Multipartnered Fertility at Midlife

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Introduction

- Family life in America has changed dramatically over the last 50 years and as a result of increases in divorce, cohabitation, and single parenthood, the opportunities for adults to have children with more than one person (called multiple partner fertility or “MPF”) have risen substantially.
- MPF has been linked to many negative outcomes, such as poverty, depression, delinquency and drug use in children and adults, high conflict relationships, and the receipt of less support from family members.
- Unfortunately, our knowledge of women’s MPF is rather limited because most work on this topic has utilized male, urban, or young adult samples. To date, there are no national estimates of multiple partner fertility for women who have completed their childbearing.

Research Questions

1. How prevalent is multiple partner fertility among American women?
2. What factors are associated with this family pattern?
3. What predicts whether women will experience MPF in their lifetime?

Data


SAMPLE: Women who did not miss more than 5 total or 3 consecutive surveys over the 22 waves (n=3,978)

DEPENDENT VARIABLE: Multiple partner fertility was created from harmonizing questions in the 22 waves of data from the household roster about maternal relationships, relationship start and end-dates, and follow-up survey questions on father presence and involvement over time, and longitudinal information on relationship status. By triangulating this data I was able to identify the fathers of children. Women were coded as having zero children (0) or one child (1), and among women with two or more children, those with one father were coded as having single partner fertility (SPF=2), and those with two or more fathers were coded as having multiple partner fertility (MPF=3).

RESULTS:
- All data are weighted to address oversampling and to provide national estimates
- All correlates presented are significant at <.05 level

How are Families with MPF Complex?

Like a gear, multipartnered fertility has many moving parts, including multiple children, multiple partners, and relationship instability.

- At a minimum, women with multipartnered fertility have:
  - 2 children, 2 fathers, 2 relationship formations, and 1 relationship dissolution. However, this pattern can be much more complex and include many children, fathers, and cycles of relationship formation and dissolution that may range from marital to cohabiting to nonresidential unions.
- It is important to note that experiencing a particular pattern of instability at the household level doesn’t mean that families have similar real world experiences or outcomes. This is one reason the study of MPF is important to family scholars.

Imagine a scenario in which two women share the same household level relationship trajectory of marriage, divorce, remarriage but have distinct multiple partner fertility patterns.

Variations by Race/Ethnicity

The majority of women experiencing MPF (70%) report being married to at least one of their children’s fathers.

Multivariate Models: Pathways in MPF

In logistic models, women appear to have similar ‘pushes’ into multipartnered fertility, including:
- Being in a nonresidential relationship at the time of first birth
- Younger age at first birth
- If the women expected to be married within 5 years of 1979
- If the woman attended church less than once a month
- Being raised by a single mother or mother/step-father
- Experiencing poverty in 1979
- Mother having less than a high school degree
- Race still important even after controlling for key correlates

Among all women, there was a decreased risk of experiencing MPF among:
- If the woman was foreign born
- If the father had more than a high school degree
- If the woman had higher fertility expectations in 1979

Conclusion

Multiple partner fertility is a significant and pervasive family formation pattern in America today. One in five women will experience MPF and its related family complexities, and this is particularly true for women of color who experience MPF at much higher rates than White women.

MPF is associated with a host of chronic stressors such as lower education, more time spent in poverty, and less time employed.

MPF is also correlated (as expected) with its component parts, such as: higher rates of childbearing, a greater number of partners, and more relationship instability.

In logistic models, African American women appear to have different ‘pushes’ into multipartner fertility compared with Hispanic and non-Hispanic White women. For example, while all women were greatly influenced by their relationship status at first birth, White and Hispanic women’s MPF was also predicted on the number of men they lived with and the number of children they had over their lifetime. For Black women, the exposure to men and children were not significant predictors of MPF, but being raised by a single mom was critical.

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Prevalence of MPF among U.S. Women

Nearly one in five American women has had children with multiple partners by midlife. And among mothers with two or more children the rate is even higher, at 28%.

The likelihood of MPF declines with women’s older ages at first birth, and increases with the birth of each additional child.

MPF is most likely when women are not living with or married to the fathers of their first child.

Correlates of Multipartnered Fertility

MPF women spend, on average, six additional years living in poverty during their adult life compared to other women, with each year in poverty containing its counterpart parts, such as: higher rates of childbearing, a greater number of partners, and more relationship instability.