

Multiple Partner Fertility and Access to Social Support

by

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Abstract

Social support helps individuals manage problems and make ends meet. However, access to social support varies across groups and by sociodemographic characteristics. Past studies have found that multiple partner fertility is associated with decreased access to social support. Using data from the Fragile Families and Child Wellbeing Study, I expand on these studies by (1) examining both received instrumental support and perceived expressive support, (2) by separately examining social support from maternal kin and paternal kin, and (3) by examining social support available both to mothers and to their children. I find that multiple partner fertility is negatively associated with both instrumental and expressive support from paternal family, but is not associated with support from maternal family. Expanding on previous studies that find decreased access to social support due to multiple partner fertility, my research shows that this finding is driven by decreases in support from paternal kin.

Multiple Partner Fertility and Access to Social Support

A Thesis

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THESIS SIGNATURE PAGE

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INTRODUCTION

Social support can be thought of as the non-material (e.g. emotional) and material (e.g. financial assistance) resources that can be accessed through social networks. Social support is associated with improved health and economic outcomes, positive parenting behaviors, lowered risk of experiencing material hardships, and better overall wellbeing (Harknett 2006; Taylor et al. 2014; Robertson et al. 1991; Riina, Lippert, and Brooks-Gunn 2016; Griffin et al. 2006; Hao 1996; Ceballo and McLoyd 2002; Henly, Danzinger, and Offer 2005). Likewise, social support is positively associated with combatting parenthood stress and increasing optimism among mothers (Fomby 2018). Overall, research shows that social support helps individuals manage problems and make ends meet.

However, access to social support varies across groups and by sociodemographic characteristics. For example, research has found variations in access to social support across race/ethnicity, family size and family characteristics, age, education, and income (Verdery and Campbell 2019; Sarkisian and Gretsel 2004; Hogan, Hao, and Parish 1990; Parish, Hao, and Hogan 1991; Kana 'Iaupuni et al. 2005; Griffin et al. 2006; Henly, Danzinger, and Offer 2005). Despite ample research on disparities in access to social support, research regarding the relationship between multiple partner fertility (MPF), defined as mothers who have children with more than one biological father, and social support is incomplete.

MPF is common in the United States. The US Census Bureau estimates that, of parents who have at least two children, 20 percent have children with more than one partner (Monte 2017). Research has suggested that the prevalence of MPF is due in part to increases in cohabitation and divorce, as well as delays in marriage (Guzzo 2014). Moreover, MPF is more common among women who have children at a young age, are Black, non-Hispanic, unmarried,

and are involved in romantic relationships with fathers who have experienced incarceration (Carlson and Furstenberg 2006). MPF is associated with declines in mental health, increased likelihood of experiencing depression, and overall higher parental stress (Turney and Carlson 2011; Fomby 2018). Research on MPF also finds that child support policies can exacerbate disadvantages for mothers with MPF because these policies were designed when MPF was less common and child support policies often provide less support per child which is complicated when the children have different fathers (Cancian and Meyer 2011; Meyer, Cancian, and Cook 2005; Guzzo 2014). Overall, these factors suggest an increased need for social support for those with MPF.

Previous research has explored associations between MPF and social support. These studies have focused on two competing hypotheses: (1) that MPF increases access to social support through increases in number of kinship ties and (2) MPF decreases access to social support because of increases in family ambiguity. Harknett and Knab (2007) and Harknett and Hartnett (2011) found MPF was negatively associated with access to social support, suggesting that more kinship ties do not predict greater access to support. However, questions concerning the associations between social support and MPF remain. In particular, both studies focused on examining perceptions of available support, as opposed to actual support received, and neither study identified the source of perceived social support.

In this study, I draw on data from the Fragile Families and Child Wellbeing Study (FFCWS). FFCWS follows a cohort of mothers who had recently given birth at the start of the panel. I use the terms “focal child” to refer to the child the mother gave birth to at the beginning of the survey panel, “maternal kin” to refer to family ties directly related to the mother of the focal child (e.g. mother’s parents), and “paternal kin” to refer to family ties directly related to the

father of the focal child (e.g. father's parents). I build on previous studies by (1) examining both received instrumental support and perceived expressive support, (2) by separately examining social support from maternal kin and paternal kin, and (3) by examining social support available both to mothers and to their children. Like previous research on MPF and social support, I draw on theories related to boundary ambiguity, which argues that complex family systems create confusion for family members about their role within the family (Boss and Greenberg 1984). However, unlike previous research, I elaborate on the potential role of boundary ambiguity by considering how the effects of family ambiguity may vary for maternal and paternal kin. Additionally, I draw on social exchange theories to help explain potential differences in social support from maternal kin, a situation where the relevance of family boundary ambiguity is less clear. In so doing, this thesis contributes to understandings of the relationship between MPF and social support, as well as broader family dynamics in families where MPF is present.

BACKGROUND

Having access to social support is important for families and offers many benefits. Specifically, having higher levels of social support is associated with better job outcomes and earnings, as well as a decline in the need of assistance from welfare programs (Harknett 2006). Further, social support can impact parenting, with the presence of social support decreasing the use of punishment (Ceballo and McLoyd 2002) and also serving as a protective factor for parent-child relationships for those who live in unstable neighborhoods (Rina, Lippert, and Brooks-Gunn 2016). For African American families who experience depressive symptoms due to financial pressures, social support tends to alleviate these symptoms (Taylor et al. 2014). Additionally, overall wellbeing, including life satisfaction, is greater for those with access to social support (Griffin et al. 2006). Generally, social support is important for families and offers valuable benefits, and those who lack access to this support are at a disadvantage.

Two pertinent studies have examined associations between MPF and social support. Harknett and Knab (2007) examined mothers perception of support, finding that mothers with MPF were less likely to perceive support available in the forms of financial, housing, and childcare assistance. Harknett and Hartnett (2011) focused on instrumental and expressive support from family and friends and found that mothers were less likely to have access to support if they had MPF. My study builds upon their research with three important contributions. First, my study incorporates both perception of available emotional support and actual received financial support. Second, I consider access to social support available to both the mother and the focal child. Third, my study focuses only on support from family and distinguishes between patterns of support from the maternal family and paternal family.

Boundary Ambiguity

MPF increases the number of kinship ties available to a mother, which could increase available social support. However, past research has found that MPF is associated with *less* access to support (Harknett and Knab 2007; Harknett and Hartnett 2011). These studies have pointed to boundary ambiguity as a possible explanation for the observed decrease in support. Boundary ambiguity, a theoretical extension of family systems theory, argues that each member of the family unit has norms or roles that are typical and over time these roles and norms may change, but in some instances, these changes create uncertainty causing confusion amongst family members regarding their role within the family (Boss and Greenberg 1984; Carroll, Olson, and Buckmiller 2007). Previous studies have primarily used boundary ambiguity theory to explore complex relationships that occur within stepfamilies. Stepfamilies can create complicated relationships and cause boundary ambiguity within familial ties, leading to uncertainty with family members about their place within the family structure (Cherlin and Furstenberg 1994). Further, research on stepfamilies found that whether members felt they were part of the family unit was indicative of overall family functioning (Brown and Manning 2009).

