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ABSTRACT

This study provides the first current, nationally representative estimate of the prevalence of multipartnered fertility among American women, as a whole and within subgroups. We also chart trends in behavior from 1985 through 2008. Our estimates are derived from the household relationship matrices found in 12 panels of the Census Bureau's Survey of Income and Program Participation spanning this period. Contrary to expectations, there was no upward trend in multipartnered fertility over those 23 years for the population as a whole. While trends within subgroups did emerge, they tended to offset each other.

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Women's multiple-partner fertility in the United States: Prevalence, correlates, and trends, 1985-2008

Eirik Evenhouse and Siobhán Reilly

Multipartnered fertility (MPF)—having children by more than one partner—has become common in the United States, but its national prevalence and recent evolution are not known. This study provides the first current, nationally representative estimates of American women's MPF, for the overall population and for select subgroups. The Census Bureau's Survey of Income and Program Participation (SIPP) offers perhaps the only opportunity to document women's MPF (hereafter, multiple-father fertility, or MFF) in large, nationally representative samples going back as far as 1985. From 12 SIPP panels—the 1985-1988, 1990-1993, 1996, 2001, 2004 and 2008 panels—we get a good picture of the changing patterns in MFF.

Background

While MPF occurs at all socioeconomic levels, it is more common in some vulnerable subgroups, such as high school dropouts, women with a teen birth or nonmarital first birth, and African-Americans and Hispanics (Carlson and Furstenberg 2006). Likewise, it is more prevalent among welfare recipients (Meyer, Cancian and Cook 2005) and men who have been incarcerated (Guzzo and Furstenberg 2007a; Logan *et al.* 2006; Carlson and Furstenberg 2006; Mincy 2002).

MPF may work against the interests of children. It is associated with reductions in father-child contact (Tach, Mincy and Edin 2010; Manning and Smock 1999; Cooksey and Craig 1998), in fathers' payment of child support (Sinkewicz and Garfinkel 2009; Huang, Mincy and Garfinkel 2005; Manning, Stewart and Smock 2003), and in mothers' perceived levels of social support from family and friends (Harknett and Knab 2007). It is associated with reduced prospects of marriage or cohabitation. In a sample of low-income Philadelphia women who had just given birth, “men

who had children with multiple partners were significantly less likely to cohabit with or to be married to the mother of the focal child, net of demographic and socioeconomic characteristics” (Margolis and Mykyta 2008). Carlson, McLanahan and England (2004), Carlson and Furstenberg (2006), and Mincy and Huang (2001) reach similar conclusions about parents in the Fragile Families survey.

Measuring multipartnered fertility

Measuring the prevalence of MPF is difficult because few nationally representative surveys contain the needed information. In 2002, the National Survey of Family Growth (NSFG) surveyed men for the first time and asked about their multipartnered fertility. Seventeen percent of fathers aged 15-44 reported having children by more than one woman (Guzzo and Furstenberg 2007a). There is no comparable estimate for women.

What little is known about women’s MPF is from samples that are not typical of the general population. Most studies draw on the Fragile Families survey, which over-represents nonmarital and urban births; in that population, 23 percent of all mothers (Carlson and Furstenberg 2006) and 37 percent of unmarried mothers (Roberts 2008) exhibit MFF. Meyer *et al.* (2005), studying Wisconsin welfare recipients, find an MFF rate of at least 39 percent (incomplete paternity information meant they could not rule out MFF for another 34 percent of mothers). Guzzo and Furstenberg (2007b) report that, in 2001, 11 percent of mothers in the National Longitudinal Survey of Adolescent Health (Add Health) had children by more than one man. Add Health, too, is atypical, made up of youth (aged 19 to 25 at the time) and under-representing high school dropouts.

Measuring multiple-father fertility in SIPP

SIPP, unlike most surveys, records the relationship of each person in a household to every other. SIPP’s household relationship matrix is the basis of our MFF measure. For each woman

with any resident biological (minor) children (henceforth, a “SIPP mother”) we infer the number of men who fathered her children from the sibling or half-sibling relationships among them.

Multiple-father fertility in 2008

Tables 1 and 2 picture MFF in 2008. Overall, 7.52 percent of SIPP mothers have children by more than one man: 7.13 percent by two men, 0.34 percent by three men, and 0.06 percent by four or more. Higher-order MFF (having children by more than two men) is rare: one SIPP mother in 250. MFF rises sharply with each additional child, consistent with increasing exposure to the possibility of MFF.

