higher rates of depression. I will explore each of these significant associations through the remainder of this paper.

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[2] Appendix Table 4.2 provides the population means used in creating Figures 4.1 - 4.4.
[3] A complete set of pairwise correlations for all variables is presented in Appendix Table 4.1

Chronic Stressors and Women's Multiple Partner Fertility

Women with multiple partner fertility fare worse than their single partner fertility counterparts in terms of their poverty, employment, and educational status. Figures 1.2 - 1.4 depict the relationship between multiple partner fertility and each of the chronic stressors identified in Table 1.1. While disadvantage was anticipated to be apparent for these women based on prior literature, the rates of disparity are still striking. For example, women who have children with multiple fathers spend, on average, about *three times* as much of their adult life in poverty compared to women who have several children with a single man (SPF) and twice as long in poverty compared to women as a whole. This breaks down to be about 6 additional years in poverty for MPF women compared to SPF women (9.18 years compared with 2.97 years), with each year in poverty containing its own set of unique stressors and negative life experiences that may accumulate for the woman and her children. Furthermore, women with multiple partner fertility spend about 12% less of their adult life employed, which translates to about 3.24 fewer years in the labor force compared with SPF women. This suggests that while MPF women may be slightly less likely to be employed at any given time than their single partner fertility counterparts, the unemployment does not explain the vast difference between the groups in terms of their overall time in poverty. In fact, it appears that many of these women are poor even though they are working. Some possible explanations for their higher rates of poverty among MPF women could be that they do not have a consistent partner in the home to help provide income or share resources, and, these women are likely at low wage jobs that do not keep them above the poverty line while single parents.

As with poverty and employment, women with multiple partner fertility report more disadvantage when it comes to educational attainment as well, with between *1 to 2 years less* formal education than other women (see Figure 1.3). Again, it is likely that this chronic stressor reflects more than a mean difference in schooling, but rather indicates a source of ongoing and cumulative stress and disadvantage.

Finally, it is crucial to the discussion of multiple partner fertility to understand how this family practice differs for African American, Hispanic, and White women. Figure 1.4 conveys the distinctions in serial parenting by race and indicates African American women are three times as likely to experience MPF compared to White women, and are about one-and-a-half times as likely to be serial parents as Hispanic women. The overall rates reflect these distinctions, with 40% of African American women reporting multiple partner fertility, while only 27% of Hispanic women and 14% of White women experience serial parenting. Among women with two children (those who have the potential for MPF)

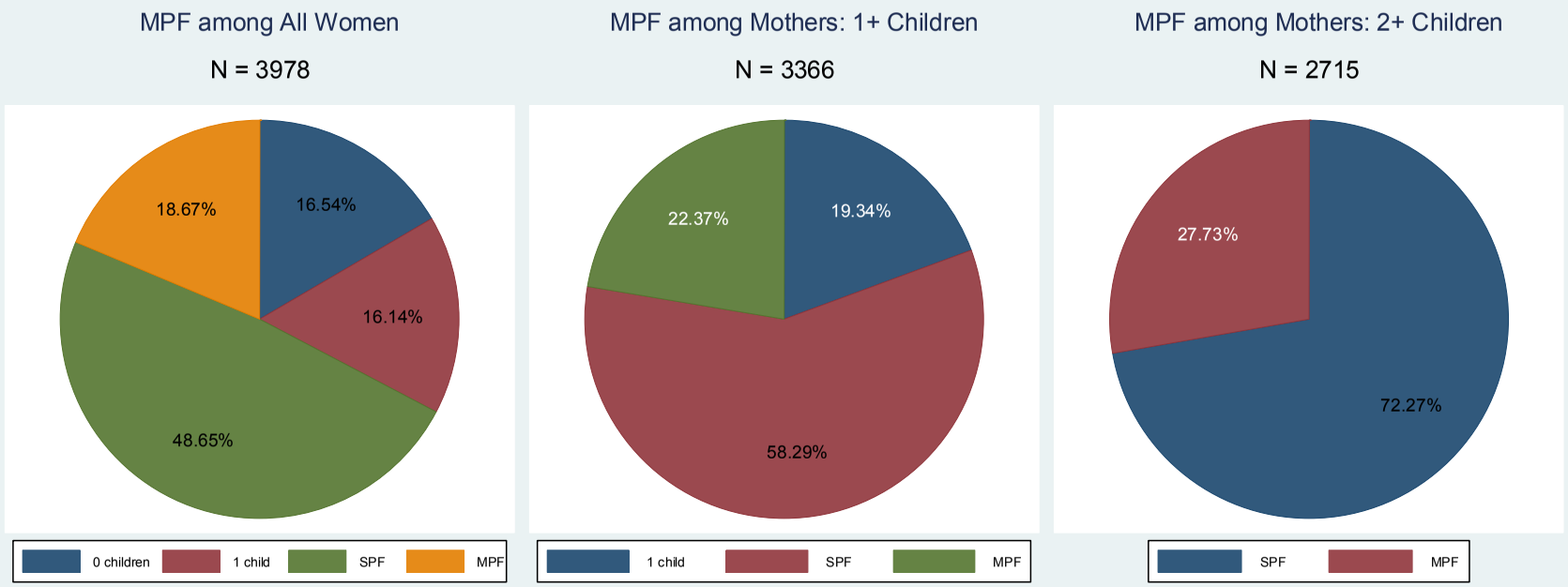
Table 1.1. Sociodemographic Characteristics of NLSY79 Women Aged 41-49 in 2006. Proportions reported unless otherwise indicated.

		Unweighted			Weighted[a]			
Variables	Range	N	Mean	SD	Mean	SD	corr MPF[b]	
Multiple Partner Fertility								
MPF among all women (%)								
0 children	0 - 1	3978	0.15	0.36	0.17	0.37	-	
1 child	0 - 1	3978	0.16	0.37	0.16	0.37	-	
2+ children with single partner	0 - 1	3978	0.44	0.50	0.49	0.50	-	
2+ children with multiple partners	0 - 1	3978	0.24	0.43	0.19	0.39	-	
Event Stressor								
Number of transitions	0 - 17	3978	2.37	2.01	2.41	2.05	0.44	***
Role Stressors								
Number of children	0 - 11	3978	2.08	1.42	1.97	1.33	0.24	***
Number of residential partners	0 - 9	3978	1.49	0.99	1.54	0.99	0.41	***
Chronic Stressors								
Percent adult life in poverty	1 - 100	3978	22.58	27.51	15.78	23.04	0.43	***
Percent adult life employed	1 - 100	3978	64.01	27.25	67.65	25.47	-0.20	***
Education, years	0 - 20	3978	13.41	2.54	13.71	2.54	-0.24	***
Race/ethnicity (%)								
Hispanic 1=yes	0 - 1	3978	0.19	0.39	0.06	0.24	0.04	*
Black non-Hispanic, 1=yes	0 - 1	3978	0.31	0.46	0.15	0.36	0.31	***
White non-Hispanic, 1=yes	0 - 1	3978	0.50	0.50	0.78	0.41	-0.29	***
Foreign born, 1=yes	0 - 1	3978	0.07	0.25	0.04	0.20	-0.04	*
Controls								
Current age, years	41 - 49	3710	45.23	2.21	45.37	2.28	ns	
Number children in HH, 2006	0 - 10	3978	1.30	1.20	1.27	1.18	-0.10	***
Currently married, 1=yes	0 - 1	3710	0.57	0.50	0.64	0.48	-0.31	***
Age at birth of 1st child, years	12 - 45	3366	23.71	5.80	24.68	5.77	-0.42	***

a Variables were weighted by survey year to make them representative of all women in the 1957-1964 cohort.

b Two-tailed weighted correlations between binary MPF and key variables. * p < .05. ** p<.01. ***p<.001

