



Family formation: A positive outcome for vulnerable young women?



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ABSTRACT

While marriage and childbirth are generally considered positive adult outcomes, it is not clear that this holds true among low income young women. Beyond adolescent parenting, little empirical data exists on various types of family formation in this population. The aims of this study were twofold: (1) to understand predictors of type of family formation (e.g., none, childrearing, marriage, or both) among 4385 young women with childhood histories of poverty and/or maltreatment; and (2) to explore whether family formation patterns were associated with negative adult behavioral and health outcomes. Results of the AIM 1 multinomial regression analysis of family formation indicated that the likelihood of childrearing with or without marriage increased with an increase in the number of adolescent risk behaviors after controlling for the maltreatment and/or poverty histories. Among women with maltreatment histories, early onset maltreatment was associated with childrearing or marriage compared to no family. Among previously maltreated women, predictors of family formation varied according to prior poverty history. AIM 2 Cox regression results indicated that having children with or without marriage was associated with a higher risk of negative outcomes after controlling for maltreatment and adolescent risk factors. Bivariate analyses suggested that most of the increased risk was associated with having at least two children. Findings underscore the importance of preventing adolescent risk behaviors among low income and maltreated girls as well as early and unplanned births among vulnerable young adult women.

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1. Introduction

The transitional period between late adolescence through the late 20s has been identified as a unique developmental stage in which particular milestones such as forming intimate partnerships are expected (Arnett, 2006). In the US, family formation, commonly defined as marriage or becoming a parent, typically occurs during this period. As of 2014, the median age at first marriage for women is 27 and men is 29 years (U.S. Census Bureau, 2014) and average age of becoming a first-time mother is 26 years (Bichell, 2016). Marriage is generally associated with a range of positive outcomes for adults and children, including better emotional and physical health (Liu, Elliott, & Umberson, 2010; Musick & Bumpass, 2012). It is hypothesized that such benefits might be stronger for women because of being both more sensitive to and more emotionally and physically affected by the quality of marriage (Kiecolt-Glaser & Newton, 2001). It is not clear, however, if this generally positive association holds for vulnerable sub-groups of young adults with prior histories of trauma or poverty. While childbirth in adulthood is rarely considered a negative outcome, this may vary by context. Childrearing both in and out of marriage may be associated with poorer

outcomes in young adults if there is significant impact on socioeconomic status, constraints on sleep and exercise, partner stress, and/or challenges associated with readiness and planning (Broussard, Joseph, & Thompson, 2012; Burgard & Ailshire, 2013; Herd, Higgins, Sicinski, & Merkurieva, 2016).

Of course outcomes associated with family formation may be impacted by factors associated with marriage and childrearing. Both poverty and trauma history may affect family formation in multiple ways. Childhood victimization and trauma can impinge on the individual's capacity to form stable positive relationships (Whisman, 2006). Socioeconomic disadvantage is associated with early parenting and early marriage (Coyne & D'Onofrio, 2012; Meade, Kershaw, & Ickovics, 2008; Whitehead, 2009). Such early family formation has been linked to negative outcomes in later adulthood, especially for already at-risk young adults (Wickrama, Conger, Wallace, & Elder, 2003). Childhood poverty and experiences of maltreatment are strongly associated with one another (Drake, Lee, & Jonson-Reid, 2009; Pelton, 2015). Despite this, little work (e.g. Allwood & Widom, 2013; Colman & Widom, 2004; Thornberry, Krohn, Augustyn, Buchanan, & Greenman, 2015) has been done on family formation for adults with histories of abuse or neglect and poverty. Prior studies have focused mainly on teen parenting or relationship quality among sexual abuse survivors. While both men and women may be impacted by such factors, the increased likelihood of women being sole caregivers of children, make the study

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of the range of family formation types particularly key to understanding this population.

The current study helps fill this gap in knowledge by exploring how childhood poverty and maltreatment histories are related to subsequent family formation among young adult women and then exploring how family formation patterns are associated with other adult behavioral and health outcomes. Because of the focus on young women in this study, the background literature is also similarly targeted.

1.1. Background

1.1.1. Economic disadvantage and family formation

Several studies have found that marriage is associated with positive outcomes for adults and children (Liu et al., 2010; Musick & Bumpass, 2012). There are, however, a host of caveats. Some research indicates distressed marriages may be particularly harmful to the mental and physical health of women (Gibson-Davis, Edin, & McLanahan, 2005). Another concern is that marriage and early motherhood may not operate in the same way for very low income and otherwise vulnerable populations. Socioeconomic disadvantage has been associated with early parenting and early marriage (Coyne & D'Onofrio, 2012; Meade et al., 2008; Whitehead, 2009). Very early family formation has been linked to negative outcomes in later adulthood, especially for already at-risk young adults (Wickrama et al., 2003), but this association is complex. Research indicates that poor women are less likely to be married and more likely to have children outside of marriage than non-poor women (Edin & Reed, 2005). Lichter, Graefe, and Brown (2003) found that women from disadvantaged family backgrounds (including poverty and single-parent families) had more children outside marriage, were more likely to live in poverty, and had substantially lower rates of subsequent marriage after childrearing than other women. That same study found that, among those lower income women who did marry and stayed married, their long term economic status was better than never married or divorced women. Thus, poverty may impact early family formation and type of family formation which, in turn, impact longer term socioeconomic status (Thornberry et al., 2015). Poverty is associated with a host of negative outcomes across behavioral and health domains.

