

More Kin, Less Support:
Multipartnered Fertility and Perceived Support among Mothers

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Abstract: Recent research has documented the high prevalence of having children with more than one partner, termed “multipartnered fertility.” Because childbearing is an important mechanism for building kin networks, we theorize that multipartnered fertility will influence the availability of social support for mothers. Analyzing three waves of data from the Fragile Families study ($N = 12,132$), we find that multipartnered fertility is negatively associated with the availability of instrumental support, particularly financial support. Our longitudinal evidence suggests a bidirectional relationship in which multipartnered fertility reduces the availability of support, and the availability of support inhibits multipartnered fertility. We conclude that smaller and denser kin networks seem to be superior to broader but weaker kin ties in terms of perceived instrumental support.

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In U.S. families as in much of the world, kin networks represent an important source of instrumental support for parents and children. Childbearing is an important mechanism for uniting separate maternal and paternal kin networks, each of which may be a source of instrumental support for families with children. Many parental relationships eventually dissolve, and many parents subsequently have children with a new partner. Following the convention of recent research, we refer to childbearing with more than one partner as *multipartnered fertility* (Carlson and Furstenberg forthcoming). As with all childbearing, multipartnered fertility affects the structure of kin networks, uniting multiple maternal and paternal kin networks. In this paper, we are interested in whether and how multipartnered fertility is associated with the instrumental support available from a mother's social network.

Multipartnered fertility has become quite prevalent in the U.S. Among 40% of recent urban births, either the mother or the father had a child with a previous partner, and this proportion will increase because it is not based on completed parity (Carlson and Furstenberg forthcoming). Multipartnered fertility may occur within or outside of marriage but is more common in unmarried families for two reasons: the relationships of unmarried parents have a high rate of dissolution and unmarried parents are younger on average than married parents, both of which will increase the opportunity for multipartnered fertility. Among a recent urban birth cohort, nearly 60% of unmarried couples and 20% of married couples had at least one child from a previous relationship.

Multipartnered fertility has substantial implications for the landscape of U.S. families. High rates of multipartnered fertility imply that a significant proportion of children will be raised in a household apart from a biological parent, usually apart from their father. Many will also have biological half-siblings in their household or in another household. This separation of family from household has implications for the quality of mother-father, father-child, and sibling relationships (Carlson and Furstenberg forthcoming) and may also have effects on the structure and quality of ties to the entire extended family network. Because multipartnered fertility expands the size of kin networks, multipartnered fertility may create a larger safety net for mothers to draw upon. However, given that multipartnered fertility results from break-ups and re-partnering and many childbearing relationships were never formalized by marriage, the strength of the connections between mothers and their larger kin networks may be weak.

In this paper, we examine whether multipartnered fertility is associated with mother's perceptions of the availability of instrumental support. We pool three waves of data from the Fragile Families and child wellbeing study to see if mother's multipartnered fertility or father's multipartnered fertility is related to mother's perceptions of support. Then, we use longitudinal data to disentangle whether multipartnered fertility influences future perceived support, whether perceived support influences future multipartnered fertility, or whether both are occurring. We compare and contrast our findings across these three domains of instrumental support: the availability of financial assistance, a place to live, or child care.

Background

In the following section, we review prior research on perceived instrumental support and on stepfamilies, which motivate our paper, and we describe our theoretical framework and hypotheses.

Instrumental Support from Social Networks. Throughout the life course, U.S. families are involved in a bi-directional exchange of instrumental and emotional support (Rossi and Rossi 1990). Social support plays a particularly significant role in the lives of parents (Eggebeen and Hogan 1990; Hogan, Eggebeen and Clogg 1993), especially those with low income (Bengtson 2001; Jackson 1998; Stack 1974).

Kin support networks may serve a “coping” function, which involves the provision of wide-ranging instrumental supports such as money, child care and other in-kind assistance (Briggs 1998). Social support networks (primarily kin) are substantial providers of child care (Kisker and Ross 1997), financial transfers (Haider and McGarry 2005; Henly, Danziger and Offer 2005; Hogan, Hao and Parish 1990), and housing for low-income parents (Angel and Tienda 1982; Haider and McGarry 2005). Research shows that the provision of these resources translates into measurable gains for mothers in terms of increased employment (Angel and Tienda 1982; Gordon, Chase Landsdale and Brooks Gunn 2004; Harknett forthcoming) and reduced hardship (Haider and McGarry 2005; Henly, Danziger and Offer 2005).

Most prior studies on instrumental support from kin networks measure the actual support that was provided. These measures of actual support combine two very different underlying concepts: having social network support available and needing support at a given point in time (Sarason, Sarason and Pierce 1990; Thoits 1982). A mother may be embedded in a social network that is willing and able to help when needed, but at a given

moment she may not be receiving help simply because she does not need it. Therefore, the best off and worst off mothers are both likely to report that they did not receive instrumental support. Because of the conceptual ambiguity involved in analyzing actual support received, our paper takes the approach of measuring the potential to draw on social network support when needed, as perceived and reported by mothers.

Analyzing perceived support has the important advantage of disentangling the availability of support from the need for support. Perceiving that instrumental support is available if needed can be considered unambiguously advantageous. One criticism of measures of perceived support is that they may be capturing an individual, personality characteristic, rather than a characteristic of a social network (Sarason, Sarason and Pierce 1990). If this is the case, then perceived support may be a proxy for individual resources and resiliency.

Two recent studies of low-income parents find that perceived social network support is associated with better economic circumstances. Henly, Danziger, and Offer (2005) find that, among a random sample of welfare recipients in Michigan, perceived social network support is associated with reductions in poverty and hardship. The findings were robust to extensive controls for prior social support and material wellbeing, suggesting that for this sample of mothers, perceived support likely indicates the actual availability of support to these mothers. Another recent study finds that perceived support is related to increased employment and earnings and reduced reliance on welfare among single mothers in three U.S. counties (Harknett forthcoming). Based on these studies, perceived support appears to be an important predictor of family well-being.

