

**HIGH FATHER INVOLVEMENT AND SUPPORTIVE COPARENTING PREDICT
INCREASED SAME-PARTNER AND DECREASED MULTIPARTNERED FERTILITY**

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ABSTRACT

Non-marital childbearing in the US has reached historic levels. Because of the instability of non-marital partnerships, multipartnered fertility, whereby a woman has children with different men, has also increased. High father involvement and supportive coparenting may serve as barriers to multipartnered fertility. Using a subsample of the Fragile Families and Child Wellbeing Study (N=2363), we examined father involvement (measured as engagement, responsibility, and accessibility) and supportive coparenting as predictors of unmarried mothers' fertility. Discrete-time survival analysis models indicated that mothers who perceived greater paternal engagement, responsibility, and supportive coparenting were more likely to have another child with the focal child's biological father, and less likely to have a child with a new man. Among non-coresidential mothers (mothers who were not living with the focal child's biological father), the same pattern of results emerged with one exception. Paternal engagement did not predict either same or multi-partner fertility. Further, non-coresidential mothers that reported higher levels of accessibility, or contact, between the focal child and the biological father, were more likely to have another child with him, and less likely to have a child with a new man. Overall, supportive coparenting and high father involvement may decrease multi-partnered fertility, even among non-coresidential parents.

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Nonmarital childbearing has reached historic levels; 41% of all births in 2009 were to unmarried parents with the highest proportions to racial and ethnic minorities (see Figure 1). Because non-marital relationships are often unstable (Bumpass & Lu, 2000), a growing number of mothers have children with more than one man, a phenomenon termed multipartnered fertility (Guzzo & Furstenberg, 2007b). Mothers incur great costs from childbearing with multiple partners including decreased eligibility on the marriage market (Manning, Trella, Lyons, & Du Toit, 2010), and increases in maternal stress and mental health problems and reductions in maternal parenting quality (McLanahan, 2009). Children born outside of marriage spend more of their lives in poverty and experience decreased levels of social and financial support from their families (Furstenberg, 1995; Manning & Smock, 2002; Wu, 2008). Despite negative maternal and child outcomes associated with multipartnered fertility, no studies have identified family-related factors that put women at risk for multipartnered fertility. We posit that high father involvement and supportive coparenting decrease the risk of multipartnered fertility among unmarried mothers.

Unmarried mothers that have an involved and supportive coparent may be deterred from re-partnering and hence be at lower risk of multipartnered fertility. The financial, instrumental, and emotional benefits of a concerned, active coparent may encourage mothers to maintain their romantic relationship with him, or, if the relationship ends, to be cautious about having another relationship or pregnancy that might negatively impact his involvement. Guided by a social exchange perspective, we examine whether supportive coparenting and father involvement, measured as time spent interacting and caring for the child, coordinating childcare, and father-

child contact, reduce the risk of multipartnered fertility using data from the Fragile Families and Child Wellbeing Study.

Factors Associated With Multipartnered Fertility

Nearly 8% of men aged 15 to 44 in the 2002 National Survey of Family Growth (NSFG) reported they had children with more than one partner (Guzzo and Furstenberg 2007b). As multipartnered fertility increased, valuable research began on factors associated with it. Multipartnered fertility is more common among mothers who are young, Black or Hispanic, less educated, and socioeconomically disadvantaged (Plotnick and Butler 1991; Sweet and Bumpass 1987; Upchurch, Lillard, and Panis 2002; Wu, Bumpass, and Music 2001). Similarly, relationship characteristics such as union status – married, cohabiting, or single - is an important determinant of multipartnered fertility, as women in coresidential relationships are more likely than those in non-residential relationships to have an additional birth with a new partner (Guzzo and Furstenberg 2007b). Unmarried couples who bear a child are also less likely to cohabit or marry after the birth if the father has children with previous partners (Carlson, McLanahan, and England 2004).

Previous studies examining the impacts of multipartnered fertility have traditionally focused on the potential negative consequences for children's development by examining the impact of men's multipartnered fertility on family functioning (Guzzo and Furstenberg 2007a; Manlove, Logan, Ikramullah and Holcombe 2008; Manning and Smock 2002). However, fewer studies focus on the multipartnered fertility of women; specifically, the reasons women may choose to repartner and begin childbearing with a new man. Thus, we extend previous research by applying a unique perspective on the fertility choices of women and examining the family-related predictors of women's multipartnered fertility.