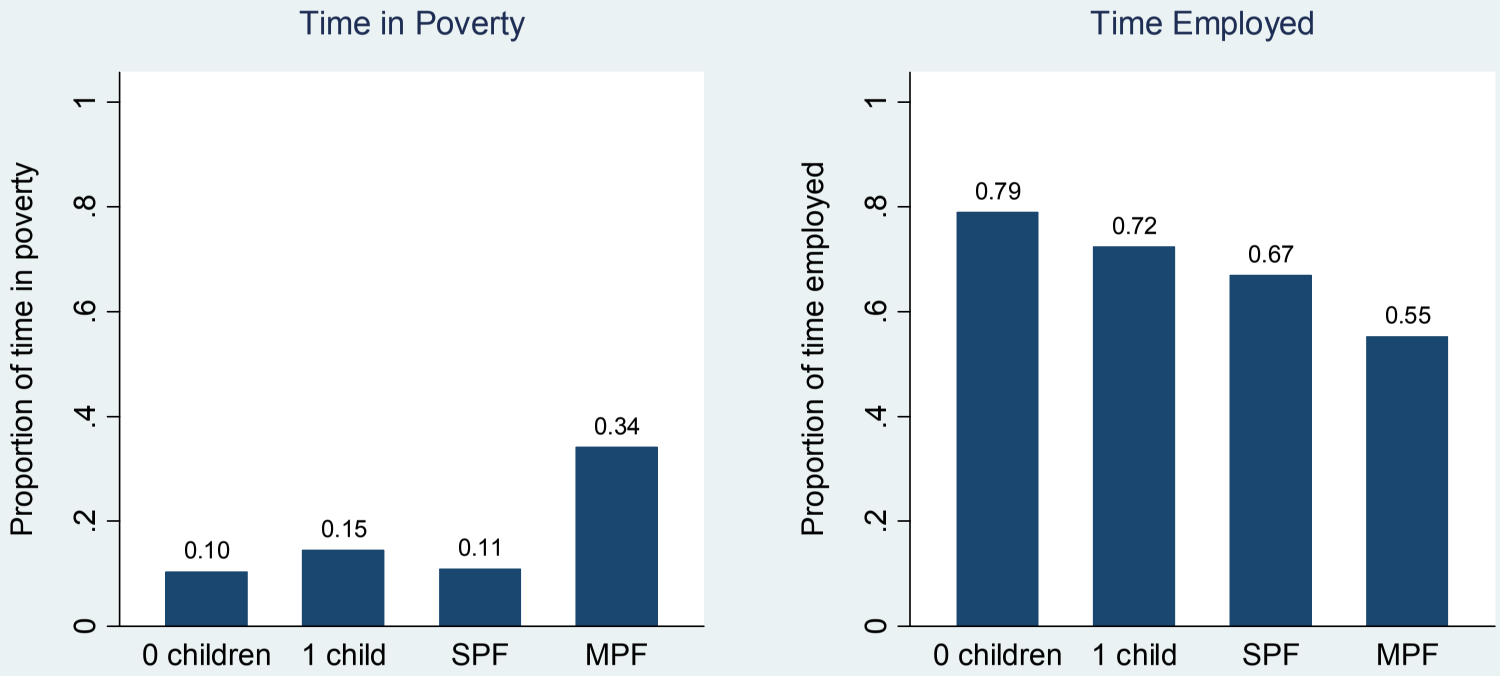
Figure 1.1 Prevelance of Multiple Partner Fertility among NLSY79 Women Aged 41-49 in 2006.



Note: Author's calculations are based on weighted survey data.

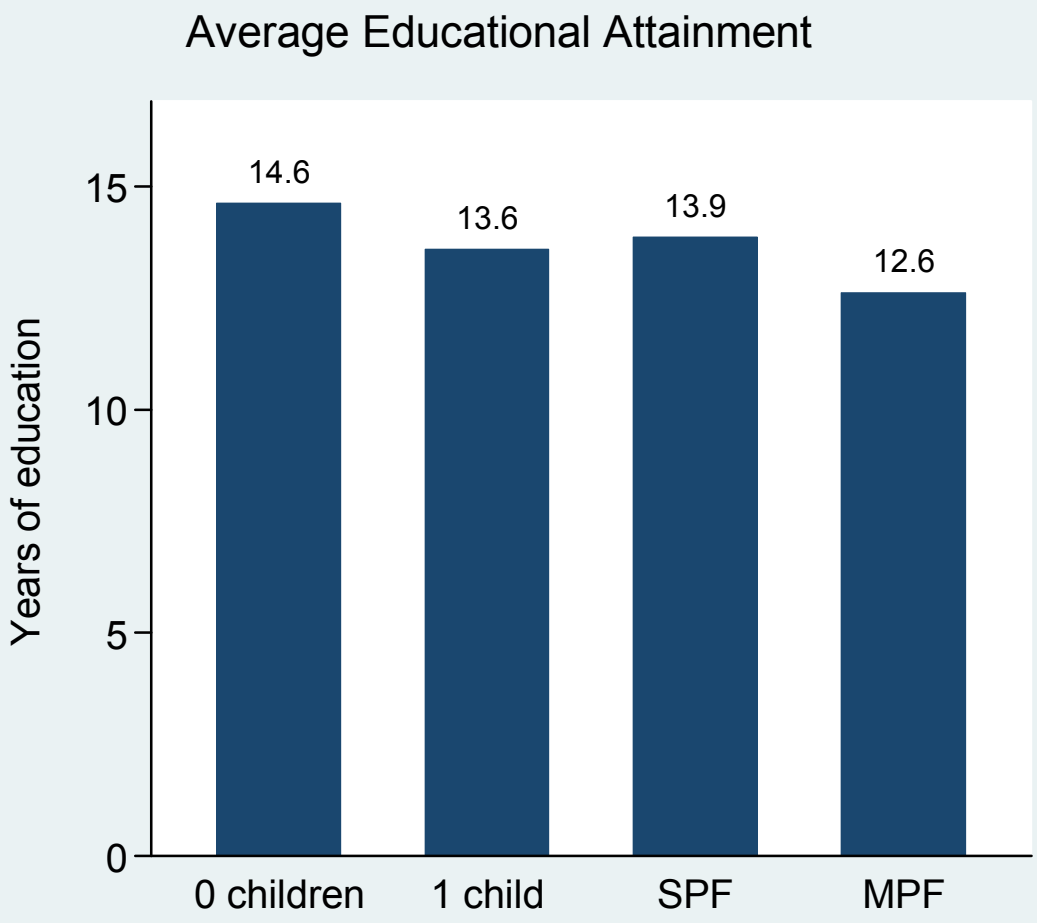
Figure 1.2 Chronic Stressors and Women's Multiple Partner Fertility:

Proportion of Time in Each Condition from 1979-2006



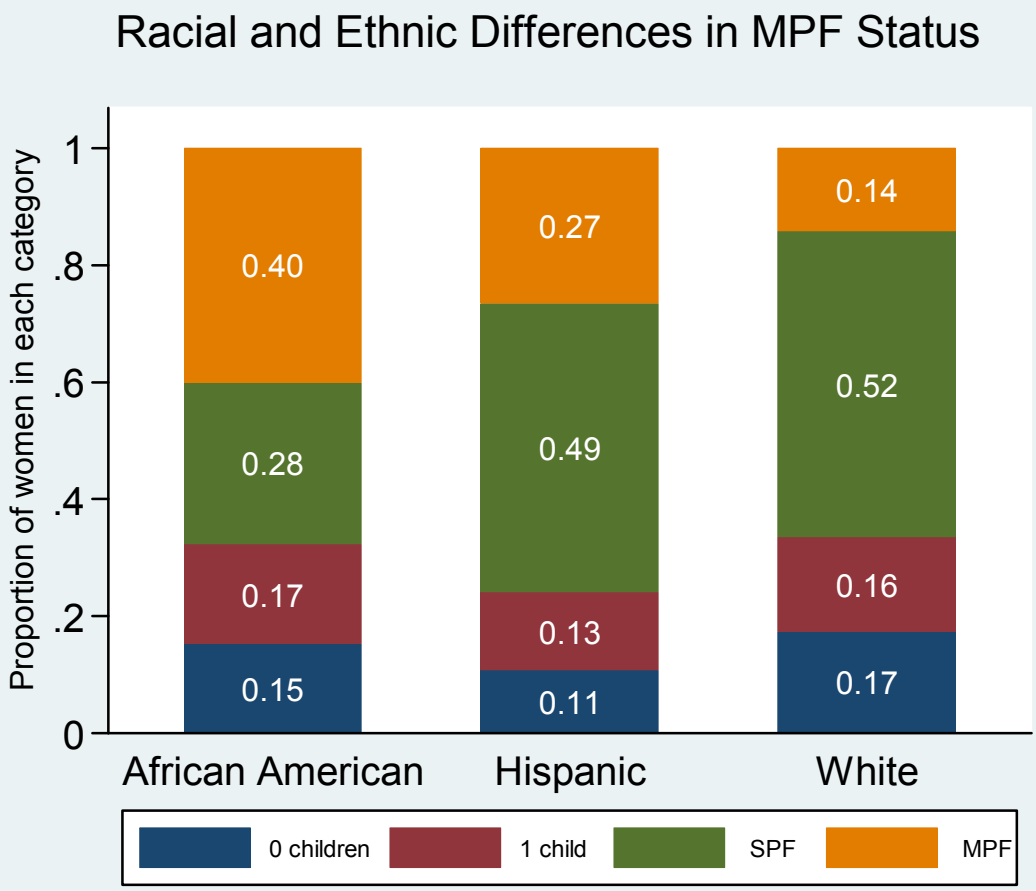
Note: Author's calculations are based on weighted survey data.