Previous Research on Stepfamilies. Stepfamilies formed through the sequential process of childbearing within marriage followed by divorce, remarriage, and childbearing in a new marriage are a special case of multipartnered fertility that have received considerable research attention. A large research literature has examined how family complexities resulting from divorce and remarriage influence the composition of social networks and the support available through these networks (Ambert 1988; Cherlin 1978; Cherlin and Furstenberg 1994b; Curran, McLanahan and Knab 2003; Eggebeen 1992; Furstenberg, Hoffman and Shrestha 1995; Goetting 1990; Lye 1996). Research on married stepfamilies may be applicable to the more general phenomenon of multipartnered fertility within or outside of marriage, and, in any case, represents the most relevant prior research. No research that we know of has empirically examined the relationship between multipartnered fertility, more generally, and instrumental kin support.

Cherlin and Furstenberg (1994a) describe the ambiguities in kinship ties that results from divorce, remarriage, and nonmarital childbearing. Research findings have been mixed in terms of how divorce affects social support (Lye 1996). In terms of support from the maternal grandparents, some studies find that divorced parents receive lower levels of support (Umberson 1992), whereas others find that divorce increases parental social support (Marks and McLanahan 1993; Spitze et al. 1994).

While the support mothers get from paternal kin most certainly declines with divorce (King et al. 2003), some evidence suggests that paternal kin continue to provide some support to mothers following a divorce (Anspach 1976; Cherlin and Furstenberg 1986; McCannell 1987). The kinship ties generated by non-marital childbearing may not

be as strong as those generated by marriage; therefore, it is unclear whether paternal kin continue to provide support to mothers after nonmarital childbearing relationships end (Cherlin and Furstenberg 1994a).

After one relationship ends, re-partnering through remarriage or multipartnered fertility appears to influence both maternal and paternal networks. Mothers appear to perceive less support from their own kin when they remarry and gain step-children. Ceballo et al. (2004) find that recent adoptive and biological parents reported receiving more instrumental support from their parents than recent step-parents did. Similarly, Coleman et al. (1997) find that adults report considerably weaker obligations to step-grandchildren than to grandchildren. There is little research on how remarriage influences support from the paternal kin network, but one study, based on a small and geographically limited sample, suggests that remarriage has no effect (Anspach 1976).

Re-partnering also influences support from previous childbearing partners. Hill (1992) analyzes 100 divorced couples longitudinally and finds that when mothers remarry, the prior father reduces his financial support. Fathers may also be less supportive because of increased demands from their new obligations. Furstenberg (1995) proposed that fathers are likely to “swap families,” that is, a father diminishes his support to children from a prior relationship when he has a child with a new partner. Research has largely supported Furstenberg’s hypothesis. Recent research analyzed two waves of the National Surveys of Families and Households (NSFH) and found that a noncustodial father is less likely to visit his children and less likely to pay child support after he has subsequently had a child with a different partner (Cooksey and Craig 1998; Manning and Smock 1999; Manning and Smock 2000). Consistent with these prior studies, a recent

cross-sectional study based on one wave of the NSFH finds that fathers who have children from multiple partners are less likely to pay child support or to visit children from their prior relationship (Manning, Smock and Stewart 2003).

Based on these studies, we can expect mother's multipartnered fertility to reduce support from prior fathers. We also expect father's multipartnered fertility may diminish his resources for the mother and family. Both of these effects suggest diminished support as a result of multipartnered fertility, whether it is mothers' or fathers', but for different reasons.

Multipartnered Fertility and Exchange Relationships. Childbearing is an important mechanism for building kin networks, but not all kin ties will translate into instrumental support. We theorize that multipartnered fertility will influence kin support via its effects on the structure of networks and on the strength and quality of kinship ties and that these influences will vary for mothers' and fathers' multipartnered fertility.

We expect mother and father multipartnered fertility to have different effects on kin networks because of the strong tendency for mothers to retain custody of children when a relationship dissolves. Assuming the norm of maternal custody, we expect mother's multipartnered fertility to expand the number of networks from which a mother can potentially draw support. When mothers have children with one father, the mother develops kinship ties with one paternal family network. When mothers have children with two fathers, the mother develops kinship ties with two paternal family networks. Therefore, mother's multipartnered fertility creates a more extensive kinship network. The expanded kin network may or may not translate into gains in social support.

Because mothers' own multipartnered fertility results in larger social networks, multipartnered fertility may be associated with greater levels of perceived support. Lin (1999) proposed that the "extensivity" of social networks is associated with more social resources and, in fact, larger social networks have been shown to be associated with greater levels of perceived social support (Cutrona 1986; Saulnier and Rowland 1985). Even weak ties with extended family and friends have been shown to be a substantial and useful portion of support networks (Wellman and Wortley 1990). Therefore, regardless of the strength of the network ties, larger networks may be associated with more perceived instrumental support. However, based on the research on stepfamilies reviewed above, our expectation is that the more extensive networks generated by multipartnered fertility will not translate into gains in perceived support.

We expect mothers with multipartnered fertility to perceive less social support than mothers without multipartnered fertility. While mothers may have kinship ties to a larger number of people, the strength of ties among the network may not be as strong (Cherlin and Furstenberg 1994a). Theoretically, close, dense ties are expected to be most valuable for providing coping support (Lin 1999). However, multipartnered fertility may be associated with weaker ties to kin in a mother's network for several reasons. Multipartnered fertility may be associated with family boundary ambiguity, defined as "the family not knowing who is in and out of the family system" (Boss and Greenberg 1984). Family boundary ambiguity has been shown to blur the lines of kinship in stepfamilies (Stewart 2005) and cohabiting families (Brown and Manning 2004). Multipartnered fertility may also weaken the norms of obligation and potential return on exchange in social networks. Social exchange theory posits that exchange occurs

between individuals with an expectation of reciprocity (Emerson 1976). Multipartnered fertility may undermine exchange relationships if kin networks question the likelihood of mothers' reciprocity because of her competing obligations or because of weak social ties.

We do not expect fathers' multipartnered fertility to expand mothers' support networks, because his child will typically live with his former partner. Furthermore, father's multipartnered fertility may commit the father and the paternal kin network to supporting children in multiple households and may diminish the support and resources that the father and his kin have to give. We expect father's multipartnered fertility to increase the demands for support placed on the father's kin. Depending on whether the father's kin remain involved with his children from prior relationships, his kin network may have less to offer the mother of his recent child.