A Social Exchange Perspective on the Predictors of Multipartnered Fertility

The Social Exchange perspective (Thibaut and Kelley 1959) suggests that individuals make decisions based on a constant calculation of a cost to benefits ratio. A mother who receives benefits in the form of social and instrumental support from the biological father of her child may be less likely to consider alternative partners, as her benefits in the current relationship exceed the costs of leaving. As a result, her risk for multipartnered fertility decreases.

Coordinated care may reduce the costs of parenthood for both residential and non-residential mothers; mothers in coresidential relationships with fathers have less parenting stress than single mothers (Cooper, McLanahan, Meadows and Brooks-Gunn 2009). Even when parents are not coresidential, father involvement and support – both financial and instrumental – are associated with benefits for mothers (Edin and Lein 1997). Indeed, because of the benefits mothers enjoy when fathers are involved, the costs of entering a new relationship may exceed the benefits of staying single. When mothers enter new partnerships, father involvement and coparenting suffers (Tach, Mincy and Edin 2010) because women more often engage in gatekeeping behaviors that make it difficult for fathers to maintain involvement (Walker and McGraw 2000). Some mothers may avoid a new relationship foreseeing a loss in financial and instrumental support from her child's father (Edin and Kafalas 2004).

In contrast to the benefits of parenting with an involved father, the drawbacks of an uninvolved father may drive women to leave their relationship. Relationships in which one partner shoulders a greater share of the burden of childcare and housework tend to be more prevalent among low-income families (Brines 1994) and may breed resentment. A social exchange perspective implies that after a relationship dissolves, if the father of her child is uninvolved and unsupportive, a mother may be motivated to enter a new intimate partnership,

enjoying emotional and instrumental support from her new partner. Low-income mothers that re-partner may experience multiple benefits as new partners, as compared to the initial partners, are generally higher quality – with high school degrees, stable employment, and fewer drug and alcohol problems (Bzostek, Carlson and McLanahan 2006). New partners also tend to be involved with children and may act as a father-figure when biological fathers are uninvolved (Bzostek, 2008). However, re-partnering significantly increases the risk of multipartnered fertility (Guzzo and Furstenberg 2007b). Overall, a mother's perception of father involvement and the coparental relationship may shed light on the reasons mothers choose to re-partner and risk multipartnered fertility.

Father Involvement

Lamb, Pleck, Chernov, and Levine (1987) conceptualized the benefits that fathers provide not only to their children, but to mothers as well. In this widely used model, engagement, responsibility, and accessibility define the nature of the involved father. *Engaged* fathers participate in activities that promote child development such as reading, singing, and playing with their child. These fathers also assist in everyday childcare activities such as diapering, bathing, or feeding their children. Mothers whose partners are highly engaged with their children may choose to remain with these partners rather than seek out alternatives due to the positive child behaviors these activities may promote (Amato and Rivera 1999).

Responsible fathers not only provide financially for their children, but are support systems for the mother to rely on. These fathers assist in making childcare arrangements, transporting children to and from appointments, and show interest in more mundane activities of childrearing that may allow mothers to maintain stable residences, either with or without the father, rather than re-partner. The provision of financial support through involved fathering

provides instrumental support that may alleviate stress for mothers and, for unions that fail, the provision of financial support may be necessary in maintaining some sense of stability when single-mother incomes fall short of meeting children's needs (Bianchi, Subaiya, and Kahn 1999). Similarly, *accessible* fathers maintain father-child contact with their children, fostering positive father-child relationships and providing mothers with additional support through their time investments with their children. Therefore, fathers who are accessible to their children may provide mothers with the additional time and flexibility necessary to adequately provide for her child.

Mothers whose partners are supportive in their childrearing endeavors may be less stressed in their parenting roles. High levels of parenting stress are associated with harsh, negative parenting styles (Belsky, Woodworth, and Crnic 1996; Deater-Deckard and Scarr 1996) that may lead to behavioral problems in children (Stormshak, Beirman, McMahon, and Lengua 2000). Thus, mothers may perceive many benefits of father involvement, not only for herself, but for her child as well.