Figure 1.3 Chronic Stressors and Women's Multiple Partner Fertility:



Note: Author's calculations are based on weighted survey data.

Figure 1.4 Chronic Stressors and Women's Multiple Partner Fertility:



Note: Author's calculations are based on weighted survey data.

the rates are just as striking, with 59% of African American mothers, 35% of Hispanic mothers, and 22% of White mothers reporting multiple partner fertility. Taken together, the findings from Figures 1.2 - 1.4 suggest that multiple partner fertility is intimately connected with various forms of social disadvantage and discrimination, distinctions in cultural practices and kinship ties, and access to resources. And, many of these differences (particularly monetary ones) may lead to chronic stressors that represent serious long-term and cumulative hardships for MPF women relative to other women.

Event Stressors and Women's Multiple Partner Fertility

Relationship Instability

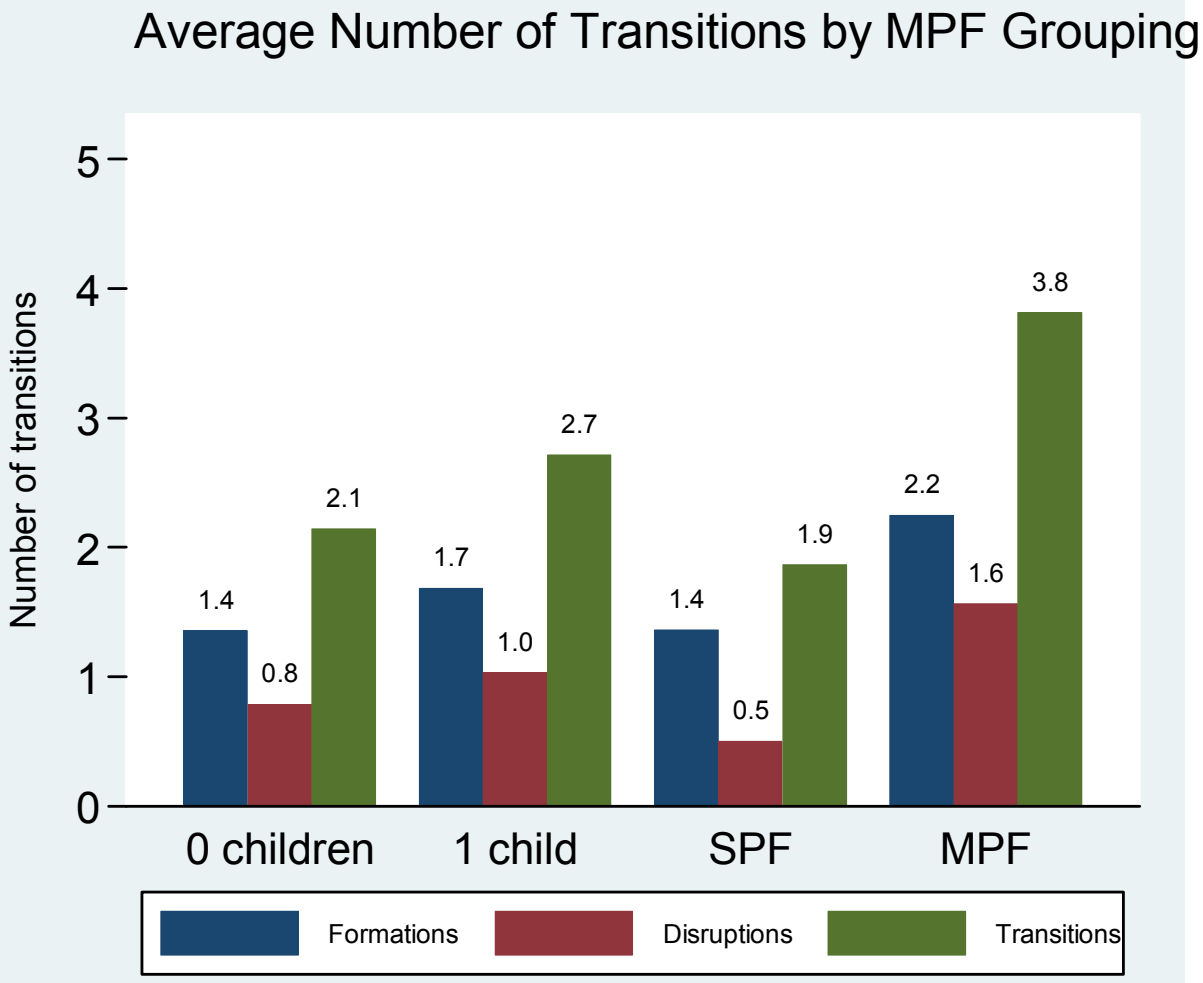
One of the three conceptual building blocks of multiple partner fertility is the amount of relationship instability serial parents are exposed to throughout their lives. Figure 1.5 depicts the average number of residential relationship transitions by MPF grouping over the 27 year period and indicates that women with multiple partner fertility tend to have more relationship formations and disruptions than other women, giving them a total number of transitions that is one and a half times greater than the average for all women in the sample. This is particularly apparent when comparing the number of transitions experienced by each MPF grouping in Table 1.2. Notice that 65% of women with single partner fertility have zero or one residential transitions (e.g. marriage or cohabitation) compared with 15% of women with multiple partner fertility. Furthermore, while only 11% of SPF women have four or more transitions over their life, MPF women were almost four times as likely to report having this number of transitions (43%).

When broken out by discrete relationship experiences (also in Table 1.2), it is apparent that MPF women are on par with most women in terms of the proportion who have never had a residential partner during their adult life, but have much higher rates of singlehood than SPF women. Serial mothers also have more marriages, and twice as many marital separations and reunifications than average. Furthermore, they are about twice as likely to experience the death or divorce of a spouse, and are much more likely to cohabit and separate from a cohabitation compared to other women. Because women with single partner fertility have considerably fewer marital separations, divorces, cohabitations, and cohabitation separations than average, the difference between MPF and SPF women is even greater than the distinction between serial parents and the average scores for this sample.

Along with having more partners than other women, serial parents also have more complex patterns of relationship histories compared to other women. Among the 3,798 eligible women in this sample, there

were 536 unique relationship patterns ranging from 0 to 22 transitions. The relationship histories began when women were single, having never been in a cohabiting or marital relationship, and the first transition was usually into marriage. About 50% of the women had one or fewer residential relationships over the course of the survey, and about two-thirds had two or fewer relationships during this time. Table 1.3 describes the 20 most common relationship patterns for women of the NLSY79. The rank is reported on the far left column and indicates that the most frequently reported relationship by all women was being continuously married, followed by cohabiting and then marrying. This pattern is consistent for mothers with one child as well as SPF mothers, and describes over 50% of SPF women's total relationship histories. Conversely, these are not the most common experiences of serial parents and describe less than 8% of their total histories. Furthermore, notice the total percent of relationship experiences explained by the top 20 relationship patterns in the final row. Overall, these 20 relationships describe the experiences of 69% of the women in the sample, and over 77% of the experiences by single partner fertility women. However, these patterns only describe 50% of MPF women's experiences (these percentages are unweighted). This is because serial parents have more complex patterns of relationships over time, which include more partners, more formations, and more disruptions than other women. In fact, while the SPF mothers in this sample had a total of 214 unique relationship patterns, the MPF mothers had 342 unique patterns (1.6 times the amount of single partner fertility women).

Figure1.5 Relationship Instability and Women's Multiple Partner Fertility:



Note: Author's calculations are based on weighted survey data.