Theoretically, multipartnered fertility may influence perceived support from social networks. At the same time, social networks may play a role in determining whether multipartnered occurs in the first place. The literature on teen or nonmarital childbearing argues that social networks, in particular parents, influence the transition to childbearing (Furstenberg 2003; Geronimus 2003; Houseknecht and Lewis 2005). Research suggests that mothers have a strong influence on the timing of their daughters' childbearing (Barber 2000). Networks more generally impose norms and expectations that condition individual's childbearing decisions, as Geronimus (2003) argues:

Recognition of a group's norms, sensitivity to its social control messages, and the need for social support from the group limit the range of behavior among individual group members. In practice, individuals will not always fulfill their

cultural ideals, but group recognition of these ideals generates social expectations, sanctions, and norms that regulate individual behavior. (pp. 884-885)

The logic in theories of familial and network social control can be extended to multipartnered fertility. Women's families of origins and their social networks are likely to convey normative messages and expectations about childbearing that include the acceptability of having children with more than one partner. We expect closer social network ties to discourage multipartnered fertility. Conversely, we expect that women who lack social support will be more likely to seek out a romantic partner to provide support and more likely to have a child with that new partner.

Demographic and socioeconomic characteristics. Multipartnered fertility is not a random occurrence. Mincy (2002) found African American parents have much higher rates of multipartnered fertility than their counterparts in other racial and ethnic groups. Not surprisingly, older mothers have higher rates of multipartnered fertility because they have had longer fertility histories (Carlson and Furstenberg forthcoming; Mincy 2002). Taking these age and racial correlates of multipartnered fertility into account is important, because we expect that they may also be related to social support (Burr and Mutchler 1999; Lye 1996; Sarkisian and Gerstel 2004).

The availability of social support may be correlated with the socioeconomic characteristics of a mother's social network. Evidence is mixed on the relationship between socioeconomic status and social support. Some studies find that higher education and income are associated with greater levels of received support (Eggebeen and Hogan 1990; Lee and Aytac 1998), while others find the opposite or no relationship (Jayakody 1998; Jayakody, Chatters and Taylor 1993).

Social support may be influenced by the strength of the mother's relationship with the father of the recent child. Fathers represent a potentially important source of instrumental support for mothers (Edin and Lein 1997). When fathers are not providing support to mothers and children, kin and friends may step in to fill the void (Edin and Kefalas 2005). Research finds that social networks and levels of exchange differ by marital status (Liebler and Sandefur 2002).

Cohabitation tends to be less stable than marriage and is somewhat ambiguous in terms of accompanying roles and expectations (Cherlin and Furstenberg 1994a; Cherlin 1978). Therefore, kin and grandparents in particular, may be more reluctant to support their adult child who is cohabiting instead of married. Lee and Smock (2003) find that cohabiting couples report receiving less child care than married couples. Several other studies find that adult children who are cohabiting report worse relationships with parents and less support received than married children (Eggebeen 2005; Hao 1996; Marks and McLanahan 1993; Nock 1995).

We control for mother's parity because her number of children may influence the availability of social support and be correlated with multipartnered fertility (Lawton, Silverstein and Bengtson 1994). Surprisingly little research examines the effects of parity on social support, but some evidence from small, select samples that support from family members is greater for first time parents (Belsky and Rovine 1984).

Immigrants' perceived support from social networks may differ from non-immigrants, either because of the needs and obligations associated with immigrating (Glick 1999; Glick and Van Hook 2002) or differences in the norms regarding the use of public and private support (Hao 2003). A mother's ill health may interfere with her

maintenance of social ties and her ability to fulfill expectations of reciprocity in an exchange network.

The support available from mothers' networks may vary depending on whether mothers were raised by two biological parents. Parental divorce has been found to affect transfers between parents and adult children (Lye 1996). Finally, we control for whether mothers and fathers are a different race or ethnicity, because these couples may perceive less kin approval of their relationship (Vaquera and Kao 2005) and may perceive less support from their networks as a result.

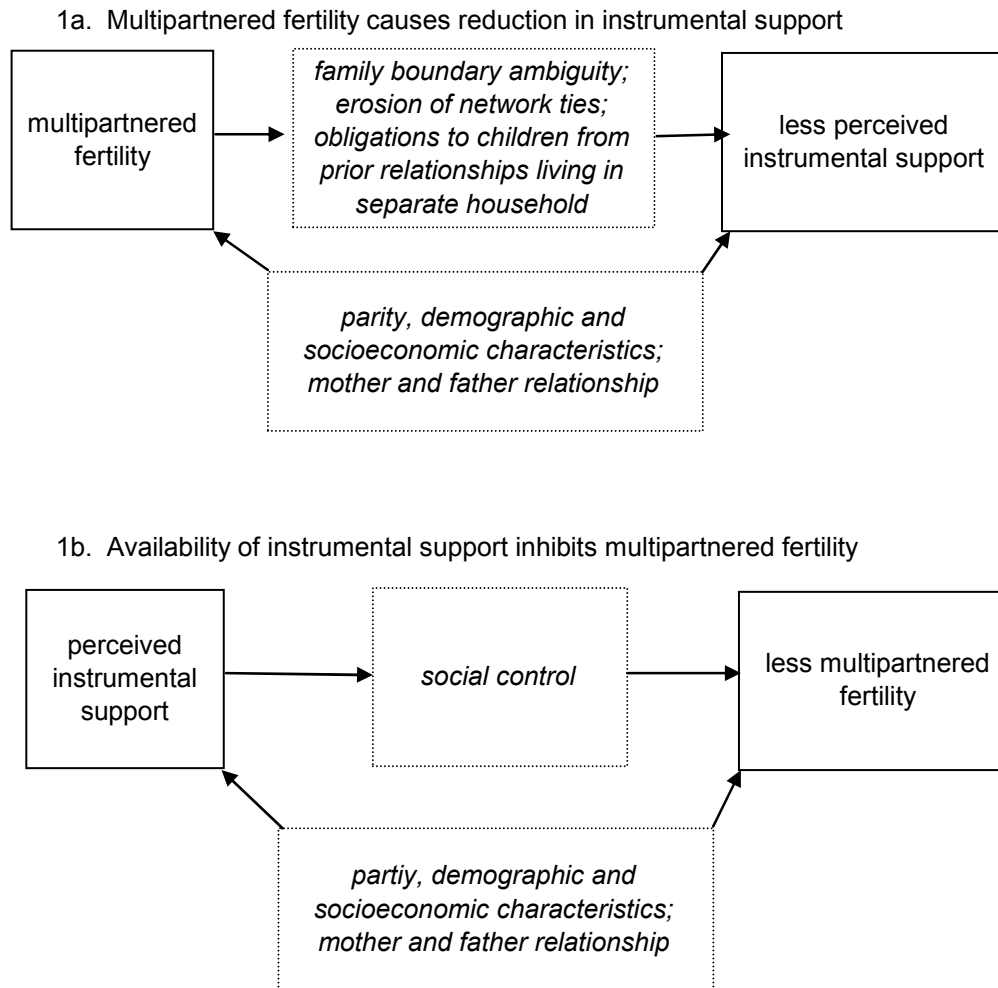
Hypotheses. The hypothesized relationships between perceptions of support and multipartnered fertility are depicted in Figure 1. As shown in the pathway marked (1a), we hypothesize that multipartnered fertility will be associated with less perceived support because of family boundary ambiguity and weaker ties in the kin network formed through multipartnered fertility and (particularly in the case of father's multipartnered fertility) because kin have commitments to support children from prior partners living in separate households. The pathway labeled (1b) depicts our hypothesis that a lack of perceived support may increase the risk of a mother's future multipartnered fertility.