Yet, it is not only biological father involvement that is associated with positive child development. Mothers who repartner may also provide benefits for her children. Bzostek (2008) found that involved resident, non-biological fathers, often called social fathers, are as beneficial to child well-being as involved resident, biological fathers. Thus, mothers who choose to repartner with men who will be involved with their children may not only be providing necessary support in the form of additional household income, but may also be providing their child with a father figure that may function much in the same way as a biological father in reducing their risks for experiencing adverse outcomes (Bzostek 2008).

Defined as the extent to which parents agree to cooperate in the upbringing of their child including the demonstration of support and commitment to childrearing (McHale 1995), the coparenting relationship has been shown to exist distinctly from the parent-child relationship and regardless of whether the parents remain romantically involved (Schoppe-Sullivan, Mangelsdorf, Frosch and McHale 2004). Mothers who feel they are supported in their parenting efforts may not perceive additional benefits of repartnering partly due to the supportive coparenting relationship promoting a sense of family as a whole (McHale 1997). Cooperative coparenting relationships are linked to positive child development (Schoppe et al. 2009) and non-resident fathers who are able to support mothers in their coparenting endeavors may be more involved with their children (Carlson, McLanahan and Brooks-Gunn 2008). Yet when mothers do not feel supported in their parenting by the father of their child, negative outcomes may follow; Schoppe-Sullivan et al. (2001) found that that less supportive coparenting relationships are associated with higher levels of child behavior problems.

Potential Confounding Variables

Multipartnered fertility histories may be an important factor in determining the extent to which parents are able to support each other in their parenting endeavors. For instance, fathers who have previous children with different women may be less able to provide mothers with an adequate amount of support due to their competing parental obligations (Manning and Smock 1999; Manning, Stewart and Smock 2003). Mothers, on the other hand, most often provide the primary residence for children with her previous partners (Bumpass and Lu 2000), thus her ability to successfully negotiate childrearing may be diminished. As a result, the prior multipartnered fertility of either partner may decrease father involvement and hinder supportive coparenting, effectively increasing risks for a mother's subsequent multipartnered fertility. Thus,

we included an indicator of each parent's previous multipartnered fertility status in our analyses. Further, because multipartnered fertility is more common among young, minority, less educated mothers (Guzzo and Furstenberg 2007b), we controlled for a variety of sociodemographic characteristics that may be associated with multipartnered fertility, father involvement, and coparenting.

Hypotheses

In accordance with the Social Exchange perspective, we expected to find that mothers who had children with highly involved fathers to be less likely to have additional children with a new partner. That is, mothers who had children with fathers who were engaged, responsible, and accessible would be less likely to bear additional children with a new man. Additionally, we expected that mothers who had children with fathers who were supportive coparents would also be less likely to have a subsequent birth with a new man. Fathers who provided instrumental or social support to mothers through their involvement with children or supportive coparenting may influence the fertility decisions of mothers by increasing the benefits of maintaining their current living arrangement or reducing the benefits of repartnering. Thus, a mother's risk for subsequent multipartnered fertility would decrease.

In contrast, we expected mothers who had children with fathers who were uninvolved in aspects of childrearing - engagement, responsibility, and accessibility - to be more likely to have a subsequent birth with a new man. Similarly, we expected that mothers who had children with fathers who were unable to successfully coparent would be more likely to have a subsequent birth with a new man. Fathers who fail to provide support to mothers through their participation in childbearing or supportive coparenting may influence the fertility decisions of mothers by

reducing the benefits of maintaining their current living arrangement or increasing the benefits of repartnering. Thus, a mother's risk for subsequent multipartnered fertility would be increased.