Table 1.2. Relationship Instability Characteristics among NLSY79 women aged 41-49 in 2006. Weighted averages reported unless otherwise indicated.

	All Women N=3978	No Children N=612	One Child N=651	SPF Women N=1744	MPF Women N=971
Types of Relationship Instability					
Number of marriages	0.76	0.47	0.70	0.77	1.02
Number of marital separations	0.41	0.29	0.45	0.27	0.85
Number of marriage reunites	0.05	0.03	0.03	0.05	0.11
Number of widows from marriage	0.03	0.02	0.02	0.02	0.07
Number of divorces	0.55	0.45	0.63	0.35	1.07
Number of cohabitations	0.82	0.88	0.98	0.59	1.22
Number of cohabitations that lead to marriage	0.50	0.46	0.55	0.43	0.69
Number of cohabitation separations	0.26	0.33	0.38	0.13	0.43
Proportion of women continuously single 79-06	0.06	0.23	0.05	0.01	0.06
Total Relationship Instability					
Total number of formations 1979-2006	1.58	1.35	1.68	1.36	2.25
Total number of disruptions 1979-2006	0.83	0.79	1.03	0.50	1.56
Total number of transitions 1979-2006	2.41	2.14	2.72	1.86	3.81
0 transitions	0.06	0.23	0.05	0.01	0.06
1 transition	0.43	0.28	0.33	0.64	0.09
2 transitions	0.11	0.14	0.16	0.08	0.09
3 transitions	0.20	0.17	0.19	0.17	0.32
4+ transitions	0.20	0.18	0.27	0.11	0.43

Table 1.3. The Twenty Most Common Relationship Patterns from 1979-2006 among NLSY79 Women aged 41-49 (n=3798) [a b]

		All Women	No Children		One Child		SPF Women		MPF Women	
		N=3978	N=612		N=651		N=1744		N=971	
Rank	Relationship Histories 1979-2006	%	Rank	%	Rank	%	Rank	%	Rank	%
1	Marriage	21.6	2	12.6	1	15.8	1	37.6	3	3.9
2	Cohab –-> Marriage	10.7	3	9.8	2	9.7	2	15.5	4	3.7
3	Always Single	8.2	1	26.2	3	8.8	14	1.1	1	8.8
4	Marriage –-> Marriage Separate –-> Divorce	3.1	6	2.2	4	5.3	3	2.6	6	3.2
5	Cohab –-> Cohab End	2.9	4	5.0	5	4.6	21	0.5	2	4.4
6	Marriage –-> Marriage Separate–-> Divorce –-> Cohab –-> Marriage	2.4	9	1.9	8	1.9	6	2.1	5	3.5
7	Marriage --> Divorce	2.2	5	3.4	6	3.2	4	2.2	17	0.9
8	Marriage –-> Marriage Separate –-> Divorce –-> Marriage	2.0	14	1.0	10	1.8	7	2.0	9	2.9
9	Cohab –-> Cohab End –-> Cohab –-> Marriage	2.0	11	1.7	7	2.2	5	2.2	13	1.7
10	Marriage –-> Marriage Separate	1.8	12	1.4	11	1.8	8	1.9	12	1.9
11	Marriage –-> Divorce –-> Cohab –-> Marriage	1.7	21	0.7	14	1.4	12	1.4	7	3.1
12	Marriage –-> Divorce –-> Marriage	1.5	13	1.2	17	1.1	11	1.5	11	1.9
13	Cohab –-> Marriage –-> Marriage Separate –-> Divorce	1.5	17	0.9	9	1.9	9	1.6	15	1.4
14	Cohab –-> Cohab End –-> Cohab –-> Cohab End	1.4	7	2.2	12	1.8	10	1.6	nr	0.0
15	Cohab –-> Marriage –-> Divorce	1.3	nr	0.0	20	0.8	15	0.9	8	3.1
16	Marriage –-> Marriage Separate –-> Cohab –-> Divorce –> Marriage	1.3	10	1.9	13	1.6	23	0.4	10	2.1
17	Cohab	1.1	8	2.1	18	1.1	nr	0.0	14	1.6
18	Marriage –-> Marriage Separate –-> Marriage Reunite	0.9	16	0.9	19	1.0	17	0.8	20	0.9
19	Cohab –-> Marriage –-> Marriage Separate	0.8	23	0.5	16	1.3	16	0.9	24	0.6
20	Cohab –-> Cohab End –-> Marriage	0.7	18	0.9	23	0.6	18	0.7	23	0.7
	TOTAL	69.0		76.4		67.5		77.2		50.1

[a] The percentages reported do not total to 100% because the table only focuses on the twenty most common relationship patterns among all NLSY women.

[b] These are unweighted percentages.

Role Stressors and Women's Multiple Partner Fertility

Fertility

In addition to greater relationship instability, a second common characteristic of multiple partner fertility is the unique childbearing practices of women in this group. As shown in Table 1.4, MPF women tend to have distinct patterns of fertility staging and timing, higher rates of problem fertility and achieved fertility, and deviate more substantially from their own fertility expectations than SPF women. Figures 1.6 – 1.10 illustrate these distinctions. In regards to fertility staging,[4] serial parents tend to begin their sexual experiences more than a year sooner than other women and a year and a half before SPF mothers. This early exposure to sex is significantly associated with later multiple partner fertility at the bivariate level, and has been found to be directly linked to the log odds of MPF occurrence among young women (Guzzo & Furstenburg, 2007b). In addition to earlier sexual intercourse among MPF mothers, the serial parents in this sample also reported a much younger age at first birth and much higher rates of teenage births. As seen in Figure 1.6, MPF women began having their children almost *four and a half years sooner* than other women, on average, and over five years before SPF women. This early childbearing reflects the large differences in teen births among these mothers; with childbearing to women under 19 being reported nearly 50% of the time among MPF women compared to 14% and 11% of the time among SPF women and those with one child, respectively. Conversely, while 40% of women with one child and 23% of SPF women didn't start their childbearing until they were 30 years of age or older, only 2% of serial parents waited this long to begin having children.

Equally important to the notion of fertility staging that surrounds the mother's first birth, is the women's relationship status at the time the child was born. In addition to starting to have children at a younger age than other women, the mothers who later experience multiple partner fertility are much more likely than other women to be in nonmarital and non-cohabiting relationships at the time of their first child's birth. As seen in Figure 1.6, while 89% of SPF women were married when their first child was born, only 43% of MPF women were married at this time. Conversely, while just 7% of SPF women were neither married nor cohabiting, a full 52% of MPF women were not living with, nor married to, the father of their child, making MPF women over *seven times more likely* to be in a nonresidential/nonmarital relationship at their child's first birth compared with single partner fertility mothers. This connection between nonmarital childbearing and early age at first birth has also been

[4] Fertility staging is my phrase for the conditions that surround the birth of the first child which then 'set the stage' for the births of subsequent children.

documented by the US Department of Census in 2004, which provided information suggesting that 88% of births to women under 19 were nonmarital compared with 12% of births to women over 30 years of age (Dye, 2004). And, like multiple partner fertility, nonmarital births were highly stratified by race/ethnicity with Black women being the most likely to have a nonmarital birth (62%) followed by Hispanics (32%) and then Whites (25%).

Interestingly, while MPF mothers start their childbearing at a younger age than other women, they take over two years longer than SPF women to have their second child (see Figure 1.7). And again, they take over a year-and-a-half longer than SPF women to have a third child (among those with three children). As a result, these young mothers who are in unstable first relationships have an average of over five years to find a different partner and form a new relationship before having their second child. And these five years represent an extended time exposed to potential new partners while fecund, making MPF much more likely for these women. Not surprisingly, the "extra" time MPF women take to have their second and third children begins to close the gap in age differences at each child's birth for SPF and MPF mothers, although SPF women continue to be slightly older mothers than MPF women even by their third child.

Associated with the early childbearing and unstable relationships that surround the first birth is the fact that women who are serial parents have a cumulative history of greater "problem" fertility than other women (see Figure 1.8).[5] Specifically, the rates of nonmarital and nonresidential births among MPF women are about *seven* (nonmarital) *to ten* (nonresidential) *times higher* than the rates for SPF women, and about 1.6 (nonmarital) and 1.7 (nonresidential) times higher than the experience of women with a single child.