Figure 1 shows that parity, demographic and socioeconomic status, and mother and father's relationship status may be correlated with both multipartnered fertility and perceived support. All of our models control for mother's parity. We present results with and without controls for demographic and socioeconomic characteristics and mother and father's relationship status, which we expect will partially explain the relationship between multipartnered fertility and perceived support.

Prior research does not provide sufficient evidence for us to formulate hypotheses about particular types of perceived support in financial, housing, or child care areas.

Therefore, our comparison of particular types of support is exploratory.

Figure 1. Conceptual Diagram



Data

The data for this paper come from the Fragile Families and Child Wellbeing Study, a longitudinal study of a U.S. birth cohort of 4,898 children born between 1998 and 2000. The study oversampled non-marital births to facilitate analyses of unmarried parents. Reichman et al. (2001) provides more details on the design of the Fragile

Families study. In this paper, we analyze data from surveys administered to mothers at baseline, one- and three-year follow-ups.

The Fragile Families sample is drawn entirely from large, urban areas. The sampling frame for the study was limited to cities of 200,000 people or more. The urban sample is likely to differ in perceived support from a rural sample. Prior research has found that children in urban areas live farther away from grandparents compared with children in rural areas and that this distance is associated with less support and involvement from grandparents (King et al. 2003). Other research suggests that levels of social support are similar in urban and rural areas (Amato 1993) and does not vary by proximity (Belsky and Rovine 1984), but that support is more likely to come from non-kin and less likely to come from relatives in urban areas. Because we expect that multipartner fertility may affect support from kin and non-kin differentially, our results based on an urban sample may not generalize to rural areas.

For each mother, we have data on perceived support and multipartnered fertility in each of the three survey waves. For the first portion of the analysis, we pool the three waves of data. The initial person/wave sample size is 14,694. We exclude 1599 records (11% of the sample) because of mother non-response to a follow-up survey. We exclude an additional 972 observations (7% of the sample) because they were missing data for a key measure, yielding a final sample size of $N = 12,123$. Our analyses adjust standard errors for the non-independence of observations and the data are weighted to adjust for the oversampling of non-marital births.

Perceived social network support. The dependent variables in our analysis measure mothers' perception that social networks would provide different types of

instrumental assistance if they were needed and span three areas: financial assistance, a place to live, and child care assistance. In the baseline survey, mothers were asked: During the next year, if you needed help, could you count on someone in your family to... Loan you \$200? Provide a place to live? Help with babysitting or child care? Then, in one- and three-year follow-up surveys, mothers were asked similar questions about the availability of social network support over the subsequent year: If you needed help during the next year, could you count on someone to loan you \$200? Is there someone you could count on to provide you with a place to live? Is there someone you could count on to help you with emergency child care?

Baseline questions ask specifically about support available from *family*, whereas the one- and three-year questions ask more broadly about support available from *someone*. In practice, we expect that the majority of social support for mothers comes from family. However, the overall amount of perceived support may be underestimated at birth if mothers exclude support from friends from their reports of perceived support available. Nevertheless, we find that perceptions of support available are greater at baseline than at the three-year point for mothers with and without multipartnered fertility. The change in wording of the child care question between baseline and 1 and 3-year follow-ups (from “babysitting or child care” to “emergency child care”) did not appear to be consequential. The slight decline in perceived child care support between baseline and 1-year was similar in magnitude to the slight decline in perceived housing and financial support, for which wording did not change.

In our analysis we analyze the perceived availability of support in these three areas using three dichotomous outcome variables. We also include a dependent variable

indicating that the mother has someone to provide all three types of support if needed. For this summary variable, 1 = *perceived financial, housing, and child care support* and 0 = *lacks at least one type of support among perceived financial, housing, or child care support*. Between 0 and 6% of mothers responded “don’t know” to the questions about perceived support, and these responses were categorized as not having access to that type of support. The results we present are consistent with analyses in which these “don’t know” responses are excluded.

Multipartnered fertility. The main independent variables of interest in our analysis measure whether the mother and the father had a previous childbearing partner. We use mother reports for both mother and father’s multipartnered fertility, supplementing the mother reports with direct father reports when available. Most of the mother’s multipartnered fertility occurred prior to or in conjunction with the baseline interview. However, some mothers went from having no multipartnered fertility at baseline to having multipartnered fertility by the three-year follow-up. Father’s multipartnered fertility is only measured as of the baseline interview.

Demographic and socioeconomic characteristics. Demographic and socioeconomic control variables are based on mothers' survey reports. Mothers' parity is measured as a continuous variable indicating the number of children the mother had at baseline, including the birth that initiated the study. Mothers' race is measured with dummy variables for non-Hispanic white, Hispanic, and other race/ethnicity with Black, non-Hispanic as the omitted category. In this sample, most Hispanic mothers were Mexican-American. Mothers' education is measured with dummy variables indicating

high school education only or any college with less than high school as the omitted category. Mothers' age is included as a continuous variable.

We also include dummy variables, which indicate that the mother is an immigrant, had a child with a partner of a different race, that the mother reported ill health, and describing mother's relationship with father as married, romantically involved, friends, or hardly or never talk, with cohabiting as the reference cell.