Table 2 presents rates for various subgroups. Prevalence varies only modestly by ethnicity. MFF is most common among Native American (9.9 percent) and Hispanic mothers (9.2 percent). African-American mothers have a higher rate (8.6 percent) than non-Hispanic whites (6.8 percent). Only Asian mothers, with their low rate (2.6 percent), stand out from the rest.

MFF is inversely related to household income. The MFF rate of mothers in the bottom quintile of the income distribution (9.1 percent) is twice that of mothers in the top quintile (4.5 percent). Prevalence does not decline smoothly with income, however. The bottom two quintiles have nearly identical rates, as do quintiles three and four. Mothers who receive means-tested public assistance have a rate nearly double that of other mothers (12.6 versus 7.1 percent) and are four times more likely to have higher-order MFF.

As one might expect, a woman’s relationship history is strongly related to her MFF status. The rate among mothers who have been divorced (15.6 percent) is twice that among mothers who have never married (7.6 percent), which is, in turn, nearly twice the rate among mothers still in their first marriage (4.4 percent).

Most strongly related to a mother’s MFF status is the age at which she began childbearing. Looking only at mothers who have all their biological children living with them (to ensure that a mother’s oldest resident child is her eldest), we find, for example, that mothers who had their first

child before sixteen have an MFF rate of 25.7 percent, more than six times the rate for mothers who were over 24. Even women aged 20 to 24 when they had their first child have an MFF rate more than twice that of women who were over 24.

Trends in women's multipartnered fertility, 1985-2008

MPF is widely assumed to be rising, and there is evidence of a rise among American men (Guzzo and Furstenberg 2007a; Manlove *et al.* 2008). Strikingly, we find no upward trend for women. MFF among SIPP mothers has hovered around eight percent since 1985. This lack of trend, however, conceals significant – and offsetting – trends in subgroups: convergence in subgroup rates, and changes in the relative size of some subgroups.

The gap in MFF between low- and high-propensity groups has shrunk over time. Figures 1 to 4 chart MFF rates over time for subgroups defined by ethnicity, by education, by marital history, and by household income, respectively. The MFF rate increased gradually among non-Hispanic white mothers (Figure 1), more educated mothers (Figure 2), mothers still in their first marriage (Figure 3), and mothers in the highest income quintile (Figure 4). The same figures show that MFF declined markedly among African-American mothers, mothers who never finished high school, mothers who have never married, and mothers in the lowest income quintile.¹

The absence of upward trend in the overall MFF rate may surprise observers for whom the most salient trend has been the increasing proportion of births that are to unmarried mothers. Indeed, over the 23-year period spanned by SIPP, the proportion of SIPP mothers who are never-married rose considerably (by 5, 7, and 11 percentage points among non-Hispanic white, African-American, and Hispanic mothers, respectively). All else equal, one might well expect a corresponding rise in the national MFF rate. However, two other demographic trends – rises in the age at which mothers first give birth and in their educational attainment – have offset it.

¹ In each figure, the MFF rate for some subgroups is implausibly volatile from one year to the next, particularly in the earlier SIPP surveys. While that noisiness may be partly explained by the smaller sample sizes of the earlier surveys, it also raises broader questions about SIPP's representativeness in those surveys, questions beyond the scope of this study.

The age of first-time mothers in SIPP rose markedly (by 3.4 years, 2.5 years, and 1.2 years for non-Hispanic white, African-American, and Hispanic mothers, respectively). Of particular import for MFF is the dramatic decline in teen childbearing. The fraction of SIPP mothers with a teen birth fell among white and African-American mothers (by 6 and 10 percentage points, respectively). Within the growing subset of mothers who have never married, it fell even more (by 12 and 15 percentage points among white and African-American mothers, respectively).

Similarly, educational attainment rose among SIPP mothers. The percentage who had not finished high school fell (by 15, 12, and 8 points among African-American, Hispanic, and white mothers, respectively), while the percentage with education beyond high school rose (by 37, 34, and 22 points among white, African-American, and Hispanic mothers, respectively).