Along with several of the elements of "exposure to MPF" described above (e.g. age at first birth, instability of relationships, extended time between births) is the propensity of MPF women to have more children than other women. Overall, women with MPF have higher rates of fertility along every indicator assessed with the NLSY, including more pregnancies, births, miscarriages, and abortions (see Figure 1.9). These women have an average of *one additional child* compared with the population mean and about half-a-child more than women with single partner fertility. And, what's more, MPF women have higher rates of miscarriage and more abortions than all other groups of women. Future work might consider whether these women may have higher rates of multiple partner fertility because they have

[5] Problem fertility refers to childbearing that is generally associated with poorer outcomes for women and children, including nonresidential or nonmarital births, teen births, or births to a several different partners (e.g. MPF). The actual fertility experience, or its repercussions, may not be negative for the women or her child.

greater likelihood of pregnancy (e.g. high fecundity) or if the elevated rates can be accounted for by ineffective or ambivalent contraception where the women do not choose to get pregnant, but they purposely stop using contraception once the relationship begins (England and Edin, 2009). Or, it could be that these women face such a burden of disadvantage in their lives that they choose to not contracept because (1) they feel that they have little control of their lives or the way they unfold—e.g. low locus of control—and so they don't attempt to direct their childbearing the same way other women do [6], or (2) they have lower opportunity costs associated with having children so that each additional pregnancy does not disrupt their lives in the same way it might other women, and thus childbearing is not managed as strictly among these MPF mothers compared to others.

Finally, mothers with multiple partner fertility distinguish themselves as being the only group of women to have more children than they determined as ideal when young adults. In 1979 these women were asked what they considered the ideal number of children for women in society (mean = 2.86) as well as what they considered the ideal number of children for themselves personally (mean = 2.55). Interestingly, the 'ideal for self' mean was lower than the 'ideal for others' mean. Additionally, the women were asked how many children they actually expected to have over their lifetime. Again, this number was lower than what they considered ideal for either themselves or others and averaged 2.30 children for all women. As seen in Table 1.4, when MPF women were young, they had a higher ideal number of children for others and a lower ideal number of children for themselves compared with the average. Conversely, when SPF women were young, they reported a higher number of children as ideal for others as well as themselves, on average.

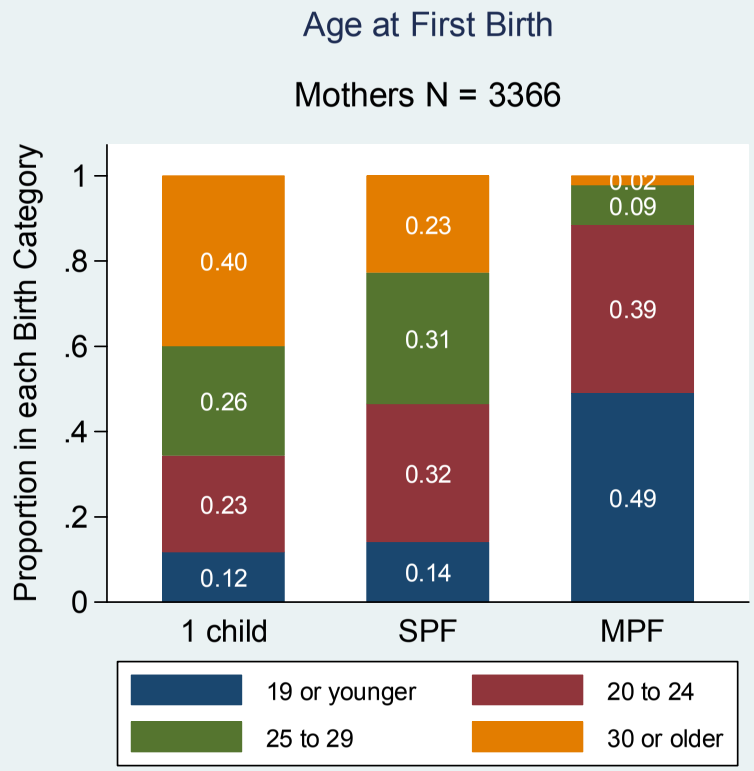
Figure 1.10 depicts the differences between the ideal, expected, and achieved fertility among women of the NLSY. As seen in panel one, women with no children had the most significant deviations from the ideal, followed by those with one child and then those with single partner fertility. Women with multiple partner fertility were the closest to the ideal for all women, although they distinguished themselves by being the only group to have more children than considered normative in 1979. Likewise, in the second panel the graph illustrates the ideal for self compared to actual fertility. Like before,

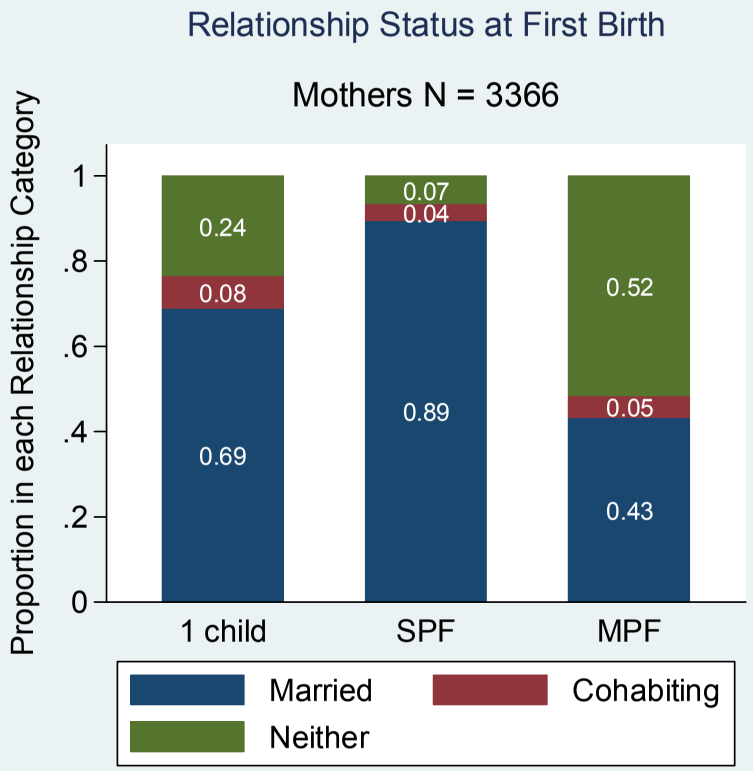
[6] Locus of control is a personality variable that explains how much control individuals feel they have over their own lives, and "the extent to which they attribute their circumstances and rewards to fate, luck, chance, or powerful others, instead of believing that their circumstances and rewards are influenced by their own actions (Myers & Booth, 1999:423)." Individuals with low locus of control often do not believe that their behaviors can influence their life substantially, so they are less motivated to work toward improving their situations by making choices with positive long-term consequences. Conversely, women with high reports of locus of control often reduce the impact of life stressors by "transform(ing) stress into challenge" and thus buffering themselves from some negative outcomes that may be felt more keenly by MPF women who face similar challenges but report lower efficacy (424).

Table 1.4. Fertility experiences of NLSY79 women aged 41-49. Weighted averages and proportions displayed.