Analytic Plan. Our multivariate analyses use logistic regression to model the log odds of perceiving that support is available in a given area as a function of multipartnered fertility and covariates:

$$(1) \quad \ln(p/1-p) = \alpha + \beta_1 MPF + \delta \mathbf{D}$$

where p is the expected value of the probability of perceiving that support is available, MPF is a dummy variable measuring the presence of multipartnered fertility, and $\mathbf{D}$ is a vector of demographic and socioeconomic control variables. We first control for parity, then add background characteristics, and lastly add relationship with father. We expect that the relationship with father may be endogenous with respect to multipartnered fertility. In other words, multipartnered fertility influences the relationship with father (Carlson, McLanahan and England 2004; Harknett and McLanahan 2004). Therefore, our last model may underestimate the relationship between multipartnered fertility and perceived support. Equation (1) is estimated for a parent-wave sample. Each mother is observed up to three points in time, and perceived support is measured at each of these three points.

We do not control for residential mobility or multigenerational households in our analysis because we expect living with other adults to be endogenous with respect to

multipartnered fertility. Multipartnered fertility may increase the chance that a family would move and reduce the chance that a family member would share their home; and, controlling for residential moves or household extension may conceal some of the effects of multipartnered fertility on perceptions of social network support. In separate analyses, we find that controlling for residential moves and household extension does not alter our findings. Further analysis of residential moves and household extension is beyond the scope of our paper, because of our focus on perceptions of potential support rather than on actual support received.

We would like to control for whether grandparents live nearby, but we do not have a measures of this. We do have measures of frequency of contact with grandparents and whether the grandparents are both deceased. Including these measures as controls does not alter our pattern of results. This suggests to us that the relationship between multipartnered fertility and perceived support is not explained by variations in the proximity of kin across families with and without multipartnered fertility.

The second stage of our analysis, represented by equations (2) and (3) below, provides evidence on the direction of causality in the relationship between multipartnered fertility and perceived support. Equations (2) and (3) use the longitudinal data (rather than pooling data across waves as in equation (1)) to establish the time ordering of the relationship between multipartnered fertility and perceptions of support.

Equation (2) examines the relationship between new multipartnered fertility and subsequent perceived support holding constant prior availability of support. Only mothers with perceived support at time $t-1$ (the one-year follow-up survey) were included in these analyses. The goal of equation 2 is to determine if a new incidence of

multipartnered fertility is associated with a loss of perceived support among those who formerly had support.

$$(2) \quad \ln(p_t/1-p_t) = \alpha + \beta_1 MPF_t + \delta \mathbf{D}_{t-1}$$

where p is either perceived financial, housing, or child care assistance; t is a subscript representing the time of the three-year follow-up survey; MPF is a dummy variable indicating mother's new multipartnered fertility between the one- and three-year follow-ups; and $\mathbf{D}$ is a vector of covariates measured at the one-year follow-up survey, including mother and father's multipartnered fertility, mother's parity, demographic and socioeconomic characteristics, and mother and father's relationship status. The coefficient of interest is β_1 , which indicates whether new multipartnered fertility is a significant predictor of subsequent perceived support.

Equation (3) reverses the dependent and independent variables from Equation (2) to examine whether perceived support at time $t-1$ is a significant predictor of new multipartnered fertility between time $t-1$ and time t .

$$(3) \quad \ln(f_t/1-f_t) = \alpha + \beta_1 L_{t-1} + \delta \mathbf{D}$$

where f is the expected value of the probability of mother's new multipartnered fertility between the one- and three-year follow-up interviews; L is a dummy variable indicating that mother perceived all three types of support at the one-year follow-up; and $\mathbf{D}$ is a vector of covariates including dad's multipartnered fertility, mother's parity, demographic and socioeconomic characteristics, and mother and father's relationship status. The coefficient of interest is β_1 , which indicates whether perceived support significantly predicts subsequent multipartnered fertility.

Results

Table 1 displays the characteristics of the sample pooled across three survey waves. Large majorities of mothers felt someone would be willing to loan them \$200 (88%), give them a place to live (88%), or provide child care (91%) if they needed it. Seventy-three percent of mothers perceived access to all three types of support. In our sample, 30% of mothers and 32% of fathers had children from a prior childbearing partner.

The average mother had two children and was 28 years old. About 50% of mothers had some post-secondary education and the rest of mothers were evenly divided between high school graduates and those with less than a high school education. The racial composition of mothers in the sample was 41% Black, 29% White, and 25% Hispanic; 19% of mothers were immigrants. In 14% of couples, mother and father were from a different race/ethnic group. Health and drug/alcohol problems were rare, reported by 6% and 2% of mothers, respectively. Half of mothers lived reported having lived with both parents at age 15. Half of mothers were married to the recent baby's father, about 27% were cohabiting, 10% were romantically involved, and 12% were just friends or hardly in contact with fathers.

Table 2 displays both the coefficients and odds ratios from regressions predicting that a mother perceives all three types of support. The results show that multipartnered fertility, whether it was the mother or the father's, was associated with lower perceptions of support available from mothers' social networks. Mothers who had previously had a baby with a different partner were less likely to think they could get all three types of support (financial, housing, and child care) from their networks relative to mothers who

had not had children with multiple partners. Similarly, mothers who had recently had a child with a man who had a previous child with a different partner were less likely to think they could get all three types of support.

Model 1 estimates the relationship between mother or father's multipartnered fertility and perceived support controlling only for mother's parity. Model 1 shows that mothers with multipartnered fertility had 61% the odds of perceived support in all areas compared with their counterparts without multipartnered fertility. When fathers had children with previous partners, mothers' odds of support were 69% that of their counterparts.

Model 1 shows that as the number of children increases, the perceptions of support decrease. The negative relationship between parity and support may result because of "network fatigue." In other words, higher-parity mothers may have exhausted the supply of support available from social networks on their previous children. Alternatively, perceptions of support may decline with parity if mothers have unrealistically high expectations of support when their first child is born, which they revise downward after realizing that support is less available than they had initially thought.

Model 2 takes into account differences in demographic and socioeconomic characteristics between families with and without multipartnered fertility. Taking into account, education, race, nativity, and the rest of the covariates in Model 2 narrows the difference in perceived support between multipartnered and non-multipartnered fertility families somewhat. The odds ratios on mother and father multipartnered fertility in Model 2 are .68 and .77, respectively, and remain significant at the .001 level.