Method

Data for this project came from the Fragile Families and Child Wellbeing Study, a longitudinal study designed to assess the characteristics of unmarried parents, their relationships, and the impact of these factors on children. The full study sample consisted of 3,712 children born to unmarried parents and a comparison group of 1,186 children born to married parents; the weighted sample was representative of births in US cities with populations greater than 200,000 (McLanahan et al. 2001). Births from parents in seventy-five hospitals located within twenty cities were recorded. Interviews were conducted with mothers and fathers, (when available), separately following the birth (Carlson et al. 2008). Follow-up interviews were conducted at birth, one, three, and five years post-partum. Researchers asked parents detailed questions about their relationships, living arrangements, fertility histories, support, involvement, etc. Only mother reports were used in this study as maternal perceptions of the father rather than the father's perception of himself are arguably more influential in ultimately shaping a woman's fertility decisions.

We limited the sample to N=2363 by dropping mothers who 1) responded that they were married at birth, 2) reported the biological father was unaware of or had not seen the focal child since birth, and 3) reported the biological father of the focal child was deceased or unknown. To perform analyses on non-residential fathers only, we limited the sample to those mothers who were no longer coresidential with the focal child's biological father (n=1745). Further, all mothers who responded that fathers 1) were not deceased 2) knew of the child and 3) had seen the child since birth were eligible to answer supportive coparenting questions at year one.

Further, to answer father involvement questions at year one, mothers must have reported that the father of the focal child saw the child more than once during the past month. Mothers who responded no to this question were forced to skip father involvement questions and were also missing from the sample. To answer supportive coparenting questions at year three, mothers must have reported that fathers 1) were not deceased 2) knew of the child and 3) had seen the focal child since his/her first birthday. Further, to answer father involvement questions at year three, mothers must have reported that fathers saw the focal child at least once in the last month. For inclusion in non-resident models, mothers must have reported that they were living with the father of the focal child rarely or never. Only mothers who reported non-resident status were eligible to answer accessibility questions.

Analytic Strategy

Because mothers had subsequent children at different times throughout the survey collection period, data were pooled. For time invariant variables such as mother and father age, we used data from the baseline survey. For time-varying variables, we pooled the data and created censors indicating birth with either the biological father of the focal child or a new partner. Mothers who did not have a subsequent birth were followed to the end of the survey time period. Because data on exact birthdates were unavailable, the data available to us for these analyses were coded in discrete time, greatly increasing ties on event times. Thus, we used maximum likelihood discrete-time event history methods with a multinomial logit (Allison 1982) to examine the competing risks of birth of a child with the biological father of the focal child versus birth of a child with a new father. The data were structured such that each year since the focal child's birth was treated as an observation, and mothers stopped contributing observations either at the year of the event, or at the year in which she was censored (last interviewed) since

the focal child's birth. Each mother could contribute as few as 2 or as many as 5 observations. Time variant independent variables and time variant and invariant control variables were also included in the models. The equation for the discrete-time hazard rate can be written as:

$$(0) \quad P_{t,j_i} = \Pr(T_i = t, J_i = j | T_i \geq t, X_{it})$$

where T is the discrete random variable giving the uncensored time at which the i th person has a child, t is a specific point in time, J is a random variable indicating which event occurred, and j is a specific event, and X_{it} is the vector of explanatory variables. This equation gives the conditional probability that the i th person has j event at time t , given that the person has not failed previously (Allison 1982).

Variables

Independent Variables. Supportive coparenting was measured at years one and three, with levels at each year used as predictors for father involvement at subsequent years, providing the mother did not experience a new birth. Thus, in the models, supportive coparenting was treated as a time-varying covariate. Responses to questions such as “You and (FATHER) talk about problems that come up with raising (CHILD),” and, “You can trust (FATHER) to take good care of (CHILD),” were used to determine how cooperative the mothers perceived the coparenting relationship. Responses options were 1 = *always true*, 2 = *sometimes true* and 3 = *rarely true*. Responses were reverse coded and then averaged and a single score was created for this measure. Cronbach's alphas of .83 and .85 correspond to measurements at year one and year three.

Similarly, dimensions of father involvement were measured at years one and three of the study. Engagement was coded from responses to an eight-item scale (eleven items at year three), of days per week the father participated in certain activities with the child. Examples include “How often does the father play inside with toys such as blocks or legos with the child,” and;

“How often does the father hug or show physical affection to the child.” Childcare activities were also included in the dimension of engagement, and included questions such as “How many days a week does he (father) usually, change (his/her) diaper” and “How many days a week does he (father) usually, feed or give a bottle to (him/her).” Response options were 0 = *never*, 1 = *1 day per week*, 2 = *2 days per week*, 3 = *3 days per week*, 4 = *4 days per week*, 5 = *5 days per week*, 6 = *6 days per week*, and 7 = *7 days per week*. The Cronbach’s alpha of the scale was .88 at year one and .90 at year three.