	All Women N=3978	No Children N=612	One Child N=651	SPF Women N=1744	MPF Women N=971
Fertility Staging					
Age at first sex, years	17.54	17.82	17.45	17.96	16.39
Age at first birth, years	24.68	.	27.84	25.26	20.27
Age at first birth, categories					
19 or younger	0.21	.	0.12	0.14	0.49
20 to 24	0.32	.	0.23	0.32	0.39
25 to 29	0.25	.	0.26	0.31	0.09
30 or older	0.22	.	0.40	0.23	0.02
Relationship Status at first birth (%)					
Married	0.75	.	0.69	0.89	0.43
Cohabiting	0.05	.	0.08	0.04	0.05
Unmarried and nonresident	0.20	.	0.24	0.07	0.52
Fertility Timing					
Time between first and second birth	45.64	.	.	38.90	63.45
Time between second and third birth	48.27	.	.	40.97	59.83
Problem Fertility					
Number of birth partners	1.06	.	1.00	1.00	2.18
Proportion of births to unmarried mothers	0.20	.	0.29	0.07	0.46
Proportion of births to nonresident fathers	0.16	.	0.24	0.04	0.41
Achieved Fertility					
Total number of children	1.97	0.00	1.00	2.55	3.05
0 children	0.17	1.00	.	.	.
1 children	0.16	.	1.00	.	.
2 children	0.37	.	.	0.61	0.37
3 children	0.20	.	.	0.27	0.35
4+ children	0.11	.	.	0.11	0.28
Total number of pregnancies	2.63	0.43	1.71	3.13	4.04
Total number of miscarriages	0.38	0.17	0.39	0.38	0.54
Total number of abortions	0.29	0.25	0.32	0.22	0.47
Fertility Expectations and Norms					
Ideal number of children for most	2.86	2.79	2.85	2.85	2.97
Ideal number of children for self	2.55	2.40	2.40	2.68	2.49
Number of children R expects to have 79	2.30	2.30	2.24	2.41	2.04
Difference between ideal (most) and actual	-0.90	-2.79	-1.85	-0.30	0.11
Difference between ideal (self) and actual	-0.59	-2.40	-1.40	-0.13	0.59
Difference between expectation and actual	-0.34	-2.30	-1.24	0.14	1.03

Figure 1.6 Fertility Staging:

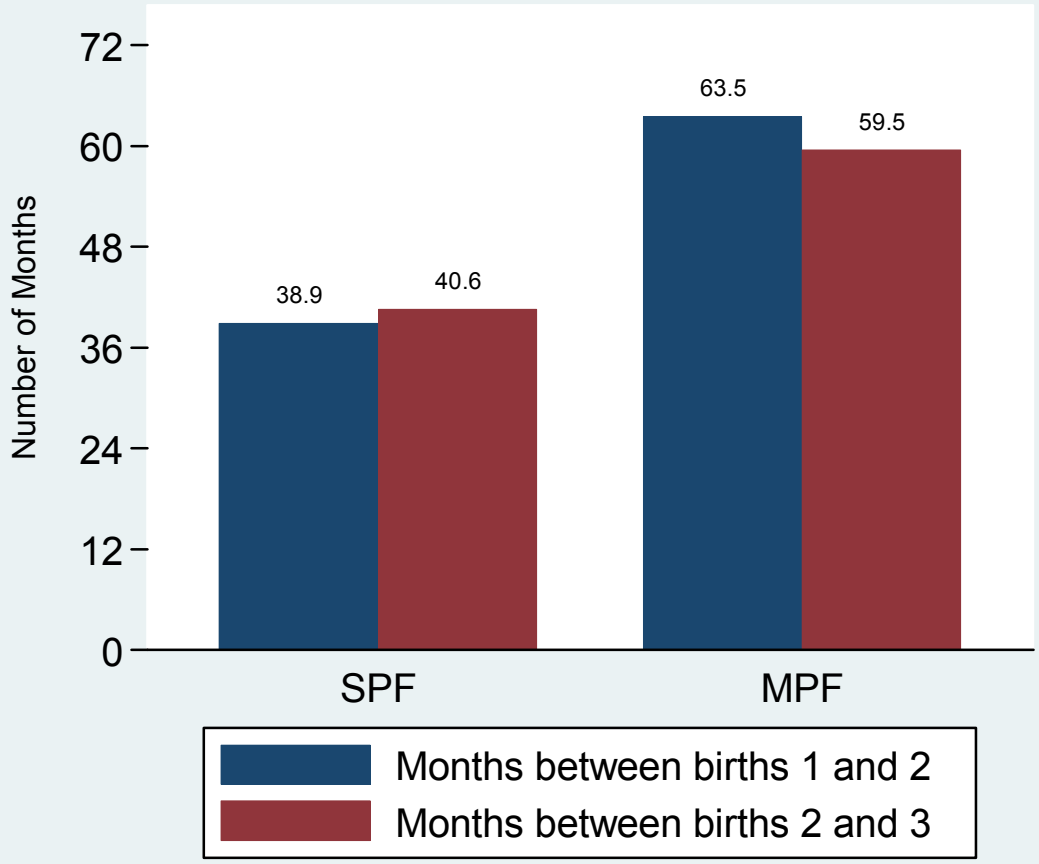




Note: Author's calculations are based on weighted survey data.

Figure 1.7 Fertility Timing:

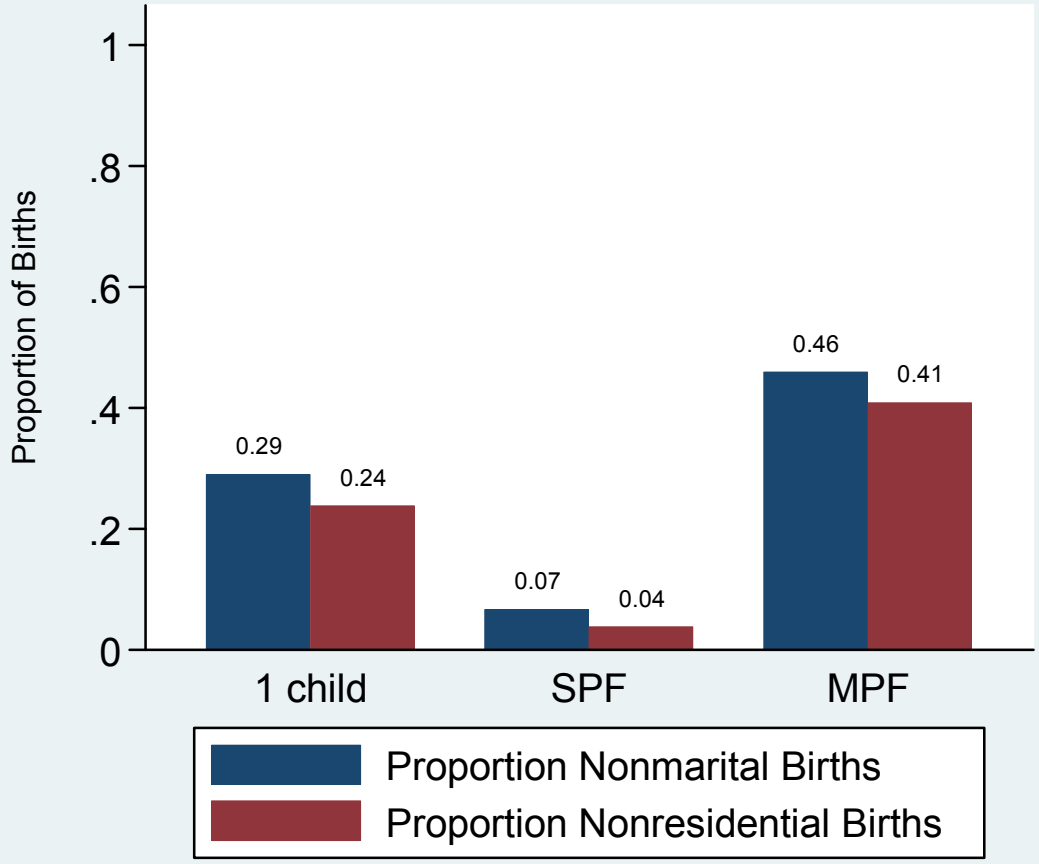
Months Between Births among Women with 2+ Children, N = 2715



Note: Author's calculations are based on weighted survey data.