Model 2 presents some evidence that perceived support is inversely related to need. Mothers with more education have greater perceptions of support, perhaps because these mothers have social networks with greater resources at their disposal. We also find that mothers' poor health is associated with significantly less support. Mothers in poor health may have worn out their social networks with previous requests for help or may have difficulty maintaining their network ties in light of their health issues. Perceived availability of support also seems to be related to traditional family structure. Mothers who lived with both parents at age 15 are more likely to perceive that support is available from their networks.

White mothers perceive significantly more support available than mothers of other race/ethnicities. This finding contributes to a recent literature, which has revisited and added nuance to arguments about the resiliency of African American extended families (McDonald and Armstrong 2001; Roschelle 1997; Sarkisian and Gerstel 2004). Mothers who are immigrants perceive less support than non-immigrants, perhaps because kin networks are disrupted by the act of immigration. Mothers who have recently had a child with a father of a different race/ethnicity perceive less support than mothers who had a baby with a racially/ethnically similar father. This may indicate that multiracial/ethnic relationships strain kin ties.

Model 3 further controls for the relationship of the mother with the father. As we mentioned previously, multipartnered fertility may act as an impediment to marriage. Therefore, controlling for parents' relationship status in Model 3 may lead us to underestimate the relationship between multipartnered fertility and perceived support. As it turns out, mother and father's relationship status explains a relatively small portion of

the difference in the odds of support between families with and without multipartnered fertility. The odds ratios on mother and father multipartnered fertility in Model 3 are .71 and .80, respectively. Both mother and father multipartnered fertility continue to be significantly related to lower perceptions of available support after controlling for the status of the relationship between the mother and father.

We find further evidence that perceived support is related to traditional family structure in Model 3. Married mothers are more likely to perceive that support is available than unmarried mothers.

The consistency of the relationship between mother and father's multipartnered fertility and perceived support is noteworthy given the tendency for mothers' prior children to live in her household and for father's prior children to live in a separate household with their biological mother. We expect that mother and father multipartnered fertility have similar effects on perceived support but for different reasons. Father multipartnered fertility spreads the paternal kin obligations across multiple households. Mother multipartnered fertility could lead to family boundary ambiguity, may weaken kin ties, or may be the effect of weak kin ties. Subsequent analyses provide some evidence on the direction of causality in the relationship between mother multipartnered fertility and perceived support.

Next, we estimate the relationship between multipartnered fertility and financial, housing, and child care assistance separately. Previous research provides little guidance on whether multipartnered fertility should be more strongly related to one type of assistance or another. Therefore, this portion of our analysis is exploratory.

Table 3 shows the relationships between multipartnered fertility and the three particular types of support including controls for background characteristics and relationships with father. The first model shows that both mother and father's multipartnered fertility are negatively associated with perceptions of financial support. Mother's multipartnered fertility is associated with .82 times the odds of perceived financial support and father's multipartnered fertility is associated with .74 times the odds of perceived financial support compared to their counterparts without multipartnered fertility. Father multipartnered fertility is more strongly related to mother's perceptions of financial support than mother's own multipartnered fertility is. The association between father's multipartnered fertility and lower perceptions of financial support is consistent with the theory that paternal resources are divided among previous and current children and partners and suggest that the theoretical transfer of paternal and paternal kin resources to the current family (dubbed "pop-swapping") is not universal (Furstenberg 1995).

The next two models of Table 3 show that mother and father's multipartnered fertility are only weakly related to perceptions of available housing and child care assistance. The direction of the relationship between mother and father's multipartnered fertility and these perceived supports are in the expected direction, but none is statistically significant at the $p < .05$ level.

Tables 2 and 3 were based on a pooled sample in which each mother was observed at three points in time. Table 4 takes advantage of the longitudinal data to provide evidence on the direction of causality in the relationship between multipartnered fertility and perceived support. Because Table 4 uses transitions to multipartnered

fertility over a short period of time as a key variable, our sample size is reduced and we are limited in our statistical power. Nevertheless, the results presented in Table 4 provide evidence consistent with both of the causal pathways proposed in the conceptual diagram displayed in Figure 1.

The first column of Table 4 restricts the analysis to those mothers who perceived that all three types of support were available at the time of the one-year follow-up interview. Of interest is whether a new incidence of multipartnered fertility is associated with a loss of perceived support at the time of the three-year interview. Indeed, Table 4 shows that mother's new multipartnered is associated with less perceived support subsequently. Mother's who perceived support at the one-year follow-up, but had a child with a new partner between waves 2 and 3 (about a two-year time gap), have odds of perceiving all three types of support 41% lower than mothers who did not have a child with a new partner. These results provide some evidence for a causal relationship in which multipartnered fertility weakens social network support.

Next, we consider whether a lack of social support is associated with future multipartnered fertility. The second model in Table 4 tests the reverse causal hypothesis depicted in diagram 1b of Figure 1. The sample is restricted to mothers without multipartnered fertility when the one-year interview took place. The question addressed is whether perceptions of support at the one-year interview are predictive of subsequent multipartnered fertility.

Results suggest that the perceived availability of support from one's social network inhibits multipartnered fertility and that a lack of support is associated with an increased risk of multipartnered fertility. Mothers who perceived all three types of

support at the one-year follow-up had 35% lower odds of going on to have multipartnered fertility at wave compared with mothers who did not perceive support at the one-year interview.

Discussion

We set out to observe the relationship between multipartnered fertility (i.e., having more than one childbearing partner) and the availability of social network support using new data from the Fragile Families and Child Wellbeing study. Theoretically, the relationship between multipartnered fertility and social network support is ambiguous. Multipartnered fertility may expand social networks and thereby enhance social support. Alternatively, the larger kin networks generated by multipartnered fertility may be more diffuse and may be characterized by “family boundary ambiguity” in which lines of responsibility for providing support are unclear. Another possibility is that the causal direction runs in opposite direction: social networks that provide instrumental supports may inhibit multipartnered fertility from occurring. Our expectation, based on previous research on stepfamilies, was that multipartnered fertility would be negatively associated with perceived social support.