1.1.2. Child maltreatment and family formation

A history of child maltreatment has also been associated with early family formation. The Relational Model of Women's Psychological Development suggests that healthy connections with others are fundamental to women's psychological wellbeing (Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1982; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Disconnections or violations within relationships (such as maltreatment), arising at personal or familial levels, disrupt women's psychological development (Covington & Surrey, 2000). Hypothetically, the increased prevalence of mental health and behavioral problems among survivors of maltreatment may then complicate their ability to form adult relationships (Jonson-Reid, Drake, & Kohl, 2009; Nikulina, Widom, & Czaja, 2011; Reyome, 2010). Findings regarding the association between maltreatment and an increased or decreased likelihood of later marriage, however, have been mixed (Cherlin, Burton, Hurt, & Purvin, 2004; Colman & Widom, 2004; Southerland, Casanueva, & Ringeisen, 2009).

With two exceptions, research on childrearing and maltreatment has focused on adolescent parenting. Southerland et al. (2009) found that transition age youth (age 18–21 years) who were involved in child maltreatment investigations as adolescents were more likely to begin parenting early. Another study found that adolescent girls or young women with histories of foster care were at a somewhat greater risk of early child rearing though the magnitude of risk associated with foster care as compared to prior maltreatment per se was unclear (King, Putnam-Hornstein, Cederbaum, & Needell, 2014). An investigated report of maltreatment increased the risk of teen pregnancy by about 60% in a study controlling for family and community poverty as well

as other youth risk behaviors (Garwood, Gerassi, Jonson-Reid, Plax, & Drake, 2015). Both sexual abuse and neglect in childhood have been linked to early sexual behavior and risk for early parenting (Brown, Cohen, Chen, Smailes, & Johnson, 2004; Davis & Petretic-Jackson, 2000; Hahm, Lee, Ozonoff, & Van Wert, 2010; Noll & Shenk, 2013; Thompson & Neilson, 2014). However, in other studies maltreatment type has not been key to outcomes once recurrent maltreatment was controlled (Jonson-Reid, Kohl, & Drake, 2012) suggesting cumulative exposure may be more important than type of maltreatment, over time.

1.1.3. Poverty, maltreatment, and adolescent risk indicators

Both poverty and child maltreatment are associated with an increased likelihood of risky behaviors and poor health outcomes throughout childhood and adolescence (Bender, 2010; Bright, Kohl, & Jonson-Reid, 2014; Jonson-Reid et al., 2009; Yoshikawa, Aber, & Beardslee, 2012). There are several possible mechanisms that may explain associations between early family formation, trauma and risk and negative adult outcomes. It is possible that the relationship between maltreatment and developmental problems in adolescence may lead to what Liu et al. (2010) refer to as a continuity of adaptation into young adulthood that is not impacted by family formation. On the other hand, a small literature suggests that later adult outcomes may be associated with early social risk behaviors leading to early family responsibilities which in turn are associated with poor adult health (Oxford et al., 2005; Wickrama et al., 2003). Another possibility is that there is a direct overwhelming connection between maltreatment and later negative adult outcomes that is stronger than any buffering impact of family formation (Allwood & Widom, 2013; MacMillan et al., 2001; Sperry & Widom, 2013). Negative adult outcomes within a vulnerable population may also reflect the import of cumulative risk rather than paths stemming from individual forms of trauma, early family formation, or other risk indicators (Chartier, Walker, & Naimark, 2010; Edwards, Holden, Felitti, & Anda, 2003). Or the trauma associated with maltreatment and/or intermediary risk factors may result in poor partner selection. At least one study found that a tendency to select antisocial partners may exacerbate the link between child maltreatment and adult criminal behavior among women (Lee, Herrenkohl, Jung, Skinner, & Klika, 2015).

The present study helps fill some of the remaining gaps in understanding the relationship of poverty and maltreatment to young adult family formation among women and the subsequent association of family formation types with negative behavioral, health, and mental health indicators. Study aims, research questions and hypotheses follow.

Aim 1: To understand the association of maltreatment, poverty and other childhood risk factors to family formation (none, children only, marriage only or both) in young adulthood.

(1.1) Are family formation patterns associated with childhood history of maltreatment alone, poverty alone or a combination among young adult women controlling for other factors? Hypothesis: The association of maltreatment and poverty with rearing children outside marriage suggests a higher rate of non-married childbirth among women with histories of both maltreatment and poverty compared to poverty or maltreatment alone.

(1.2) Are there differences in patterns of family formation among women with a prior maltreatment history by type, onset, and recurrence of maltreatment or placement into foster care? The literature specific to maltreatment characteristics and family formation is not sufficient to suggest hypotheses.

Aim 2: To understand the association of family formation (none, children only, marriage only or both) to negative adult outcomes, controlling for child and adolescent risk factors.

(2.1) Are family formation patterns associated with negative adult outcomes? Hypotheses: Given prior research, there will be an increased risk of negative outcomes for single parents as compared to young women who are married only or married with children.

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