Responsibility was determined by responses to questions from a three-item scale at each year. Sample questions include “How often does he (father) look after (child) when you need to do things” and “How often does he (father) take (child) to places where (he/she) needs to go, such as to daycare or to the doctor.” Response options were 1 = *often*, 2 = *sometimes*, 3 = *rarely*, 4 = *never*. Responses were reverse coded and averaged. The Cronbach’s alpha of the scale was .79 at year one and .87 at year three.

Used as a dimension of father involvement in the non-resident models only, accessibility was measured as a continuous variable ranging from zero to thirty, with higher numbers indicating higher levels of accessibility. Responses were recorded from the interview question, “During the past 30 days, how many days has (FATHER) seen (CHILD)?” Response options included 1=*once this month*, 2-30=*number of days*, and 0=*none*.

Dependent Variables. Mothers were followed through the survey time period to determine if they had a subsequent birth with the same partner or a different partner, or not at all. When data were transformed into person years for the discrete time analyses, each year in which no birth occurred was coded as 0, each year in which a birth occurred with the biological father was coded as 1, whereas a year in which a birth occurred with a new father was coded as 2.

To determine whether a birth occurred, the household roster was used. If a biological child was reported that was at least a year younger than focal child's age at that wave and the father of the child was reported to be the same father as the focal child, the mother was coded as having a new child with biological father. If a biological child was reported that was at least one year younger than the focal child's age at the current interview date, and the father of the child was not reported to be the biological child of the focal child, the mother was coded as having a new child with a new man. Note that if multiple new biological children were reported that fit the criteria, we modeled the first reported new child.

Because age was reported in years in the household roster, we were unable to get a more precise measurement of the duration of time to the first birth after the focal child. Thus, mothers contributed a person year for each year, beginning at the birth of the focal child, up to the year the birth of the new child occurred. If no birth was reported, mothers contributed a person year for each year up to the child's age (rounded to the nearest whole number) at follow-up. Mothers who dropped between years 3 and 5 and did not report a birth were censored at their child's age at year 3.

Control Variables. Parental age was measured at the focal child's birth (baseline). Parental race/ethnicity was categorical and measured through self-identification at birth. Mother's education was measured at birth as less than high school, high school (excluded comparison group) and some college. Parental employment was measured at years one and three. In addition, an indicator of the previous multipartnered fertility of mothers and fathers was included in the analysis and was measured by mother's response at year one.

Results

Descriptive Statistics. Of the mothers in the full sample, 67.06% of mothers reported no births, 20.27% of mothers reported a birth with the same father, and 12.67% of mothers reported a birth with a new father. Overall, mean levels of all domains of father involvement and supportive coparenting were above the midpoint of the scales (see Table 1). Non-resident fathers spent roughly 10 days with their child in the last month. Correlations between the father involvement domains were high; engagement and responsibility were correlated ($r = .54$), accessibility and responsibility were correlated at ($r = .54$), and accessibility and engagement were correlated at ($r = .49$). Therefore, we examined each aspect of father involvement and supportive coparenting in separate models due to collinearity.

Mothers were slightly younger than fathers but both were in the mid-twenties. A majority of mothers were non-Hispanic Black, and slightly more than one-third of mothers had some college education. Most fathers were employed at baseline, while only slightly more than half of mothers were employed at birth.

Maximum Likelihood Discrete-Time Event History Models. In the full sample, mothers who reported higher levels of supportive coparenting, paternal responsibility and paternal engagement were significantly more likely to have a new child with the focal child's biological father, even after the addition of demographic control variables (see Table 2). Further, high levels of supportive coparenting, paternal responsibility, paternal engagement were each significantly negatively associated with having a new child with a new man. Specifically, an increase in maternal perceptions of paternal responsibility of one point was associated with 43% greater odds of the mother having a birth with the focal child's father and 36% lower odds of the mother having a birth with a new man. An increase in one point of perceived paternal engagement was associated with 10% greater odds of a birth with the focal child's father and 18% lower odds of a

birth with a new man. An increase in one point of perceived supportive coparenting was associated with 69% greater odds of a birth with the focal child's father, and 42% lower odds of a birth with a new man. The pattern of results was robust to the inclusion of controls.