Based on our findings, we can rule out the possibility that the larger kin networks associated with multipartnered fertility lead to increased availability of instrumental social support. To the contrary, we found an inverse relationship between multipartnered fertility and perceived instrumental support from social networks. During the three years following a recent birth, mothers or fathers with multipartnered fertility were less likely to perceive that instrumental support was available from their social networks compared

with their counterparts who had not engaged in multipartnered fertility. The association between multipartnered fertility and perceived instrumental support was robust to controls for parity, socioeconomic and demographic characteristics, and mother and father's relationship status. The relationship between multipartnered fertility and perceived instrumental support was similar whether the children with a previous partner were the mother or the father's.

The results clearly suggest that, although childbearing with multiple partners may expand the size of kin networks, these larger kin networks do not translate into greater availability of social network support in financial, housing, and child care areas. In contrast to the research on job seeking in which weak social ties confer benefits, in the case of kin networks, more diffuse networks do not seem to yield benefits for families in terms of perceived social supports.

Theoretically, the causal direction in the relationship between multipartnered fertility and social support is unclear. Multipartnered fertility may reduce the availability of social support, or social support may inhibit multipartnered fertility. Our longitudinal data supported both hypothesized causal directions. We find that mothers who engaged in multipartnered fertility during the follow-up period experienced a decline in their perceived instrumental supports. Consistent with research on teen and nonmarital childbearing, we also find that perceived instrumental support is associated with lower rates of future multipartnered fertility. Thus, it appears that lacking instrumental support is both a consequence and a cause of multipartnered fertility.

Some limitations of our research involve the measurement of our key variables. Our study relied on mothers' self-reports of perceived availability of instrumental support

in financial, housing, and child care areas, but we lack measures of the intensity or depth of support available to mothers. In particular, the measure of child care does not indicate whether child care is available on an ongoing, regular basis or only once in a while.

Also, questions about perceived support are open to a mother's interpretation as to what constitutes her family or support network. Mothers with and without multipartnered fertility may construe these questions differently. Lastly, question wording changed between survey waves. At baseline, mothers were asked about support available from their family and at the two follow-up waves mothers were asked more generally about support from their networks. Our analysis of patterns of change over time in perceived support for multipartnered and non-multipartnered fertility families suggested that the wording change did not bias our results.

Several important topics were beyond the scope of our paper. We theorized about the ways in which multipartnered fertility could influence support from particular kin and network members such as maternal grandparents or noncustodial fathers, but our analysis does not reveal whether mothers with multipartnered fertility get less support from parents, from previous partners, or some combination of social network members. Also, based on our data, we are unable to determine whether the lower perceptions of support reported by parents with multipartnered fertility resulted from the structure or the quality of their network ties. Our sample consists of the parents of a recent U.S. birth cohort in urban areas and we were unable to include non-urban families. Findings may differ in non-urban areas. Lastly, race and class are important correlates of childbearing and perceived support but an analysis of race and class were beyond the scope of our paper.

Our paper addresses a gap in the literature on family and kin structure. Whereas prior research has examined the effects of divorce and remarriage on children, family, and kin relations, the literature has often failed to acknowledge the parallel complexities that result from multipartnered fertility outside of marriage. Our paper takes a step forward by examining how the general phenomenon of multipartnered fertility, within or outside of marriage, is related to the availability of support from social networks. We demonstrate that the larger kin networks associated with multipartnered fertility do not translate into gains in perceived support. Instead, we find that families with broader kin networks have less support available. Our research suggests that, when it comes to material supports, smaller and denser kin networks seem to be superior to broader but weaker kin ties.

Multipartnered fertility has important implications for child wellbeing. Our paper suggests that as a result of multipartnered fertility children may be losing access to valuable resources from social networks. Multipartnered fertility occurs disproportionately among unmarried and African-American families. Therefore, a loss of perceived support resulting from multipartnered fertility may contribute to growing racial inequality among children and inequality across family structures. Because we find both that multipartnered fertility decreases support and that not having support is associated with future multipartnered fertility, the relationship we document between perceived support and multipartnered fertility may be self-reinforcing.

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Table 1

Mother Reports of Perceived Support, Fertility, and, Demographic Variables in Three-Wave Pooled Sample: Descriptive Statistics (N = 12,123)

Variables	<i>M</i>	<i>SD</i>
Perceived support: Loan \$200	.88	.33
Perceived support: Place to live	.88	.32
Perceived support: Child care	.91	.29
Perceived support: All three areas	.73	.44
Mother has multi-partnered fertility	.30	.46
Father has multi-partnered fertility	.32	.47
Mother's age	27.9	6.3
Mother's parity	2.0	1.12
Mother high school diploma	.26	.44
Mother any college	.48	.50
Mother White	.29	.45
Mother Black	.41	.49
Mother Hispanic	.25	.43
Mother not White, Black, or Hispanic	.05	.22
Mother immigrant	.19	.39
Mother in fair/poor health	.06	.24
Mother drug/alcohol problem	.02	.15
Mother lived with biological parents at age 15	.50	.50
Mother/Father of different race/ethnicity	.14	.34
Mother/Father married	.51	.50
Mother/Father romantically involved (not cohab)	.10	.30
Mother/Father just friends	.04	.20
Mother/father hardly/never talk	.08	.27

Note: Results are weighted to account for over-sample of non-marital births.

Table 2

Logistic Regression Analysis for Variables Predicting a Mother Perceives All Three Types of Instrumental Support (N = 12,123)

Predictor	<i>Model 1</i>		<i>Model 2</i>		<i>Model 3</i>	
	B (SE B)	Odds Ratio	B (SE B)	Odds Ratio	B (SE B)	Odds Ratio
Mother MPF	-0.50*** (0.08)	0.61	-0.39*** (0.08)	0.68	-0.34*** (0.08)	0.71
Father MPF	-0.37*** (0.07)	0.69	-0.26*** (0.07)	0.77	-0.23** (0.07)	0.80
Parity	-0.14*** (0.03)	0.87	-0.12*** (0.03)	0.89	-0.12*** (0.03)	0.88
High school diploma			0.38*** (0.09)	1.46	0.37*** (0.09)	1.45
Any college			0.67*** (0.09)	1.96	0.63*** (0.09)	1.88
Age			0.00 (0.01)	1.00	-0.00 (0.01)	1.00
White			0.69*** (0.10)	2.00	0.62*** (0.11)	1.86
Hispanic			0.22* (0.10)	1.25	0.18 (0.10)	1.20
Other non-Black race			0.17 (0.21)	1.18	0.12 (0.21)	1.13
Immigrant			-0.71*** (0.12)	0.49	-0.75*** (0.12)	0.47
Fair/poor health			-0.46*** (0.12)	0.63	-0.45*** (0.12)	0.64
Drug/alcohol problem			0.19 (0.21)	1.21	0.20 (0.20)	1.22
Lived with two parents			0.24** (0.08)	1.27	0.23** (0.08)	1.25
Different race/ethnicity			-0.27* (0.11)	0.77	-0.25* (0.11)	0.80
M/F Married					0.26** (0.09)	1.30
M/F romantic (not cohab)					-.01 (0.07)	0.99
M/F friends					0.10 (0.12)	1.11
M/F do not talk					-0.03 (0.08)	0.97
Constant	1.60		0.89		.95	
χ^2	177.04		414.97		422.65	
Df	3		14		18	