Figure 1.8 'Problem' Fertility:

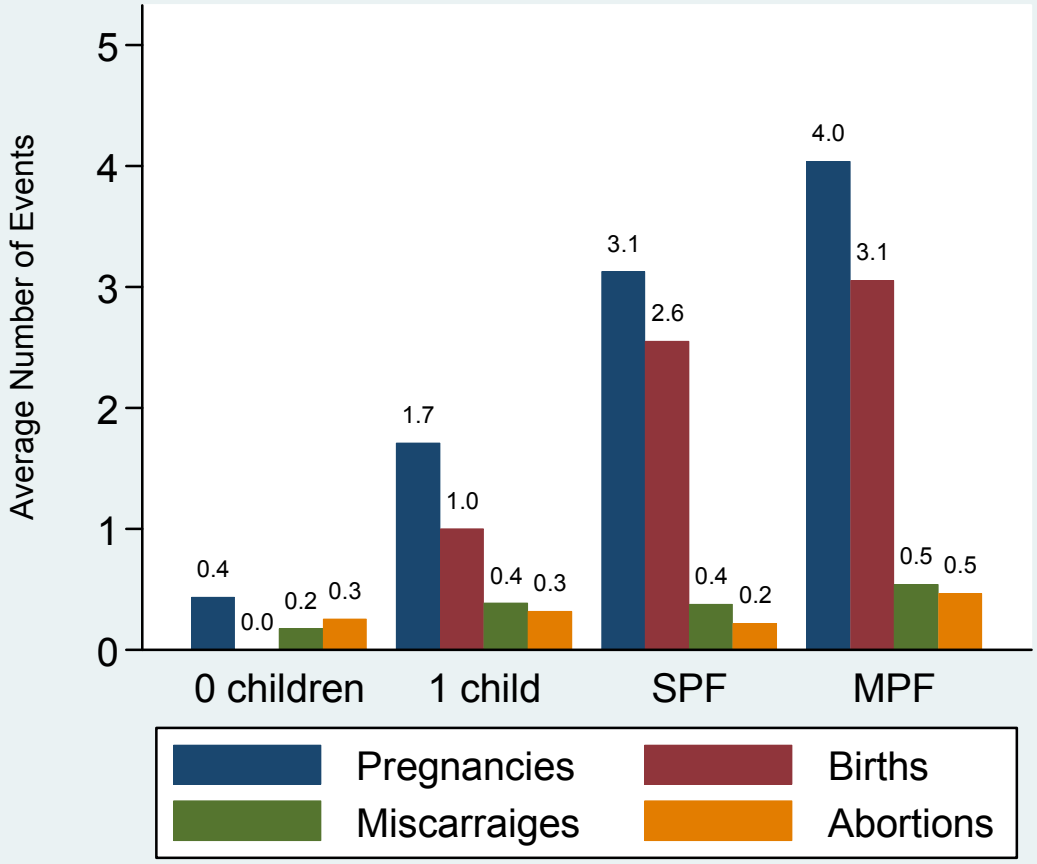
Nonmarital and Nonresidential Births among Mothers, N = 3366



Note: Author's calculations are based on weighted survey data.

Figure 1.9 Achieved Fertility:

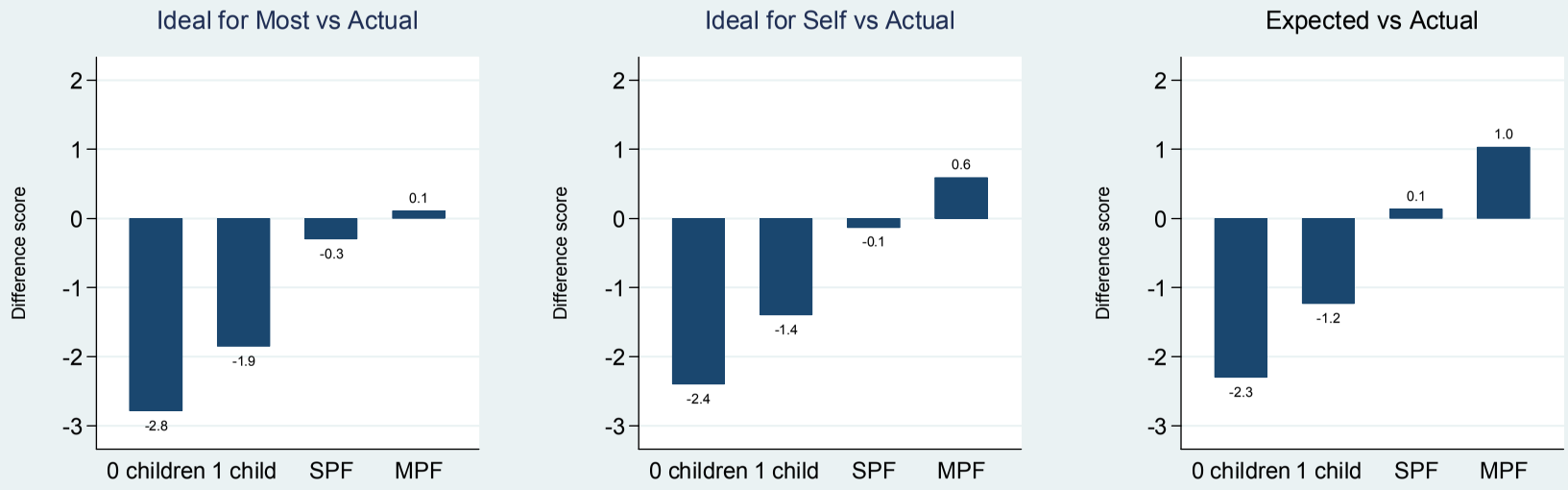
Number of Pregnancies, Births, Miscarriages, and Aboritons



Note: Author's calculations are based on weighted survey data.

Figure 1.10 Fertility Expectations in 1979:

Difference Between Ideal, Expected, and Achieved Fertility



Note: Author's calculations are based on weighted survey data.

women with no children and one child had the greatest deviations from the norm. This time, however, MPF women were farther away from their ideal than SPF women. When looking at expected fertility in the third panel, women with no children or one child again had the greatest deviations from the expectation, although the difference score for MPF and mothers with one child were very similar. Overall, the three panels show that women who experience multiple partner fertility have one child more than they expected, while women who have single partner fertility have very little difference between their ideals, expectations, and actual fertility.

Role Stressors and Women's Multiple Partner Fertility

Partnering

The third and final conceptual element of multiple partner fertility that is anticipated to set this group of women apart from others is their more extensive partnering experiences. As seen in Figure 1.11 (and Table 1.5), women with multiple partner fertility have more residential partners than other women, and *a greater proportion of three or more partners than all other groups of women combined*. This is significant for the long-term well being of mothers because the addition of each new partner into the home often requires women and their children to perform new roles, which may introduce stress and ambiguity into the family system. While having more partners than other women may be a basic component of multiple partner fertility, little is known about how early expectations of partnering might differ for SPF and MPF women.

Table 1.5 considers the distinctions in marriage and work expectations among NLSY women in 1979, when they were still young adults and before the vast majority had made their first relationship transition. The initial set of findings deal with the women's marital expectations for five years from the 1979 survey. In general, MPF women were very similar to other women in terms of their plans for school and work, and slightly more likely than average to expect to be married in five years (SPF women also had similarly high hopes of marriage). In addition to the questions surrounding *if* they expected to marry, women were asked *when* they expected to this marriage to occur. On this question MPF women distinguished themselves from all other groups by being nearly twice as likely (1.7 times) as other women to expect to be married before they turned twenty years old. In addition to anticipating their own early marriage, MPF women were unique in that they were also two to three times more likely than other women, on average, to expect to be 30 years old or older when they married, or to never marry at all. Thus, the expectations of women who later experienced multiple partner fertility were

diverse and tended to be most different from other women at the extreme values of early or late marriage. Taken as a whole, it appears that MPF women were similar to most respondents in their mid-term plans for getting married, although they expected the transition to occur much sooner than the other women anticipated. Figure 1.12 provides a visual representation of each of the groups' marital expectations in 1979.