Delayed childbearing and higher educational attainment translate into shrinkage of groups with a high propensity for MFF – teen mothers and high school dropouts – and corresponding growth in lower-propensity groups. These two trends, and the concomitant decrease in MFF within the high-rate groups, help explain the lack of upward trend in the national MFF rate.

Situating SIPP findings

Our MFF estimates are conservative, for several reasons. First, they are most likely biased downward by the omission of non-resident children from SIPP. A SIPP mother may have grown children who have moved out, or minor children living elsewhere, perhaps with other kin. Every absent child represents another possible case of MFF. Second, many SIPP mothers have not yet finished having children; some will later experience MFF that we cannot observe. Third, we must exclude mothers whose children have grown and left home. Meanwhile, cohort effects aside, we expect more MFF among those mothers, because they are the most likely to have finished childbearing and thereby reached their maximum exposure to MFF. These three factors likely cause us to understate MFF.

That expectation is borne out by comparisons with Meyer *et al.*'s (2005) estimate for Wisconsin welfare recipients (itself a lower bound due to incomplete paternity data) and with Guzzo and Furstenberg's (2007b) estimates (also likely to be on the low side due to Add Health's under-representation of high school dropouts). Restricting our sample to Wisconsin mothers on aid in the 1996 and 2001 surveys – to make it comparable to Meyer *et al.*'s 1999 sample – we find MFF rate of 27 percent, well below Meyer *et al.*'s 39 percent figure. Restricting our sample to women aged 19-25 in the 2001 survey – to make it more comparable to Add Health's sample – we find an MFF rate of 2.6 percent, below the 3.2 percent rate in Add Health. Non-Hispanic white women have a rate of 2.5 percent in SIPP versus 2.7 percent in Add Health. SIPP's understatement appears greater among African-American women (3.2 percent versus 6.6 percent in Add Health) and smaller among Hispanic women (2.6 percent versus 2.7 percent in Add Health).

Our findings also establish that studying men's MPF cannot substitute for studying women's. Male and female MPF rates can—and clearly do—diverge. As mentioned earlier, MPF appears to be rising among men, but we find no evidence of a secular rise among women. The contrast between men and women is even sharper when one considers higher-order MPF. Whereas 3 percent of men aged 35-44 in 2002 had children by three or more women (Guzzo and Furstenberg 2007a), only 0.3 percent of women aged 35-44 in the 2001 SIPP had children by three or more men. These differences point to the value of analyzing men and women's MPF separately.

Conclusion

Our results, even viewed as lower bounds, confirm that multiple-father fertility is widespread: at least one woman in twelve has children by more than one man. That calls for intensified investigation of its effects on children and families, and of its root causes. Policymakers owe it explicit attention in the design of programs and policies meant to protect child and family well-being -- such as welfare programs, child-support laws, and marriage initiatives -- which were not originally designed with such families in mind. Our corroboration of its concentration in the

most vulnerable populations only underscores the importance of greater attention to this phenomenon.

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Table 1
Number of men who fathered a mother's resident children, by number of children,
in 2008 SIPP

Number of resident children	One father	Two Fathers	Three fathers	Four fathers	Totals	<i>MFF rate (%)</i>
1	3,605				3,605	
2	4,037	395			4,432	8.6
3	1,674	269	31		1,974	15.2
4	514	96	10	7	627	18.3
5	106	25	4	1	136	21.6
6 or more	70	24*			94	25.4
Percentage of all mothers	92.48	7.13	0.34	0.06	100.0	Overall MFF rate (%): 7.52
Totals	10,006	809	45	8	10,868	