Note: Robust standard errors and includes control for clustering at the individual level.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3

Logistic Regression Analysis for Variables Predicting a Mother Perceives Someone to Loan her \$200, Provide a Place to Live, or Provide Emergency Child Care (N = 12,123)

Predictor	<i>Loan \$200</i>		<i>Place to live</i>		<i>Child care</i>	
	B (SE B)	Odds Ratio	B (SE B)	Odds Ratio	B (SE B)	Odds Ratio
Mother MPF	-0.19* (0.10)	0.82	-0.14 (0.10)	0.87	-0.18 (0.10)	0.84
Father MPF	-0.30*** (0.08)	0.74	-0.16 (0.09)	0.85	-0.16 (0.09)	0.85
Parity	-0.23*** (0.04)	0.80	-0.32*** (0.04)	0.73	-0.23*** (0.04)	0.79
High school diploma	0.32** (0.10)	1.37	0.29** (0.10)	1.34	0.29** (0.11)	1.33
Any college	0.65*** (0.11)	1.92	0.53*** (0.11)	1.69	0.45*** (0.12)	1.57
Age	0.01 (0.01)	1.01	-0.02* (0.01)	0.98	-0.02** (0.01)	0.98
White	0.61*** (0.14)	1.84	0.60*** (0.14)	1.83	0.52*** (0.14)	1.68
Hispanic	0.19 (0.11)	1.21	0.26* (0.11)	1.30	0.24 (0.13)	1.28
Other non-Black race	0.06 (0.24)	1.06	-0.05 (0.24)	0.95	-0.16 (0.24)	0.85
Immigrant	-0.75*** (0.12)	0.47	-1.04*** (0.12)	0.35	-0.59*** (0.14)	0.56
Fair/poor health	-0.47*** (0.13)	0.62	-0.45** (0.13)	0.64	-0.47** (0.15)	0.62
Drug/alcohol problem	-.08 (0.21)	0.93	0.15 (0.25)	1.16	0.34 (0.25)	1.40
Lived with two parents	0.32*** (0.09)	1.37	0.28** (0.09)	1.33	0.31*** (0.09)	1.37
Different race/ethnicity	-0.28* (0.13)	0.76	-0.30* (0.13)	0.74	-0.17 (0.13)	0.85
M/F Married	0.46*** (0.11)	1.58	0.39*** (0.11)	1.48	0.39*** (0.11)	1.47
M/F romantic (not cohab)	0.32*** (0.09)	1.37	0.27** (0.10)	1.31	0.35** (0.11)	1.42
M/F friends	0.25 (0.17)	1.28	0.11 (0.16)	1.12	0.52* (0.21)	1.69
M/F do not talk	-0.41*** (0.09)	0.67	-0.44*** (0.09)	0.65	-0.31** (0.09)	0.73
Constant	1.86		2.92		2.95	
χ^2	526.26		521.51		338.15	
Df	18		18		18	

Note: Robust standard errors and includes control for clustering at the individual level. * $p < .05$.

** $p < .01$. *** $p < .001$.

Table 4. *Logistic Regression Analysis for Variables Predicting a Mother Perceives All Three Types of Support at Wave 3 (among those perceiving all three types of support at Wave 2, N = 2,802) and Mother has Multipartnered Fertility at Wave 3 (among those with no MPF at Wave 2, N = 2,681)*

Predictor	<i>Perceives support</i>		<i>New MPF</i>	
	B (SE B)	Odds Ratio	B (SE B)	Odds Ratio
New MPF from wave 2-3	-0.53* (0.24)	0.59	-	-
All Support at wave 2	-	-	-0.42* (0.16)	0.65
Mom MPF at wave 2	-0.18 (0.17)	0.83	-	-
Dad MPF at wave 3	-0.09 (0.14)	0.91	0.36* (0.16)	1.43
Parity	-0.04 (0.07)	0.96	0.08 (0.10)	1.09
High school diploma	0.01 (0.18)	1.01	-0.54** (0.19)	0.58
Any college	-0.01 (0.18)	0.99	-0.92*** (0.21)	0.40
Age	-0.03* (0.01)	0.97	-0.05* (0.02)	0.95
White	0.34 (0.20)	1.40	-0.57* (0.24)	0.56
Hispanic	-0.35* (0.17)	0.71	-0.65** (0.21)	0.52
Other non-Black race	0.04 (0.40)	1.04	0.67 (0.41)	1.96
Immigrant	0.00 (0.22)	1.00	-1.22** (0.35)	0.30
Fair/poor health	-0.48* (0.24)	0.62	-0.07 (0.31)	0.93
Drug/alcohol problem	0.03 (0.39)	1.03	-0.29 (0.54)	0.75
Lived with two parents	0.34* (0.15)	1.40	-0.10 (0.17)	0.90
Different race/ethnicity	-0.22 (0.19)	0.80	0.06 (0.23)	1.06
M/F Married	0.03 (0.18)	1.03	-0.84** (0.29)	0.43
M/F romantic (not cohab)	0.24 (0.24)	1.28	-0.02 (0.25)	0.98
M/F friends	0.42 (0.54)	1.53	1.25** (0.39)	3.49
M/F do not talk	0.23 (0.22)	1.26	0.89*** (0.19)	2.44
Constant	3.08		-0.33	
χ^2	44.67		225.58	
Df	19		18	

Note: * $p < .05$. ** $p < .01$. *** $p < .001$.