Boundary ambiguity can offer insights into understanding social support for complex families, and that includes those with MPF. When applied to MPF, boundary ambiguity suggests that family members may perceive their roles within the family unit with uncertainty, due to new members entering the family structure. With the addition of a new child to the family unit from a different biological father, the family network becomes larger and relationships may become strained or unclear as members of the family attempt to navigate and understand their new role within the family unit. This may then be exacerbated by the fact that, in most cases, children live with their biological mother. Consequently, family members of the original biological father may

become distanced and therefore decrease their contribution of social support for the mother and child. However, family ties between mothers and their own families should not be impacted by boundary ambiguity due to the direct relation of the mother's family to the mother and child. Therefore, boundary ambiguity would only suggest a decrease in support from the family of the biological father and not the mother's family.

While previous research on associations between MPF and access to social support has drawn on boundary ambiguity, because these studies did not identify the source of support and counted support from maternal kin, paternal kin, and friends as all falling under the broad umbrella of social support, the role of boundary ambiguity in shaping support for mothers with MPF is underdeveloped.

Social Exchange and Reciprocity

Another potential explanation for past findings that show a decrease in access to support for mothers with MPF is related to social exchange theory and reciprocity. Literature on social exchange theory and reciprocity posits that exchanges of support are based on the understanding that assistance given will be returned and that both participants will benefit mutually (Cook and Emerson 1978; Nelson 2000; Menjívar 1997; Hogan Eggebeen and Clogg 1993).

Mutual exchanges of support are given within networks of participants who have a relationship or connection with one another (Cook and Emerson 1978). Further, those who participate in exchange networks are strategic in who they choose as their partners, and they evaluate what potential trade partners can offer in an exchange relationship (Cook and Emerson 1978). Though support is expected to be mutually given and received, the parameters of what is given and received are not necessarily balanced; various types of support (e.g. monetary, instrumental, etc.) can be given interchangeably (Radey and Padilla 2009). When resources are

scarce and reciprocity cannot be met, members may be excluded from participating in exchanges all together (Offer 2012). For mothers, research shows that reciprocity and support are more likely to be given to those who have more resources (Radey and Padilla 2009).

Social exchange theory and reciprocity highlight factors that may cause those with MPF to receive less social support. The central theme to these theories is that social support is meant to be reciprocal and beneficial to both parties. For mothers with MPF, resources (e.g. time) may be lacking; and therefore, mothers with MPF may be seen as risky exchange partners who would be excluded from exchange networks. Put another way, mothers with MPF may be excluded in participating in exchange relationships with their own family, over concern that they cannot reciprocate the support they are given.

CURRENT STUDY

Past studies suggest several factors as to why complex families, such as those with MPF, may be more likely to experience a decrease in access to social support. Boundary ambiguity offers insight on how familial roles may become obscured with MPF. In particular, the mother lacks a direct biological relationship to the family of the father, which may create ambiguity about family roles and responsibility and deter the father's family from offering support for the mother and child. Moreover, MPF can strain financial and time resources, and mothers with MPF may be excluded from exchange relationships because of an inability to fully invest in relationships or reciprocate exchanges. This study will investigate access to social support from the father's family and the mother's family for mothers with MPF. I hypothesize that (1) mothers with MPF will see a decrease in instrumental support from the family of the biological father due to boundary ambiguity and (2) mothers will perceive less emotional support available to themselves and their child from their own family due to an inability to fully invest in family relationships.

DATA and METHODS

The data for my thesis came from the Fragile Families and Child Wellbeing Study (FFCWS), a longitudinal study implemented in 1998 that follows a cohort of 4,898 families (Reichman et al. 2001). The sample was drawn from cities with populations greater than 200,000, and unmarried mothers were oversampled (Reichman et al. 2001). In order to maintain substantial responses from both the mother and father at the baseline survey, researchers sampled births at select hospital and baseline interviews took place at hospitals shortly after the birth of the focal child (Reichman et al. 2001). Subsequent interviews occurred when the focal child was approximately 1, 3, 5, 9, and 15-years old. Mothers and fathers were interviewed at each year, if possible, and the focal child was interviewed at year 9 and 15 (Reichman et al. 2001). For my thesis, I draw data from the mother surveys.

FFCWS includes information about both received financial assistance and perceived emotional support. However, while measures of received financial assistance are available at the 1, 3, 5, and 9-year surveys, questions concerning perceived emotional support were only asked at year 9. Therefore, the study uses two separate analytic strategies. The analyses that consider association between MPF and received financial assistance take advantage of the longitudinal data and use the 1, 3, 5, and 9-year surveys. The analyses concerning perceived emotional support are limited to the year 9 survey. The methods and analytic strategy are discussed in greater detail in the Analytical Techniques section.

To control for parity and ensure that associations between MPF and social support do not conflate MPF with the number of children in the home, I limited the sample to only mothers who have at least two children living in their household. I also restricted the data to be complete on all covariates.

Social Support

I measured two different forms of support in my study, including (1) received financial support in the longitudinal analysis, and (2) perceived emotional support for the mother and focal child in the cross-sectional analysis. Table 1 summarizes the coding of each outcome variable.

Questions regarding financial support were asked at years 1, 3, 5, and 9, where mothers were asked, “Have you received any financial support from someone other than father?” If the answer was yes, respondents were then asked to identify who gave them financial support. Using the information concerning who gave support, I created two dichotomous outcome variables for received financial support based on the source of support. The first outcome variable captures support from the mother’s family. Mothers were considered to have received support from the maternal family if the mother reported having received financial support from her parents or other relatives from her family such as aunts, grandmothers, cousins, etc. The second outcome variable concerns financial support for the mother from the father’s family. Mothers were denoted as having received financial support from the father’s family if the mother reported receiving financial support from the father’s parents or other relatives of the father.

I created four outcomes for the cross-sectional analysis concerning perceived emotional support. Mothers were asked, “Suppose you had a problem, and you were feeling depressed or confused about what to do. Who could you ask for help or advice?” I used this question to create two measures of perceived emotional support available for mothers. First, mothers who reported they perceived availability of emotional support from their parents or other relatives were coded as reporting access to emotional support for herself from her own family. Second, mothers who reported perceived availability of emotional support from the father’s parents or other relatives

of the father were coded as having access to emotional support for herself from the father's family.