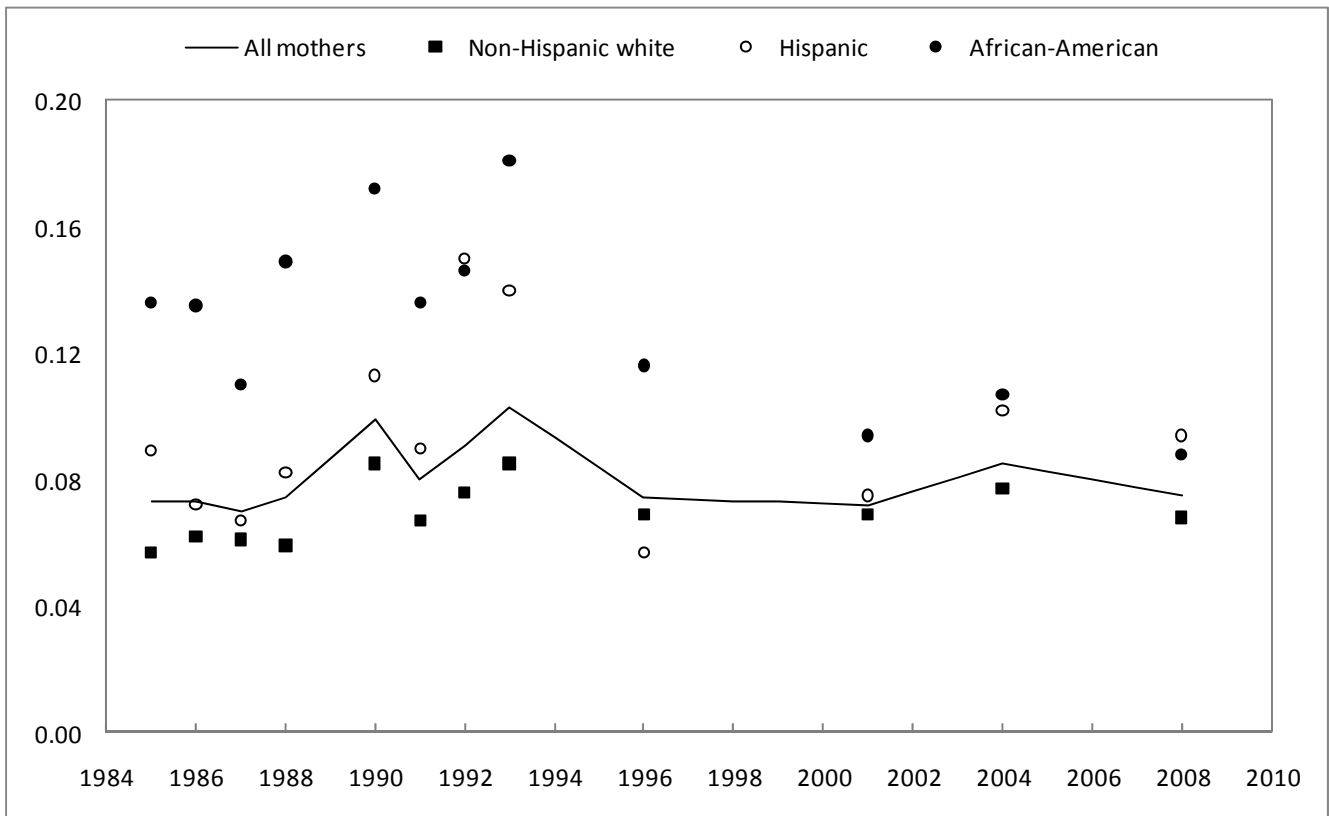
*Notes: Data from 2008 SIPP. Unit of analysis is a mother with resident children. Percentages and MFF rates weighted to be nationally representative. *Two or more fathers.*

Table 2
Number of men who fathered a woman's children, by mother's characteristics: 2008

Subgroup	N	Number of fathers				MFF rate (percentage)
		One Father	Two Fathers	Three fathers	Four fathers	
<i>By ethnicity:</i>						
Non-Hispanic white	6,445	5,974	446	21	4	6.8
Hispanic	1,878	1,694	173	11	0	9.2
African-American	1,394	1,268	113	10	3	8.6
Native American	685	616	65	3	1	9.9
Asian	466	454	12	0	0	2.6
<i>By income quintile:</i>						
Bottom quintile	2,168	1,951	190	23	4	9.1
Second quintile	2,167	1,966	190	10	1	8.9
Middle quintile	2,170	1,994	167	6	3	7.7
Fourth quintile	2,411	2,233	174	4	0	7.3
Top quintile	1,927	1,838	87	0	0	4.5
<i>By receipt of public aid:</i>						
Recipients	895	780	100	13	2	12.6
Non-recipients	9,973	9,226	709	32	6	7.1
<i>By mother's marital history:</i>						
Still in first marriage	6,527	6,226	297	2	2	4.4
Never married	1,720	1,575	117	23	5	7.5
Has been divorced	2,621	2,205	395	20	1	15.4
<i>By mother's age at first birth:*</i>						
Age 15 or younger	74	57	15	0	2	25.7
Age 16 or 17	331	268	55	8	0	19.2
Age 18 or 19	799	670	118	9	2	15.1
Age 20 to 24	2,411	2,146	249	14	2	10.3
Age 25 or over	5,166	4,956	205	4	1	4.0