Next we examined the non-resident father sample, including the additional accessibility aspect of father involvement, a measure of father-child contact in the past month. In these models, higher levels of responsibility and accessibility emerged as significant predictors of fertility; higher levels resulted in an increased risk for a subsequent birth with the focal child's father, while lower levels resulted in an increased risk for a subsequent birth with a new man. In particular, a one point increase in responsibility was associated with 25% greater odds of a birth with the focal child's biological father, and 15% lower odds of a new birth with a new man. For each additional day the father of the focal child saw the focal child, maternal odds of having a birth with him increased by 4%, and maternal odds of having a birth with a new man decreased by 2%.

Additionally, lower levels of supportive coparenting were associated with greater risk of a birth with a new man. A one point increase in supportive coparenting was (marginally significantly) associated with 22% lower odds of a birth with a new man. For non-resident fathers, engagement did not significantly predict mothers' subsequent fertility. The pattern of results remained unchanged after the addition of controls.

Controls. In the main models, parental age was significantly negatively associated with having a birth with the focal child's father. Mothers who were younger were more likely to have a birth with a new man.

Discussion

This study is the first to examine father involvement and supportive coparenting as predictors of mother's subsequent fertility. Consistent with our expectations, we found that supportive coparenting and each domain of father involvement were significantly positively associated with same-partner fertility in the full sample, and father involvement in the domains of responsibility and accessibility were associated with same-partner fertility among non-resident fathers. These same variables were also significantly negatively associated with multipartnered fertility for each sample. Together, these results suggest that father involvement and supportive coparenting were indeed important predictors of subsequent fertility for low-income, unmarried mothers.

Yet, contrary to our expectations, non-residential father engagement was not significantly associated with subsequent fertility. This suggests first that engagement and responsibility were distinct constructs, and that mothers appeared to place a unique importance on the role of the responsible non-resident father. These mothers appeared to prefer to have subsequent children with fathers who exhibited responsible fathering behaviors, such as the provision of instrumental support in the form of time and finances (Guzzo and Furstenburg 2007b). Multipartnered fertility may put children at risk for adverse outcomes, but increasing father involvement among high risk populations may not only protect children from maladjustment (Flouri and Buchanan 2003; McBride, Schoppe-Sullivan and Ho 2005), but also help slow the growing fertility trend.

Mothers who had a subsequent birth by the father of the focal child overall had partners who exhibited high levels of involvement with the child and successfully coparented. Each aspect of father involvement seemed to be important for the full sample of mothers; responsible fathers provided support through their additional time commitments, engaged fathers interacted and helped care for the child, and accessible fathers were available for the mother and child.

Similarly, fathers who were able to cooperatively coparent may have provided emotional, appraisal, and informational support such as empathy, affirmation, feedback, and advice (House 1981) to mothers. Each type of support may function to increase the costs of repartnering for mothers, as she may worry that the introduction of a new romantic partner may further reduce father involvement and strain already fragile coparenting relationships, which Monte (2007) has shown is often the case. As Edin and Kefalas (2005) note, low-income mothers may choose to have children with men who they perceive as good providers, thus the qualities that involved fathers and effective coparents display may encourage these mothers have more children with the same man.

Whereas high father involvement and supportive coparenting may have increased the costs of repartnering for mothers due to a loss of social support, low levels of father involvement and less supportive coparenting seemed to have the opposite effect. A mother who perceives that her child's father is uninvolved or ineffectively coparents may find greater benefits in seeking an alternative partner who may function as a provider of any or all forms of social support. Fathers who do not provide instrumental support to mothers may place additional stress on them when financial situations may already be tenuous. Fathers who do not take the time to interact with their children fail to provide the scaffolding that nurtures healthy child development and may not be able to protect their children from developing behavioral and emotional problems that busy mothers may find difficult to deal with. Finally, fathers who are not available to their children reduce instrumental support to mothers and may leave mothers struggling to provide for their children. These benefits may even be greater than the costs associated with reduced father involvement and strained coparenting through relationship dissolution when there is little to lose in these domains. As Edin and Kafalas (2005) point out, low-income romantic relationships often

progress quickly and lead to pregnancy, resulting in a mother's multipartnered fertility. Our findings suggest that mothers who are dissatisfied with the involvement and coparenting of their child's father will seek out new men who may be able to fill the void the original father has left behind.