In a separate question, mothers were asked, "Suppose {CHILD} had a problem. Whom might {he/she} ask for help or advice other than you?" The mother then responded "yes" or "no" to different potential sources of support, including her own parents and relatives and the parents and relatives of the focal child's father. This question serves as the basis for my final two outcome variables. Specifically, I created a variable for whether the mother perceived the child having access to emotional support from her parents and/or other relatives of the mother and a separate variable for perceived emotional support for the child from the father's parents and/or other relatives of the father.

Table 1: Description of outcome variables

Financial support (Longitudinal: Years 1, 3, 5, and 9)		
In the past twelve months, have you received any financial help or money from anyone other than {FATHER}? Please include your relatives and friends, and his relatives and friends, but don't include help from any government or private agency.		
Outcome	Description	% with support
(1) From the maternal family	Mothers were coded as "yes" if they reported receiving financial help from: their parents or other relatives; "no" if otherwise	26%
(2) From the paternal family	Mothers were coded as "yes" if they reported receiving financial help from: the father's parents or other relatives of the father; "no" if otherwise	9%
Emotional support for the mother (Cross-section: Year 9)		
Suppose you had a problem, and you were feeling depressed or confused about what to do. Who could you ask for help or advice? Could you ask...		
Outcome	Description	% with support
(3) From the maternal family for the mother	Mothers were coded as "yes" if they perceived being able to receive emotional support from: their parents or other relatives; "no" if otherwise	78%
(4) From the paternal family for the mother	Mothers were coded as "yes" if they perceived being able to receive emotional support from: the father's parents or other relatives of the father; "no" if otherwise	17%
Emotional support for the focal child (Cross-section: Year 9)		
Suppose {CHILD} had a problem. Whom might {he/she} ask for help or advice other than you? Could {he/she} ask...		
Outcome	Description	% with support
(5) From the maternal family for the focal child	Mothers were coded as "yes" if they perceived the FC being able to receive emotional support from: their parents or other relatives; "no" if otherwise	76%
(6) From the paternal family for the focal child	Mothers were coded as "yes" if they perceived the FC being able to receive emotional support from: the father's parents or other relatives of the father; "no" if otherwise	26%

Multiple Partner Fertility

The key independent variable is whether the mother has multiple partner fertility, defined as “someone who has had biological children with more than one partner” (Monte 2017:1). I developed a dichotomous measure of multiple partner fertility based on several questions asked in the Fragile Families survey at years 1, 3, 5, and 9. The questions ranged from, “do you have any children by someone other than father,” to requesting mothers write out the names of each of their child’s fathers. Using information from all waves, I developed a time-varying measure equal to 1 if mothers had biological children with more than one father and 0 if mothers had biological children with one father only. In the event of discrepancies in MPF reports across waves, I coded mothers who had MPF in a previous wave as having MPF in all future waves. For example, if the mother reported having MPF in wave 3, then she would be coded as having MPF in waves 5 and 9.

For the cross-sectional analyses that use the year 9 survey only, I code mothers as having MPF if the mother reported having biological children with more than 1 father at any wave at, or before year 9.

Other Covariates

My analyses include several control variables. Specifically, I control for relationship status, categorized as: mother is not married to focal child’s father or a new partner and is not living with the focal child’s father or a new partner, mother is married to or living with the focal child’s father, or mother is married to or living with a new partner. For the longitudinal analysis, mother’s relationship status is time varying. For the cross-sectional analysis, information on mother’s relationship status comes from year 9 only.

Other characteristics used in both the longitudinal and cross-sectional analysis include, education (less than high school, high school or equivalent, some college or technical school, college or graduate degree), household income divided by 10,000 (income from all sources), and age. For the longitudinal analysis, these variables are all time varying. For the cross-sectional analysis, these variables are based on year 9 only.

In the longitudinal analyses, I included a control for survey year, which I use instead of age. In the cross-sectional analysis, I included a measure of race and ethnicity, coded as non-Hispanic White, non-Hispanic Black, Hispanic of any race, or other race/ethnicity, as well as the reported age of the mother at year 9.

Analytical Techniques

The analyses were done using Stata 14. For the first set of analyses related to financial support, I used panel data from years 1, 3, 5, and 9. I conducted person-specific fixed effects regression to determine patterns of financial support by MPF. I selected to use fixed effects models because they eliminate any biases from time-constant omitted variables. The outcomes related to financial support are dichotomous, and I estimated both linear and logistic fixed effects models. Results were consistent across models and I present estimates from the linear models.

For the second portion of the study that examines access to emotional support, the data were limited to year 9 only. As stated previously, this section includes four outcome variables: whether the mother perceives access to emotional support from the father's family for herself, if she perceives emotional support being available for herself from her own family, if she perceives the focal child having access to social support from the fathers family, and if the mother perceives emotional support is available for the focal child from her own family. To analyze

patterns of emotional support for mothers with MPF, I estimated logistic regression models for each outcome variable. The regression models include all controls. To ease interpretation of the findings, I present predicted probabilities for the main findings.

FINDINGS

Descriptive Statistics

The last column of Table 1 shows the percent of mothers who reported receiving financial assistance or perceived access to emotional support. For the longitudinal analysis, as shown in the table, the majority of participants reported not receiving financial support from either the maternal (26%) or paternal (9%) family. For the cross-sectional analysis, data which came from year 9 only, 78% of mothers reported perceiving access to emotional support for themselves from the maternal family, but only 17% perceived access to emotional support from the paternal family. Similarly, the majority of mothers (76%) perceived the focal child had access to emotional support from the maternal family, and only 26% of mothers believed the focal child had access to emotional support from the paternal family.

Table 2 presents the descriptive statistics for the independent variables for both the longitudinal and cross-sectional portion of the study. The majority (52%) of the mothers observations had MPF. For the marital and cohabitation status of the mother, 52% reported being married or living with the biological father, 35% reported being unmarried and living alone, and only 13% of mothers were married or living with a new partner. The high rates of MPF and low rates of marriage are at least partially attributable to the sample design, which oversampled non-marital births at baseline. The majority of the sample had some college or technical schooling, 32% had a high school degree or equivalent, 28% had less than a high school degree, and 12%

had a college or graduate degree. Additionally, the mean reported household income for mothers was a little over \$37,000.