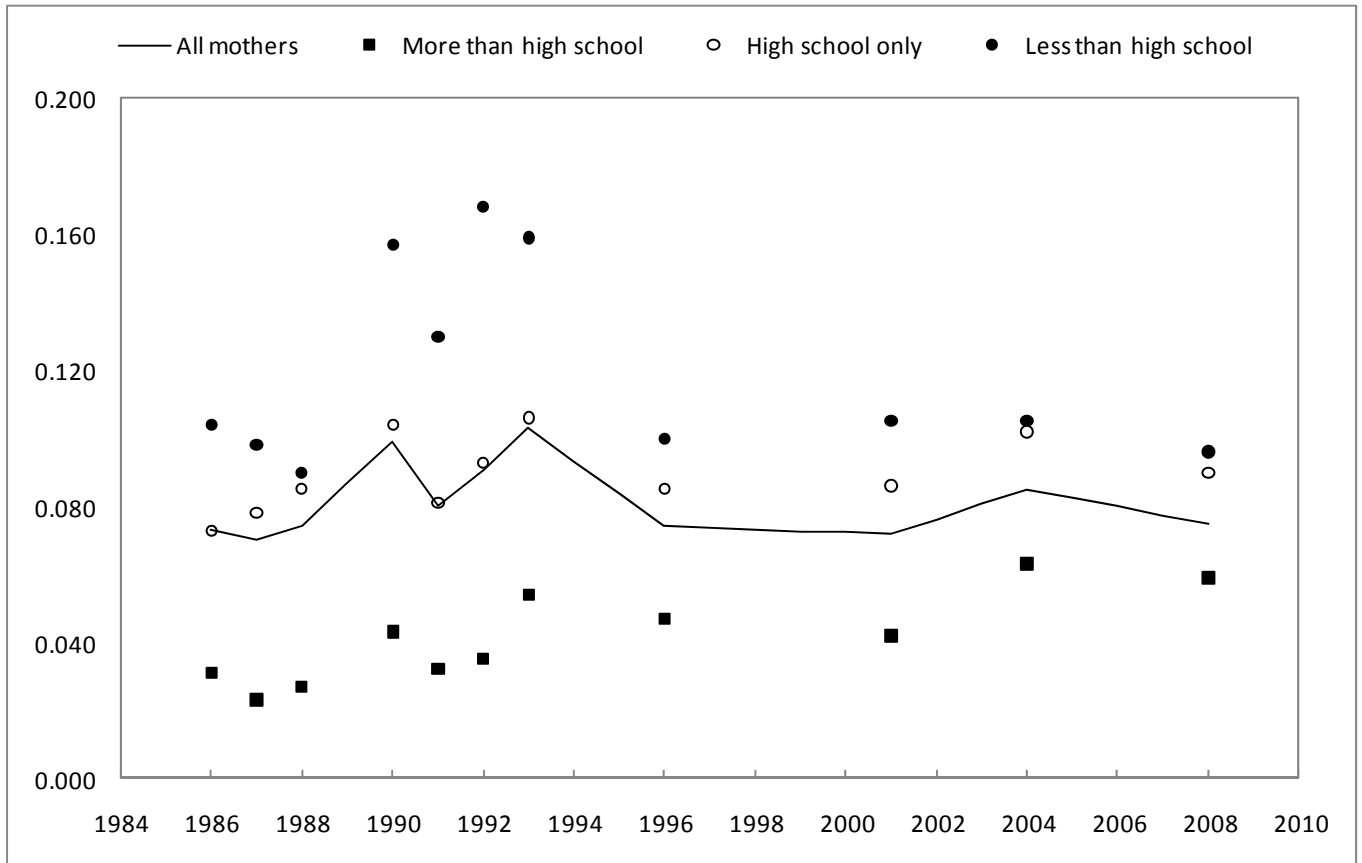
*Notes: Data from 2008 SIPP. Unit of analysis is a mother with resident children. Sample sizes are not weighted. Multiple-father fertility (MFF) rates are weighted to be nationally representative. * Unit of analysis is a mother with all of her biological children residing in her household.*