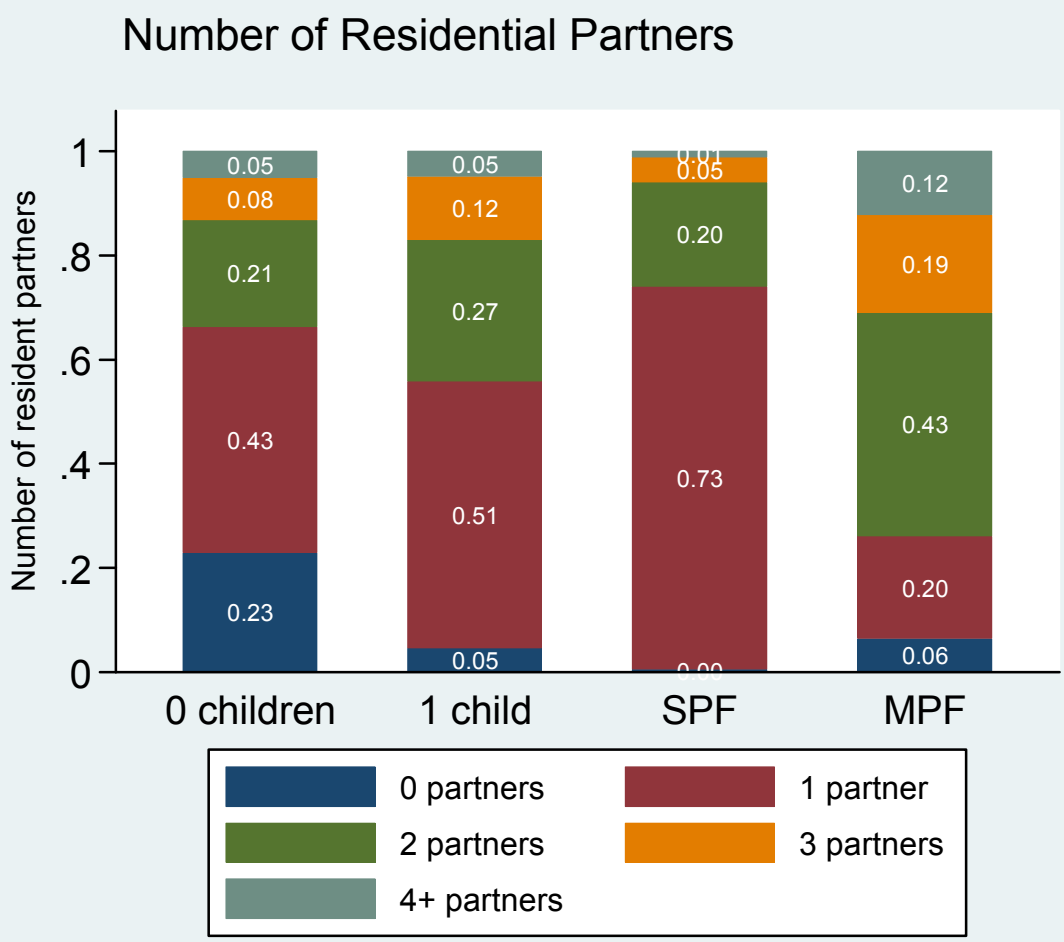
The final set of data presented in Table 1.5 regards the women's plans for work and home when she is 35 years old (asked in 1979). In general, MPF women were similar to other women in terms of their long-term goals, especially in relation to work, which were nearly identical to all other groups of mothers. Compared with single partner fertility women, however, those with MPF were less likely to plan on being full-time mothers when they were older. Ironically, these women would go on to have more children and spend more of their life out of the labor force than other groups of women, suggesting that their expectations and ideals were not well matched regarding their future plans over the long-run.

Conclusion

Multiple partner fertility is relatively common in the United States, with 1-in-5 women—and 1-in-4 mothers of multiple children—experiencing serial parenting. Furthermore, MPF women are different from other women in a variety of important ways. For example, women with multiple partner fertility are more likely than other women to be members of a minority group and to face educational, employment, and economic disadvantage throughout their lives. Moreover, MPF women have, on average, earlier sexual experiences and earlier first births than other women, and they are less likely, on average, to begin their childbearing with a partner who is either married or cohabiting with the mother. Across all measures of fertility, women who experience serial parenting are more likely than other women to have a higher number of total pregnancies, births, miscarriages, and abortions. They have a higher proportion of nonmarital and nonresidential births overall, and are more likely than other women to exceed their fertility expectations—in this case by one additional child. What's more, MPF women experience more relationship instability, a greater complexity of relationship histories, and more residential partners than other women.

****More here on how these findings strongly suggest that the intersection of instability and childbearing is an important avenue for work on emerging families as well as help explain some of the causes and consequences of family instability.****

Figure 1.11 Partnering Experiences as of 2006:

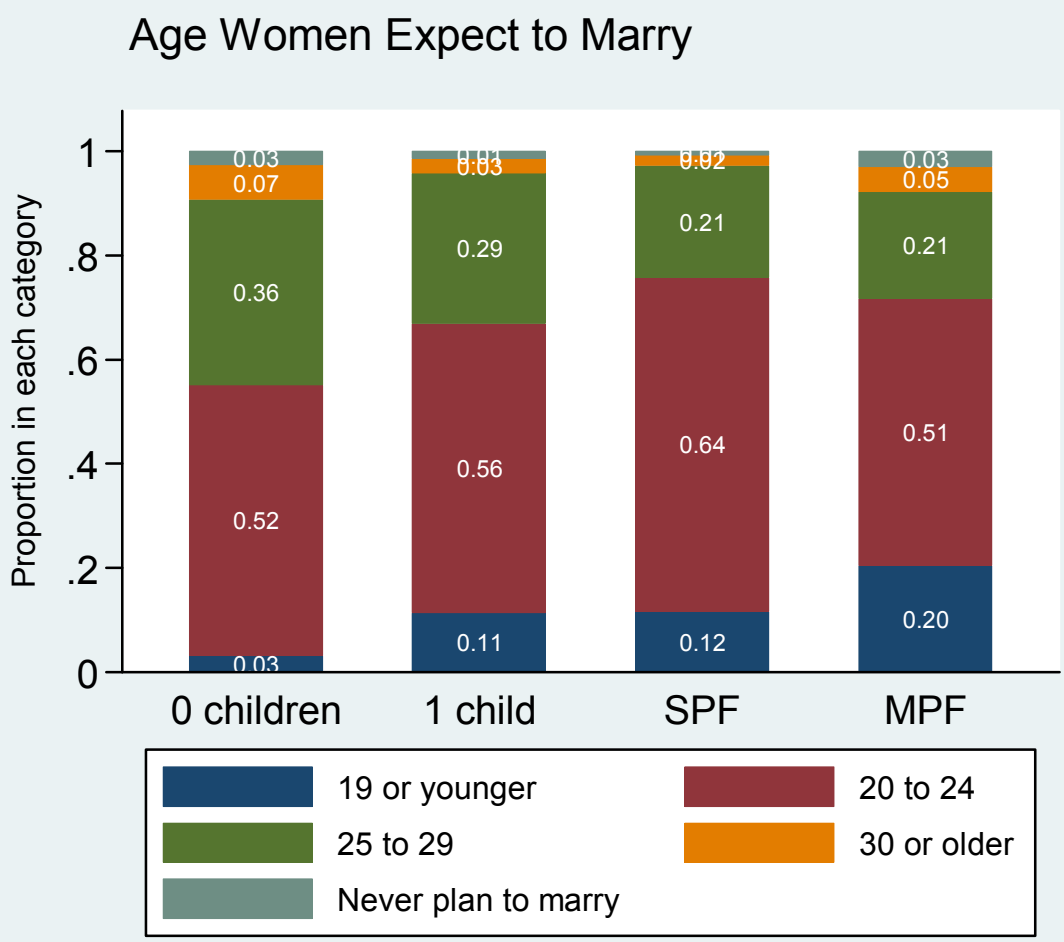


Note: Author's calculations are based on weighted survey data.

Table 1.5. Partnering Characteristics among NLSY79 women aged 41- 49 in 2006. Weighted proportion of women who agree with each statement is reported, unless otherwise indicated.

	All Women N=3978	No Children N=612	One Child N=651	SPF Women N=1744	MPF Women N=971
Marital expectations in 5 years, 1979					
R expects to be married in 5 years	0.61	0.46	0.56	0.65	0.67
R expects to be in school in 5 years	0.38	0.44	0.35	0.37	0.37
R expects to be working in 5 years	0.91	0.92	0.91	0.91	0.93
The age R expects to marry, 1979					
19 or Younger	0.12	0.03	0.11	0.12	0.20
Between 20 and 24	0.58	0.52	0.56	0.64	0.51
Between 25 and 29	0.25	0.35	0.29	0.22	0.21
30 or older	0.04	0.07	0.03	0.02	0.05
Never marry	0.02	0.03	0.01	0.01	0.03
What R expects to be doing at age 35, 1979					
R expects to be home full time	0.11	0.09	0.11	0.12	0.09
R expects to be working full time	0.86	0.89	0.86	0.85	0.85
R expects to be doing something else	0.04	0.03	0.03	0.03	0.07
Number of residential partners 79-06, means	1.54	1.32	1.64	1.33	2.17
0 residential partners	0.06	0.23	0.05	0.01	0.06
1 residential partner	0.55	0.43	0.51	0.74	0.20
2 residential partners	0.26	0.21	0.27	0.20	0.43
3 residential partners	0.09	0.08	0.12	0.05	0.19
4+ residential partners	0.05	0.05	0.05	0.01	0.12

Figure 1.12 Partnering Expectations in 1979:



Note: Author's calculations are based on weighted survey data.

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