Table 2: Descriptive Statistics for all independent Variables

	Longitudinal (Years 1, 3, 5, & 9) % or Mean (SD) (Obs.= 11,830)	Cross-sectional (Year 9) % or Mean (SD) (N=2,693)
Mother has multiple partner fertility		
No	48%	44%
Yes	52%	56%
Marital/cohabitation status		
Not married or cohabitating (ref.)	35%	36%
Married or living with bio father	52%	42%
Married or living with new partner	13%	22%
Mother's education		
Less than HS (ref.)	28%	22%
HS or equivalent	27%	22%
Some college or tech	32%	41%
College or graduate degree	12%	15%
Mother's household income (in 10,000s)	3.73 (4.38)	4.72 (5.20)
Longitudinal Years		
Year 1	25%	
Year 3	25%	
Year 5	27%	
Year 9	24%	
Mother's race/ethnicity		
White; non-Hispanic (ref.)		22%
Black; non-Hispanic		48%
Hispanic		26%
Other		4%
Age at Year 9		34 (5.72)

Data Source: Fragile Families Child and Wellbeing Study

For the cross-sectional analysis, which is based on year 9 only, majority of mothers reported having MPF (56%). For marital and cohabitation status, most mothers were married or living with the biological father (42%) at year 9, followed by not married or living with a partner (36%), and only 22% were living with or married to a new partner. Approximately 4 in 10 mothers reported having some college or technical education (42%), 22% of mothers had a high school degree or equivalent, 22% received less than a high school degree, and 15% had a college or graduate degree. The racial makeup of the cross-sectional analysis was predominantly Black, non-Hispanic (48%), followed by Hispanic (26%), then White, non-Hispanic (22%), and then Other (4%). The median age of mothers at year 9 was 34 (SD= 5.72) and the average household income was over \$47,000 (SD=5.20).

Longitudinal Multivariable Analysis

Table 3 displays estimates from two linear fixed effects regression models, one for financial support received from the maternal family and one for the financial support received from the paternal family. For the first regression model, concerning maternal support, the coefficient for MPF was not statistically significant. This finding goes against my expectations that mothers would lack support due to being excluded from exchange relationships. While the control variables included are not the focus of this study, it is worth noting that being married or living with the father and being married to or living with a new partner were negatively associated with financial support from the maternal family ($b= -0.039, p<.01$; $b= -0.051, p<.01$).

Table 3: Linear Fixed Effects Regression Estimates of Financial Support (Years 1, 3, 5, & 9)

	Fixed Effects Financial Maternal Support <i>Coef./ (SE)</i>	Fixed Effects Financial Paternal Support <i>Coef./ (SE)</i>
Mother has multiple partner fertility		
No MPF (ref.)		
MPF	-0.036 (0.023)	-0.061*** (0.016)
Marital/Cohabitation Status		
Not married or cohabitating (ref.)		
Mother married or living with biological father	-0.039** (0.014)	0.045*** (0.010)
Mother married or living with new partner	-0.051** (0.016)	-0.004 (0.011)
Mother's Education		
Less than HS (ref.)		
HS or equivalent	0.004 (0.033)	-0.016 (0.023)
Some college or tech	-0.007 (0.030)	-0.006 (0.021)
College or graduate degree	0.030 (0.058)	0.014 (0.041)
Income		
Mother's household income (in 10,000s)		
	-0.003 (0.002)	-0.001 (0.001)
Interview Year		
Year 1 (ref.)		
Year 3	-0.125*** (0.010)	-0.072*** (0.007)
Year 5	-0.097*** (0.011)	-0.060*** (0.008)
Year 9	-0.079*** (0.012)	-0.064*** (0.009)
Observations	11,830	11,830

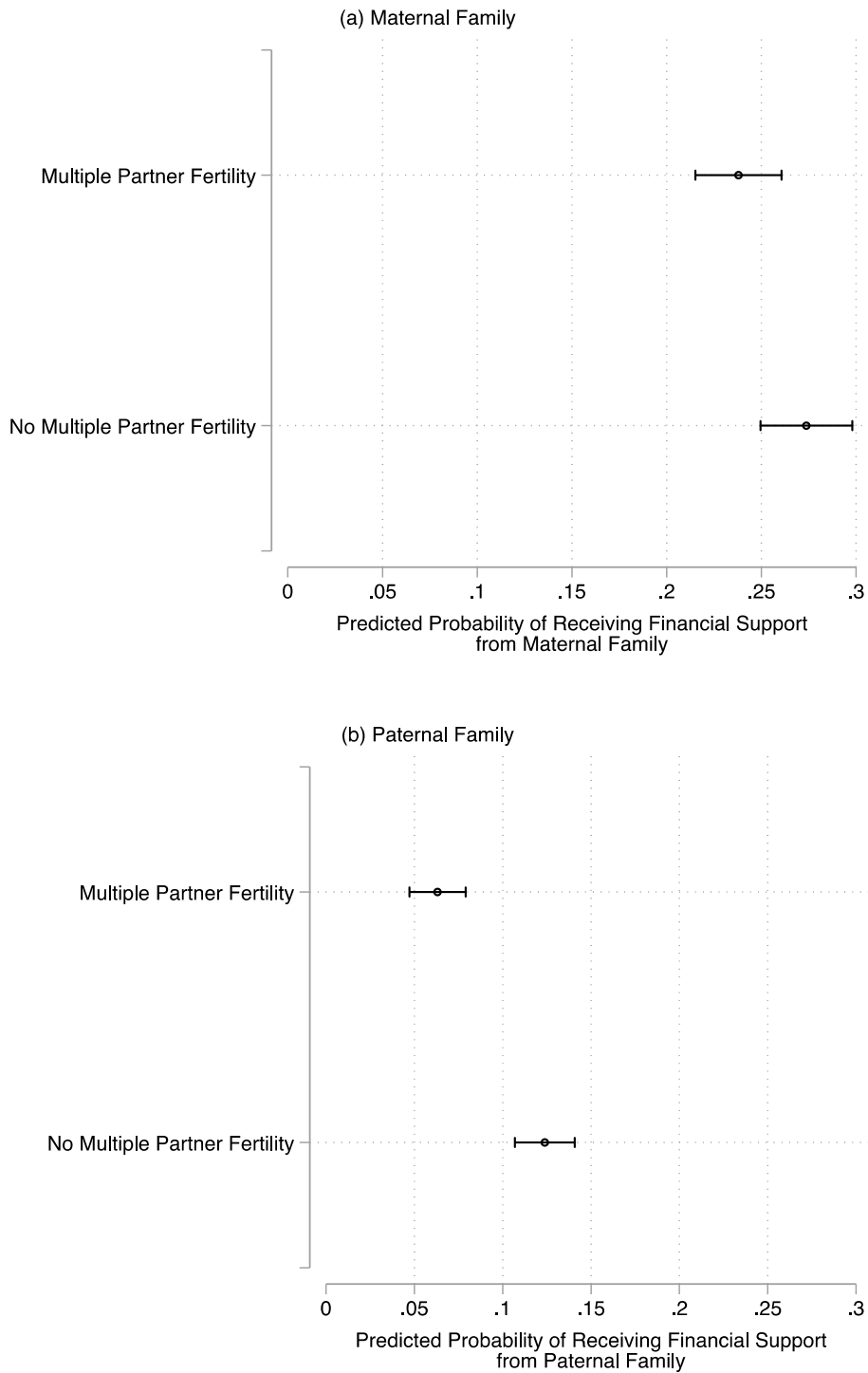
Data Source: Fragile Families and Child Wellbeing Study

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

MPF was, however, associated with a decreased likelihood of receiving financial support from the paternal family ($b = -0.061$; $p < .001$). This is consistent with hypothesis that mothers would be less likely to receive support from the paternal family due to boundary ambiguity. Moreover, relative to single mothers who were also not cohabitating, mothers who were married or cohabited with the focal child's father were more likely to receive financial assistance from the father's kin ($b = 0.045$; $p < .001$).