Figure 1
Fraction of mothers with children by more than one man, by ethnicity



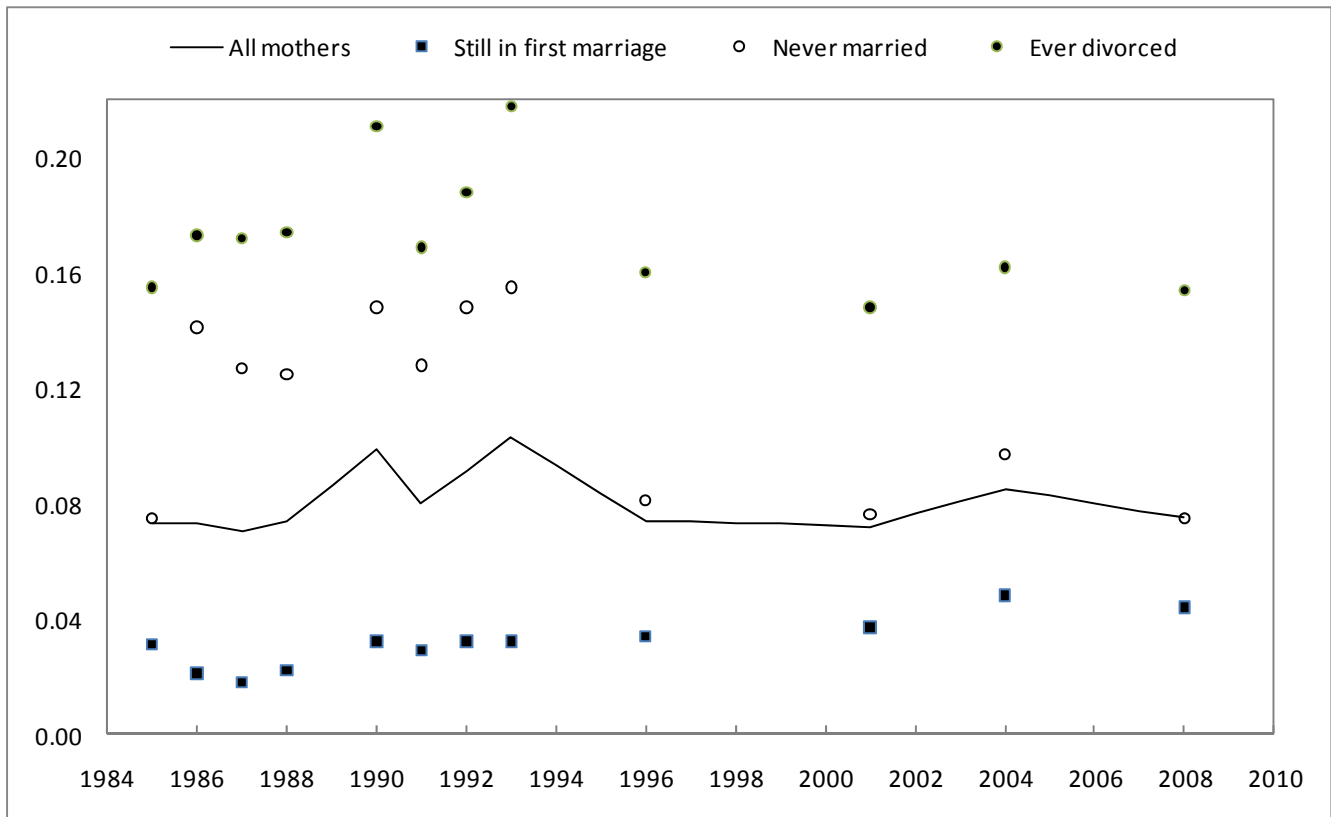
Notes: Data from 1985-1988, 1990-1993, 1996, 2001, 2004, and 2008 SIPP panels. N for each subgroup is not weighted. MFF rate is weighted.