The availability of social support has been linked to a decrease in the risk of multipartnered fertility (Harknett and Knab 2007). Fathers exhibiting high levels of involvement coupled with the ability to cooperatively coparent may inhibit a mother's subsequent multipartnered fertility by reducing her benefits of repartnering. Because fertility delayed may represent fertility foregone (Morgan 1982), even delays in repartnering through the maintenance of positive relationships with respect to parenting may act as a deterrent to subsequent fertility. Further, young, disadvantaged women experiencing multiple births in a short time period increase risks for their children to experience poverty and reduce the effectiveness of parenting through an increase in stress and decrease in economic and social resources (McAdoo 1988). Therefore, increasing the time between subsequent parities alone may indirectly protect children from some of the negative aspects of these volatile living situations.

While a reduction in the negative consequences for children that are associated with multipartnered fertility is of great importance, we must keep in mind that mothers may benefit from repartnering if the father of their child is uninvolved. For instance, mothers who are either receiving little or no support from the father may be able to provide better for their children, both financially and emotionally, when they repartner. Mothers who enter new relationships often seek out partners who are of higher quality (Bzostek et al. 2006) and these men may be able to provide much needed support for the mother. In these cases, the mother's risk for multipartnered fertility may be increased, but her benefits for repartnering may outweigh the negative

consequences of maintaining stable residences or single-parent homes with inadequate support systems from fathers. This being the case, it is imperative that policy-makers consider the family as a system, such that benefits for one member of the family may serve as an indirect source of benefits for all members.

Limitations of this study include missing data within the sample. Due to the structure of the interview questionnaire, mothers who reported they were not in a relationship with the focal child's father at the birth or who reported no father-child contact within the past month were unable to answer questions pertaining to father involvement. Thus, these findings cannot be generalized to mothers who were not in relationships with fathers, as their fertility decisions may have been influenced by these variables differently. Also, the predicted direction of effects does not provide us with enough evidence to support the interpretation of causation between supportive coparenting and father involvement with subsequent fertility decisions; however, the results open the door for further exploration.

Although the use of mother reports for obtaining levels of father involvement is subject to reporter bias and mothers often report lower levels of father involvement than fathers themselves (Manlove and Vernon-Feagans 2002), mother reports for father involvement have been widely used in research and, in this case, produce the appropriate sample. For our purposes, a mother's perceptions of a father's parenting abilities and cooperation with her, rather than the father's perceptions of himself, may be the most relevant opinions to consider when studying multipartnered fertility as it is most often the woman who controls her fertility. Thus, we view the use of mother reports for father involvement and supportive coparenting as an important strength of our study.

Implications of these results are two-fold. Recent public policy efforts that focus on increasing responsible fatherhood while decreasing fertility outside of marriage may benefit from adding programs that work toward educating fathers along with strengthening the coparental relationship. Parenting programs for families at risk may be beneficial both pre- and post-partum, and may not only decrease the risk for mothers' subsequent multipartnered fertility, but may in turn increase the chance that children and parents may receive the many benefits associated with supportive coparenting and positive father involvement. In addition, programs that seek to increase a mother's ability to maintain stable single-parent residences or education programs that increase the quality of partners with whom mothers choose become romantically involved in may also function to decrease risk factors for children and result in a greater likelihood of positive child outcomes.

Relationships between any variable and fertility decisions are undoubtedly complicated; however, this project begins to reveal the intricate relationships between coparenting, father involvement, and maternal fertility. However, a costs-benefits analysis of a mother's multipartnered fertility decisions is but a single interpretation of the many decisions that lead to the outcome of multipartnered fertility. Further investigations should consider fertility decisions of both mothers and fathers within multiple contexts and among other unique populations.