Figure 1 presents the predicted probabilities of receiving financial support from the maternal family (top panel) or paternal family (bottom panel) based on estimates from Table 3. For the maternal family, estimates show that there is not a statistically significant difference in the probability of receiving support from the maternal family for mothers who have MPF compared to mothers who do not. However, the predicted probability for support from the paternal family shows a notable difference in the likelihood of receiving assistance by MPF. Mothers who have MPF have a predicted probability of 0.06 for receiving financial support from the paternal family, and mothers without MPF have roughly double the predicted probability (0.12) of receiving financial support from the paternal family. Last, comparing the probabilities of receiving assistance from maternal or paternal family, receiving assistance from maternal family was far more common regardless of MPF status.

Figure 1: Predicted Probability of Receiving Financial Support



Data Source: Fragile Families and Child Wellbeing Study

This figure presents predicted probabilities from linear fixed effect regression models that regress financial support on multiple partner fertility. Probabilities are based on estimates presented in Table 3. Error bars represent 95 percent confidence intervals.

Cross-sectional Multivariable Analysis

Table 4 displays estimates from logistic regression analyses for emotional support available for the mother and focal child from maternal and paternal family. MPF was not associated with access to emotional support from the maternal family for the mother (Column 1) or the focal child (Column 3). However, mothers with MPF were less likely than mothers without MPF to perceive access to emotional support for themselves from the paternal family (OR=0.672, $p<.01$), and they were also less likely to perceive access to emotional support for the focal child (OR=0.755, $p<.01$). The findings concerning emotional support from the paternal family were consistent with expectations: as relationships with the paternal family may weaken due to boundary ambiguity, social support decreases.

Additionally, mother's relationship status and cohabitation revealed noteworthy findings. Mothers who were married or living with the biological father or a new partner were less likely than the reference group, mothers who were not married or cohabitating with anyone, to perceive emotional support from the maternal family (OR= 0.709; $p<.01$; OR= 0.710; $p<.01$). This finding was similar for the focal child. Mothers who were married or cohabitating with the biological father or a new partner were less likely to perceive access to emotional support from the maternal family for the focal child (OR= 0.378; $p<.001$; OR= 0.509; $p<.001$). Mothers who were married or living with the biological father were more likely to perceive emotional support for herself from the paternal family (OR= 2.321; $p<.001$) and for the focal child from the paternal family (OR= 1.751; $p<.001$).

Table 4: Logistic Regression Estimates of Emotional Support at Year 9

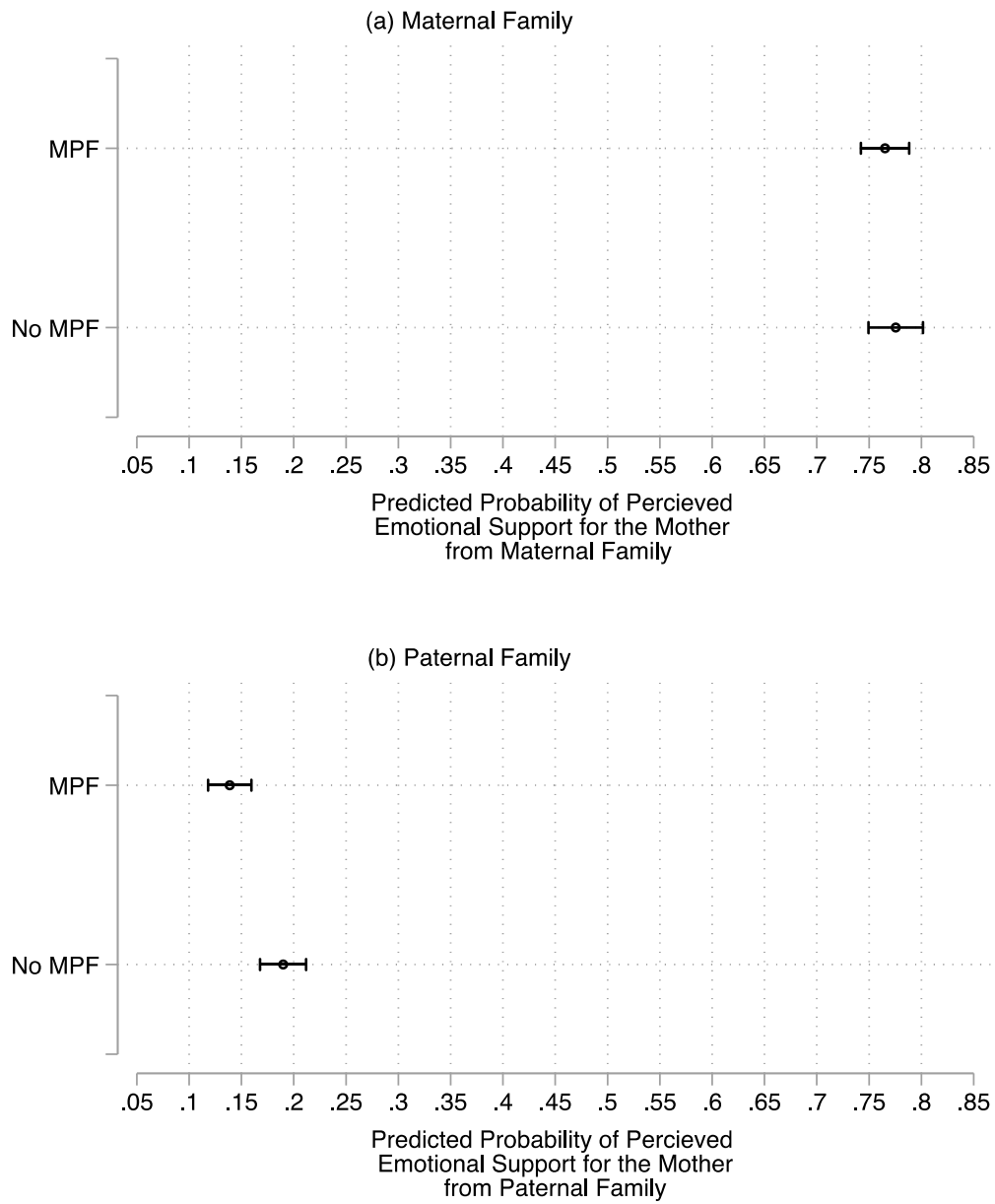
	Emotional Support From Maternal Family For the Mother <i>OR/(se)</i>	Emotional Support From Paternal Family For the Mother <i>OR/(se)</i>	Emotional Support From Maternal Family For the Focal Child <i>OR/(se)</i>	Emotional Support From Paternal Family For the Focal Child <i>OR/(se)</i>
Mother has multiple partner fertility				
No (ref.)				
Yes	0.943 (0.105)	0.672** (0.088)	0.916 (0.105)	0.755** (0.081)
Marital/Cohabitation status				
Not married or cohabitating (ref.)				
Married or living with the bio. father	0.709** (0.089)	2.321*** (0.337)	0.378*** (0.051)	1.751*** (0.208)
Married or living with new partner	0.710** (0.093)	0.681* (0.133)	0.509*** (0.073)	0.842 (0.116)
Mother's education				
Less than HS (ref.)				
HS or equivalent	1.469** (0.206)	1.095 (0.197)	1.214 (0.175)	1.187 (0.170)
Some college or tech	1.250 (0.154)	1.094 (0.179)	1.247 (0.162)	1.153 (0.150)
College or graduate degree	1.452 (0.279)	1.346 (0.285)	1.484* (0.285)	1.459* (0.261)
Mother's race/ethnicity				
White; non-Hispanic (ref.)				
Black; non-Hispanic	1.141 (0.154)	0.874 (0.128)	1.532** (0.207)	0.809 (0.100)
Hispanic	0.774 (0.109)	0.555*** (0.092)	0.872 (0.121)	0.641** (0.088)
Other	0.812 (0.213)	0.878 (0.245)	0.590* (0.142)	0.986 (0.238)
Age at year 9	0.987 (0.009)	1.001 (0.010)	0.989 (0.009)	0.982* (0.009)
Income				
Mother's household income (in 10,000s)	1.031* (0.014)	1.022* (0.011)	1.010 (0.012)	1.014 (0.010)
Observations	2,693	2,693	2,693	2,693