Figure 2
Fraction of mothers with children by more than one man, by mother's level of education



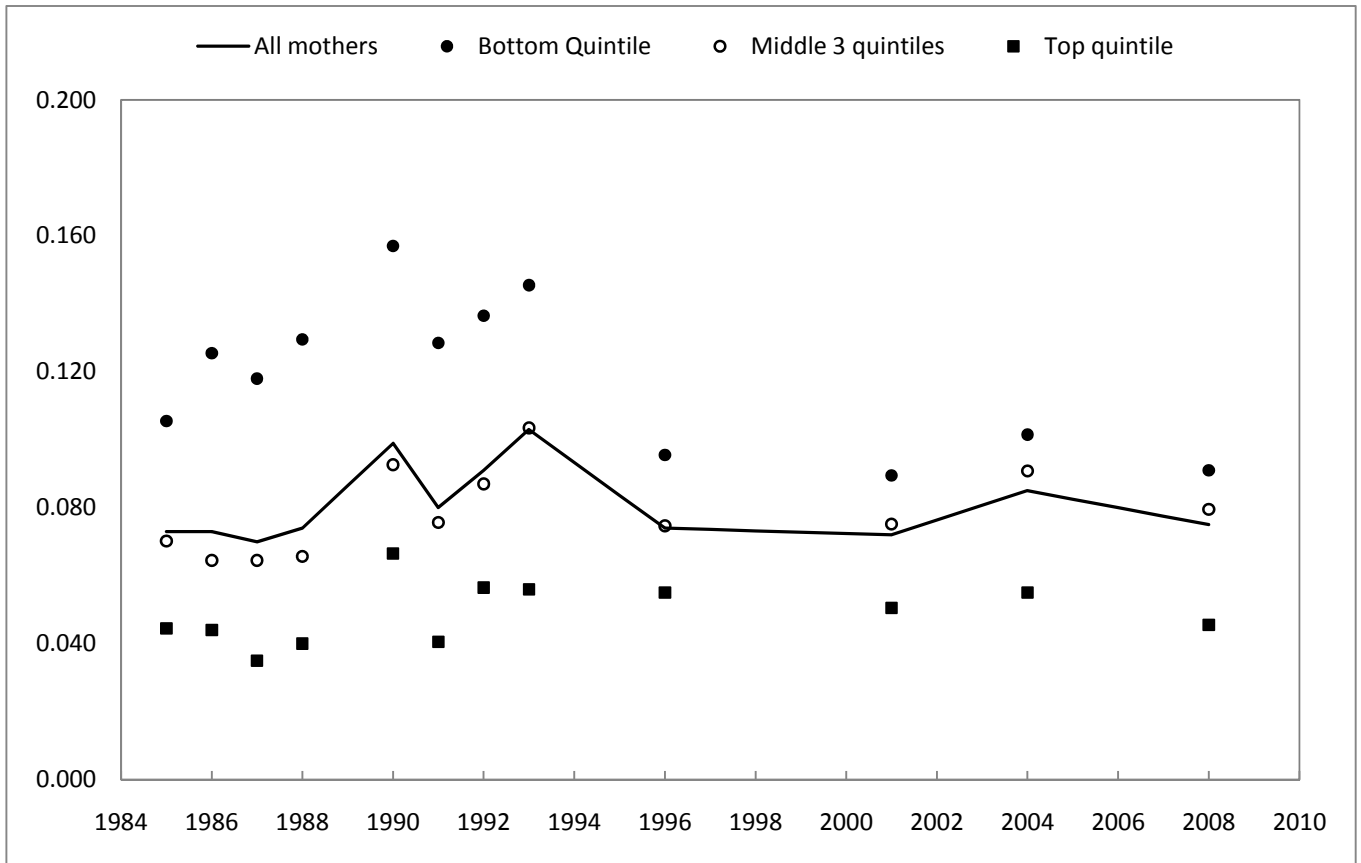
Notes: Data from 1986-1988, 1990-1993, 1996, 2001, 2004 and 2008 SIPP panels, weighted to be nationally representative.

Figure 3
Fraction of mothers with children by more than one man, by marital history



Notes: Data from 1985-1988, 1990-1993, 1996, 2001, 2004 and 2008 SIPP panels, weighted to be nationally representative.

Figure 4
Fraction of mothers with children by more than one man, by income quintile



Note: Data from 1985-1988, 1990-1993, 1996, 2001, 2004 and 2008 SIPP panels, weighted to be nationally representative.