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Table 1. Descriptive Statistics

	Full sample		Resident Sample	Non-Resident Sample
	<i>M (SD)</i>	% Missing	<i>M (SD)</i>	<i>M (SD)</i>
Supportive Coparenting	2.52 (0.64)	17.18%	2.80 (0.29)	2.25 (0.76)
Responsibility	1.78 (1.16)	11.73%	2.49 (0.64)	1.18 (1.15)
Engagement	4.01 (2.15)	21.81%	4.94 (1.59)	2.76 (2.18)
Accessibility*	9.75 (11.13)	1.05%		9.55 (11.03)
Maternal Age	24.18 (5.69)	0%	24.32 (5.69)	23.99 (5.67)
Paternal Age	26.90 (7.14)	1.27%	27.04 (7.08)	26.69 (7.17)
Maternal Race		0%		
White	0.15		0.16	0.14
Black	0.57		0.52	0.63
Hispanic	0.26		0.29	0.21
Other	0.02		0.03	0.02
Maternal Education		0.13%		
Less than High School	0.37		0.38	0.37
High School	0.35		0.34	0.35
Some College	0.27		0.27	0.27
Paternal Employment	0.75	8.60%	0.82	0.67
Maternal Employment	0.59	3.87%	0.58	0.61
N	2363		1526	1745

*Note: Accessibility is measured for non-resident fathers only.

Table 2. *Multinomial Logistic Regression Predicting the Competing Risks of Having a Subsequent Child with the Biological Father of the Focal Child Versus a New Father From Coparenting and Father Involvement*

Key Independent Variables	No Controls					Adjusted for Controls								
	Same Father Birth		Birth with a New Man		Person Years	Same Father Birth		Birth with a New Man		Person Years				
	B	RRR	B	RRR		B	RRR	B	RRR		χ^2			
Coparenting	0.53 (0.10)	1.69***	-0.55 (0.08)	0.58***	79.80***	7717	1848	0.56 (0.11)	1.75***	-0.61 (0.09)	0.55***	242.54***	7121	1734
Responsibility	0.36 (0.05)	1.43***	-0.44 (0.05)	0.64***	137.25***	8225	1994	0.35 (0.05)	1.43***	-0.42 (0.06)	0.65***	284.78***	7481	1841
Engagement	0.10 (0.02)	1.10***	-0.20 (0.03)	0.82***	55.15***	7286	1803	0.10 (0.03)	1.10***	0.22 (0.04)	0.80***	211.16***	6689	1663

* p<0.05, ** p<0.01, *** p<0.001

Table 3 Multinomial Logistic Regression Predicting the Competing Risks of Having a Subsequent Child with the Biological Father of the Focal Child Versus a New Father From Coparenting and Father Involvement for Non-Resident Fathers

Key Independent Variables	No Controls				Adjusted for Controls								
	Same Father Birth vs. no birth		Birth with a New Man		Same Father Birth vs. no additional child		Birth with a New Man						
	B	RRR	B	RRR	B	RRR	B	RRR	χ^2	Person Years	n		
Coparenting	0.22 (0.13)	1.25+ 11.58**	-0.25 (0.09)	0.78**	0.22 (0.15)	1.25+ 101.21***	-0.35 (0.10)	0.71***	101.21***	3977	902	3517	804
Responsibility	0.22 (0.08)	1.25** 16.40***	-0.16 (0.06)	0.85**	0.20 (0.08)	1.23* 110.84***	-0.17 (0.07)	0.85*	110.84***	4479	1046	3871	909
Engagement	0.04 (0.04)	1.04	-0.04 (0.04)	0.96	0.01 (0.05)	1.01	-0.08 (0.05)	0.93	81.63***	3112	709	2712	607
Accessibility	0.04 (0.01)	1.04***	-0.02 (0.04)	0.98*	0.03 (0.01)	1.04***	-0.02 (0.01)	0.98**	126.09***	4785	1149	3897	917

+ $p \leq 0.10$ * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Figure 1. *Unmarried Births as a Percent of All U.S. Births 1970 – 2009. Source: National Center for Health Statistics.*