Data Source: Fragile Families Child and Wellbeing Study (Note: estimates are presented as odds ratios (OR)).

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Figure 2 presents predicted probabilities for the two outcomes related to access to emotional support for mothers based on estimates from Table 4. The probability of having access to emotional support from maternal family (top panel) is 0.77 for mothers with MPF and 0.78 for mothers without MPF. This difference is not statistically significant. Conversely, the probability of having access to emotional support from paternal family (bottom panel) is 0.14 for mothers with MPF and 0.19 for mothers without MPF. Comparing the top and bottom panel shows the stark difference in emotional support from maternal and paternal family.

Figure 2: Predicted Probability of Access to Emotional Support for the Mother

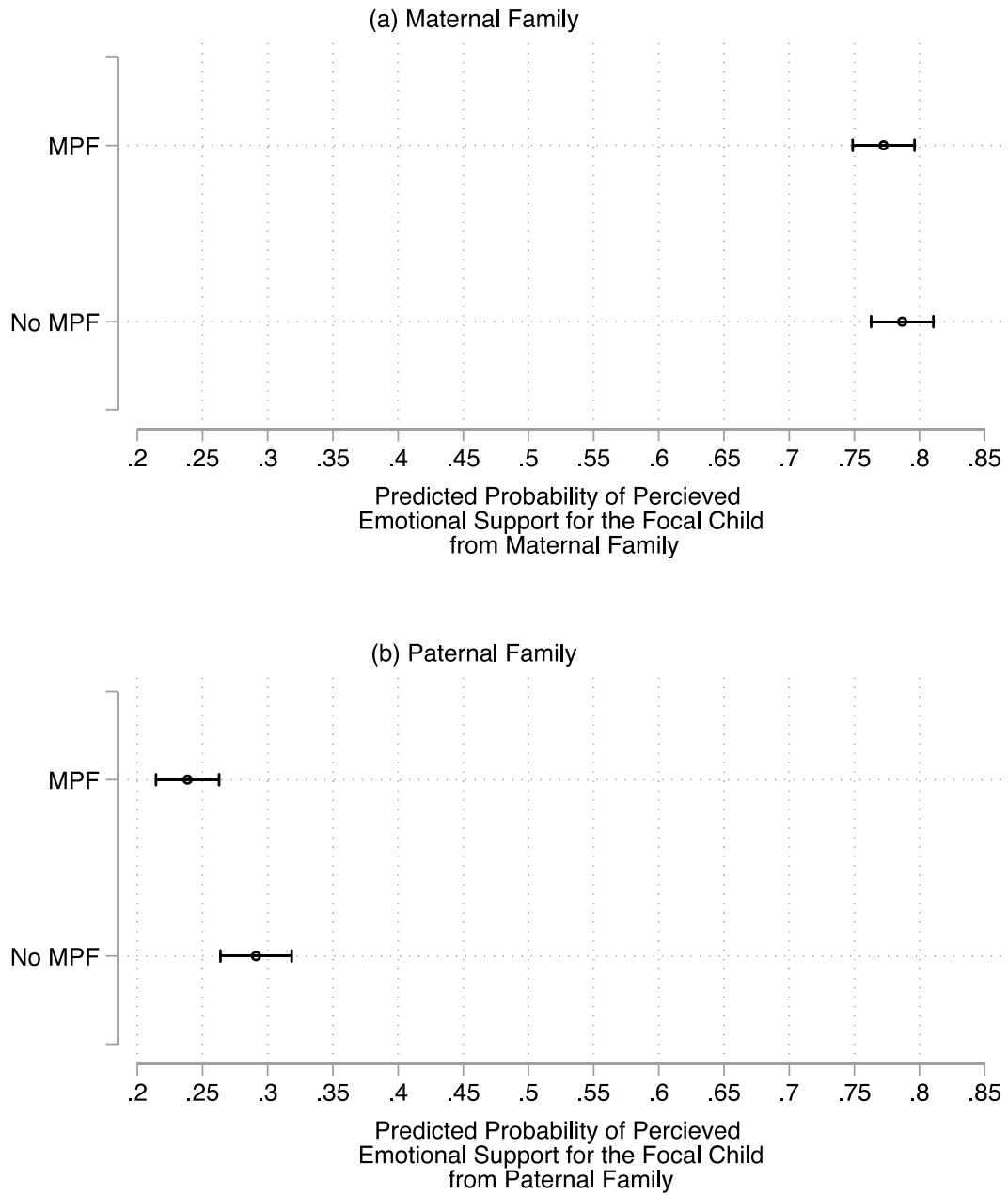


Data Source: Fragile Families and Child Wellbeing Study

This figure presents predicted probabilities from logistic regression models that regress emotional support for the mother on multiple partner fertility. Probabilities are based on estimates presented in Table 4. Error bars represent 95 percent confidence intervals.

Figure 3 displays the predicted probabilities for the final two outcomes for expressive support for the focal child, which have a similar pattern to the two outcomes related to expressive support for the mother. Perceived support for the focal child from the maternal family (top panel) did not vary by MPF (0.77 vs 0.79). However, similar to Figure 2, Figure 3 shows that access to emotional support from the paternal family for the focal child is lower if the mother has MPF (.24 vs .3). Additionally, Figure 3 again shows that access to emotional support, regardless of MPF, is more common from the maternal than from the paternal family.

Figure 3: Predicted Probability of Access to Emotional Support for the Focal Child



Data Source: Fragile Families and Child Wellbeing Study

This figure presents predicted probabilities from logistic regression models that regress emotional support for the focal child on multiple partner fertility. Probabilities are based on estimates presented in Table 4. Error bars represent 95 percent confidence intervals.

DISCUSSION

Research on social support has consistently found that social support is beneficial to families and can serve as a buffer against disadvantages (Harknett 2006; Taylor et al. 2014; Robertson et al. 1991; Riina, Lippert, and Brooks-Gunn 2016; Griffin et al. 2006; Hao 1996; Ceballo and McLoyd 2002; Henly, Danzinger, and Offer 2005). Though research on social support has identified many factors that are indicative of access to support, literature on social support and MPF is minimal. The two studies that consider associations between MPF and social support found that MPF is correlated with a decrease in perceived access to social support (Harknett and Knab 2007; Harknett and Hartnett 2011). My study builds on this literature by examining both received financial support and perceived emotional support, by separately considering emotional support available to mothers and children, and by distinguishing between support from maternal kin and support from paternal kin.

Across all analyses within my study, MPF was indicative of less support- perceived or received- from paternal kin, including perceived access to support from the paternal kin for the focal child. This is consistent with boundary ambiguity theory: with the introduction of a new child from a different father, the roles within the family unit become uncertain; as a result, the paternal kin can become estranged or unsure of norms, leading to a decrease in support. Drawing on social exchange theory and reciprocity, I originally hypothesized that mothers with MPF would be excluded from social exchange relationships because mothers with MPF are more likely to have fewer resources and more complex families, which may make them less attractive exchange partners. However, for social support from maternal family, I found no significant differences between mothers with MPF and mothers without MPF for financial support or emotional support for the mother or the focal child. While MPF was associated with a decrease

in support from paternal kin, this was not the case for maternal kin. Additionally, the findings show that mothers, regardless of MPF, had greater access to maternal support than paternal support.

My findings also suggest that relationship or cohabitation status is a strong indicator of support. Relative to single mothers, mothers who were married to or cohabitating with the biological father were more likely to receive financial assistance from the paternal family, and were also more likely to perceive access to emotional support from the paternal family for herself and the focal child. However, mothers who were married to or cohabiting with someone else (the biological father or a new partner) were less likely than single mothers to receive financial support from the maternal family, and they were less likely to perceive access to emotional support for themselves and the focal child, also from the maternal family. This may reflect differences in need or ability to invest in social relationships. Alternatively, the lack of both emotional and financial support from the maternal family for mothers living with or married to the biological father or a new partner may also be due characteristics of the biological father or new partner. Burton, Welsh, and Destro (2013) found that grandmothers involvement with their grandchildren was often based on the grandmothers perception of the father. Future research could include these characteristics to further explore these differences.

While my research furthers understandings of the association between MPF and social support, there are limitations to my research. First, I measured financial support as actual support received. My analyses are unable to differentiate between those who did not receive financial support despite needing support and those who did not receive financial support and had no need for support. Conversely, my measure of emotional support is based on the individual's

perception of emotional support being available to the mother and focal child. It is possible that some respondents overestimate or underestimate the availability of emotional support.

Second, my study sought to examine associations between MPF and access to support. MPF is by definition a parent who has biological children with more than one partner. This definition can be limiting, as it excludes children who have been adopted and other children who live in the home, one example of this would be stepfamilies, where children within the family unit come from a previous marriage. These children could also create boundary ambiguity among family ties. Moreover, my measure of MPF focuses on mothers and does not include MPF as it relates to fathers within the home.

Third, while my findings establish associations between MPF and social support, these findings are not causal. I have taken measures to remove biases from unobserved variables by using fixed effects model that eliminate biases from unobserved time constant variables, and including relevant control variables. However, unobserved variables are still an issue. Particularly, I have not included characteristics of the biological father, nor have I included variables concerning any new partners. These variables, which are not included in my study, may influence access to social support for mothers and may vary by MPF.

Fourth, while my findings showing a negative association between MPF and access to social support from paternal kin are consistent with boundary ambiguity, I am unable to definitively attribute these findings to boundary ambiguity. Additional research is needed to explore this relationship. In particular, qualitative research that explicitly explored relationships within families with MPF and motivations surrounding exchanges or lack of exchanges would offer important insights and is needed.

Overall, MPF is common among families. Roughly 20 percent of parents with at least two children have children with multiple partners (Monte 2017). Past studies have found that MPF is associated with decreased access to social support. My research shows that this finding is driven by decreases in support from paternal kin. Moreover, my research shows that MPF is associated with decreased emotional support from paternal kin for not only mothers but also for their children. These findings have implications for understanding the wellbeing of mothers with MPF and also highlight the need for child support policies that account for MPF. Outdated child support policies mean mothers typically receive lower levels of support for each subsequent child, which is complicated when the children do not share a father. As a result, mothers with MPF have less access to support from paternal kin and lower levels of access through legal support arrangements.

References

- Boss, Pauline and Jan Greenberg. 1984. "Family Boundary Ambiguity: A New Variable in Family Stress Theory." *Family Process* 23:535-546.
- Brown, Susan, and Wendy Manning. 2009. "Family Boundary Ambiguity and the Measurement of Family Structure: The Significance of Cohabitation." *Demography* 46(1):85-101.
- Burton, Linda, Whitney Welsh, and Lane Destro. 2013. "Grandmothers' Differential Involvement with Grandchildren in Rural Multiple Partner Fertility Family Structures." Pp. 79-99 in M. Silverstein & Giarrusso (Eds.), *From Generation to Generation: Continuity and Discontinuity in Aging Families*. Baltimore, MD: John Hopkins University Press
- Cancian, Maria, and Daniel R. Meyer. 2011. "Who Owes What to Whom? Child Support Policy Given Multiple-Partner Fertility." *The Social Service Review (Chicago)* 85(4):587-617.
- Carlson, Marcia J, and Frank F. Furstenberg. 2006. "The Prevalence and Correlates of Multipartnered Fertility Among Urban U.S. Parents." *Journal of Marriage and Family* 68(3):718-732.
- Carroll, Jason, Chad D. Olson, and Nicole Buckmiller. 2007. "Family Boundary Ambiguity: A 30-Year Review of Theory, Research, and Measurement." *Family Relations* 56(2):210-230.
- Cherlin, Andrew, and Frank Furstenberg. 1994. "Stepfamilies in the United States: A Reconsideration" *Annual Review of Sociology* 20(1):359-381.
- Ceballo, Rosario, and Vonnie McLoyd. 2002. "Social support and parenting in poor, dangerous neighborhoods." *Child Development* 73(4):1310-1321.
- Cook, Kare S., and Richard M. Emerson 1978. "Power, Equity and Commitment in Exchange Networks." *American Sociological Review* 43(5):721-739.

- Fomby, Paula. 2018. "Motherhood in Complex Families." *Journal of Family Issues* 39(1):245-270.
- Griffin, Margaret. L., Maryann Amodeo, Cassandra Clay, Irene Fassler, and Michael A. Ellis. 2006. "Racial differences in social support: Kin versus friends." *American Journal of Orthopsychiatry* 76(3):374-380.
- Guzzo, Karen. 2014. "New partners, more kids: Multiple-partner fertility in the united states." *The Annals of the American Academy of Political and Social Science* 654(1):66-86.
- Hao, Lingxin. 1996. "Family Structure, Private Transfers, and the Economic Well-Being of Families with Children." *Social Forces* 75(1):269-92.
- Harknett, Kristen. 2006. "The relationship between private safety nets and economic outcomes among single mothers." *Journal of Marriage and Family* 68(1):172-191.
- Harknett, Kristen, and Jean Knab. 2007. "More Kin, Less Support: Multipartnered Fertility and Perceived Support Among Mothers." *Journal of Marriage and Family* 69(1):237-253.
- Henly, Julia. R., Sandra K. Danziger, and Shira Offer. 2005. "The Contribution of Social Support to the Material Well-Being of Low-Income Families." *Journal of Marriage and Family* 67(1):122-140.
- Hogan, Dennis P., David J. Eggebeen, and Clifford C Clogg. 1993. "The Structure of Intergenerational Exchanges in American Families." *The American Journal of Sociology* 98(6):1428-1458.
- Hogan, Dennis P., Ling-Xin Hao, and William L. Parish. 1990. "Race, Kin Networks, and Assistance to Mother-Headed Families." *Social Forces* 68(3):797-812.

- Kana 'Iaupuni, Shawn M., Katherine M. Donato, Theresa Thompson-Colón, and Melissa Stainback. 2005. "Counting on Kin: Social Networks, Social Support, and Child Health Status." *Social Forces* 83(3):1137-1164.
- Lappegård, Ttrude, and Elizabeth Thomson. 2018. Intergenerational Transmission of Multipartner Fertility. *Demography* 55(6):2205-2228.
- Menjívar, Cecilia. 1997. "Immigrant Kinship Networks and the Impact of the Receiving Context: Salvadorans in San Francisco in the Early 1990s." *Social Problems (Berkeley, Calif.)* 44(1):104-123.
- Meyer, Daniel, Maria Cancian, and Steven Cook. 2005. "Multiple-Partner fertility: Incidence and Implications for Child Support Policy." *The Social Service Review (Chicago)* 79(4):577-601.
- Monahan, Emma, and Angela Guarin. 2019. "The Role of Neighborhood Disadvantage and Family Structure During Adolescence in Young Adults' Experiences of Multiple Partner Fertility (MPF)". *Journal of Family Issues* 40(12):1627-1655.
- Monte, Lindsay, *Multiple Partner Fertility Research Brief*, Current Population Reports, P70BR-146, U.S. Census Bureau, Washington, DC, 2017.
- Nelson, Margaret K. 2000. "Single Mothers and Social Support: The Commitment to, and Retreat from, Reciprocity." *Qualitative Sociology* 23(3):291-317.
- Offer, Shira. 2012. "The Burden of Reciprocity: Processes of exclusion and withdrawal from personal networks among low-income families." *Current Sociology* 60(6):788–805.
- Parish, William L., Lingxin, Hao, and Dennis P. Hogan . 1991. "Family Support Networks, Welfare, and Work Among Young Mothers." *Journal of Marriage and Family* 53(1):203-215.

- Radey, Melissa, & Padilla, Yolanda C. 2009. "Kin Financial Support: Receipt and Provision Among Unmarried Mothers." *Journal of Social Service Research* 35(4):336-351.
- Taylor, Ronald D., Mia Badescue, Azeb Gebre and, Irma Hodzic .2014. "Family Financial Pressure and Maternal and Adolescent Socioemotional Adjustment: Moderating Effects of Kin Social Support in Low Income African American Families." *Journal of Child and Family Studies* 23(2):242-254.
- Turney, Kristen and Marcia J. Carlson. 2011. "Multipartnered Fertility and Depression Among Fragile Families." *Journal of Marriage and Family* 73(3):570-587.
- Riina, Elizabeth M., Adam Lippert, and Jeanne Brooks-Gunn. 2016. "Residential Instability, Family Support, and Parent–Child Relationships Among Ethnically Diverse Urban Families." *Journal of Marriage and Family* 78(4):855–70.
- Robertson, Elizabeth B., Glen H. Elder, Martie L. Skinner, Rand D. Conger. 1991. "The Costs and Benefits of Social Support in Families." *Journal of Marriage and Family* 53(2):403-416.
- Sarkisian, Natalia, and Naomi Gerstel. 2004." Kin Support Among Blacks and Whites: Race and Family Organization." *American Sociological Review* 69(6):812-837.
- Verdery, Ashton and Campbell. 2019. Social Support in America: Stratification and Trends in Access Over Two Decades. *Social Forces* 98(2):725-752.

APPENDIX: IRB Approval letter



EAST CAROLINA UNIVERSITY

University & Medical Center Institutional Review Board

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Not Human Subject Research Certification

From: Social/Behavioral IRB
To: [Jasmine Walker](#)
CC: [Colin Campbell](#)
Date: 10/8/2020
Re: [UMCIRB 20-002066](#)
Social/Behavioral IRB

On 10/8/20, the IRB Staff reviewed your proposed research and determined that it does not meet the federal definitions of research involving human participants, as applied by East Carolina University.

Therefore, it is with this determination that you may proceed with your research activity and no further action will be required. However, if you should want to modify your research activity, you must submit notification to the IRB before amending or altering this research activity to ensure that the proposed changes do not require additional UMCIRB review.

The UMCIRB appreciates your dedication to the ethical conduct of research. It is your responsibility to ensure that this research is being conducted in accordance with University policies and procedures, the ethical principles set forth in the Belmont Report, and the ethical standards of your profession. If you have questions or require additional information, please feel free to contact the UMCIRB office at 252-744-2914.

