Reproductive Behavior and Nonmarital Cohabitation in the United States: Historical Change and Variation in Contraceptive Use

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September 21, 2007

Extended Abstract

The reproductive behavior of cohabitors can provide important insight into the norms and function(s) of cohabitation within the larger U.S. family system. Prior studies offer careful investigations of patterns of conception, childbearing, and the planning status of births to cohabitors (e.g. Manning 2001; Musick 2002). Although contraceptive use is a key proximate determinant of fertility (Bongaarts 1978; Davis and Blake 1956), remarkably little is known about patterns of contraceptive use among cohabiting women. Indeed, despite considerable growth over the past 25 years in the normative acceptability and prevalence of cohabitation, our most complete study to date on the association between union status and patterns of contraceptive use draws on data from 1982 (Bachrach 1987). Still less is known about how the association between union status and contraceptive use may vary across racial and ethnic groups, despite great interest in understanding variation across groups in the meaning and function of nonmarital cohabitation. The current analysis addresses two overarching questions which bring new evidence to bear on debates regarding change and variation in the meaning of cohabitation in the United States. First, did patterns of contraceptive use among cohabitors change during the last two decades of the 20th century? Second, do patterns of contraceptive use among contemporary cohabiting women vary by race and ethnicity?

BACKGROUND

Social scientists have devoted considerable attention to understanding how cohabitation fits into the larger family system in the United States. The association between cohabitation and reproductive behavior is of particular interest, as the prevalence of childbearing is a commonly-cited feature distinguishing marriage from cohabitation (e.g. Musick 2002; Seltzer 2000). Yet the proportion of births occurring within marriage has declined in recent decades, whereas the proportion of births occurring to cohabiting women has increased. In the early 1990s, 12% of all births, and fully 39% of all nonmarital births, were to cohabiting mothers. Comparable figures for the early 1970s were 5% and 28%, respectively (Raley 2001: Table 4). At the individual level, cohabitation increases the likelihood that an unmarried woman will conceive and give birth and cohabitors have higher rates of *planned* births than do non-cohabiting single women (Manning 2001; Musick 2002, 2007). Many argue that these findings highlight cohabitation's importance in the U.S. family system, and that cohabitation has become more "marriage like" in its nature over time.¹

¹ Although growth over time in the proportion of births to cohabitors is attributed to increases in the proportion of women cohabiting rather than to changes in union formation behavior surrounding

As the meaning of cohabitation may be heterogeneous across groups (or even within couples over time) (e.g. Phillips and Sweeney 2005; Seltzer 2000), social scientists have also explored race and ethnic differences in patterns of fertility among cohabitions. For example, Black and Hispanic cohabiting women are more likely than White cohabiting women both to become pregnant and to give birth within their cohabiting unions (Manning 2001; Musick 2002).² Levels of childbearing within cohabitation are similar to those within marriage for Black but not White women (Loomis and Landale 1994).³ Hispanic women are also more likely than White women to report that a child conceived during cohabitation was planned (i.e. not mistimed or unwanted) (Manning 2001; Musick 2002). Taken together, this body of work suggests that cohabitation is a more acceptable context for childbearing among Hispanics than Whites, although the evidence is less clear among Black women. Whereas Black women are more likely than White women to bear children within cohabitation, they are no more likely to report that a particular birth was intended (Manning 2001; but see Musick 2002). This suggests that high levels of fertility among Black women in cohabitating unions may be more about life circumstances than attitudes.⁴

By investigating patterns of conception, childbearing, and planning status of births, prior research offer important insights into the acceptability of cohabitation as a context for childbearing. Yet we are still left with an incomplete picture of reproductive behavior among cohabitors. Demographers have long called for attention to the "proximate determinants" of fertility, or those factors which directly influence fertility by reducing the probability of conception or fetal loss, such as frequency of sex and contraceptive practice (e.g. Bongaarts 1978; Davis and Blake 1956; Hobcraft and Little 1984; Stover 1998). This approach seems particularly important given that 75 percent of unintended pregnancies among never-married women, and 53 percent of unintended pregnancies among previously-married women, are thought to end in abortion (Brown and Eisenberg 1995, p. 41). Yet abortion is notoriously underreported in survey data, and shown to be more severely underreported among unmarried than among married women (Fu et al. 1998; Jones and Forrest 1992). Abortion is more likely when a woman (or her partner) is highly motivated to end a pregnancy, which may reflect the acceptability of having a birth within a particular partnership context. In this case both a terminated pregnancy and no pregnancy may reflect the low acceptability of a particular union as a context for childbearing (Manning 2001). But whether a conception ends in abortion will also relate to a woman's views (or her partner's views) about the acceptability of abortion more generally. In this case, relying solely on differentials in levels of childbearing or reported conceptions across union statuses to draw conclusions about the meaning of cohabitation becomes more problematic. An investigation of the proximate determinants of fertility offers another window into the influence of union status on reproductive behavior.

pregnancies (Raley 2001), the fact remains that cohabitation has become more important over time as a context for childbearing.

² Manning's (2001) sample is limited to never married women, whereas Musick's (2002) sample includes both never-married and previously-married women.

³ Loomis and Landale (1994), however, find rates of childbearing in cohabitation and marriage to be similar for economically disadvantaged White women.

⁴ As noted by Musick (2002), however, the most striking feature of childbearing among Black women is that the vast majority of births occur to women who are neither cohabiting nor married.

Although a number of scholars point to the availability of highly effective birth control as a factor facilitating historical growth in the prevalence of nonmarital cohabitation (e.g. Cherlin, 2002; Prinz, 1995), relatively little is actually known about patterns of contraceptive use among cohabiters. In her important analysis of data from the 1982 cycle of the National Survey of Family Growth (NSFG), Bachrach (1987) found cohabitation among never-married cohabitors to be associated with high levels of contraceptive use, providing support for the hypothesis that cohabitation is normatively childless for never-married women. She found formerly-married cohabitors to be less consistent users of contraception, with patterns more closely reflecting those of married women. This suggests that cohabitation might have provided a more acceptable context for childbearing among previously-married women than among never-married women. But Bachrach's data are now fully 25 years old, and little is known about how patterns of contraceptive use among cohabitors may have changed over time. This seems a particularly relevant question given substantial growth since the early 1980s in the acceptability of nonmarital sex, nonmarital childbearing, and cohabitation (e.g. Thornton and Young-DeMarco 2001), and in the proportion of people spending some time living with an unmarried partner (e.g. Bumpass and Lu 2000). Furthermore, Bachrach's study did not consider potential variation across racial and ethnic groups in the association between union status and contraceptive use. Finally, Bachrach did not distinguish between reversible and non-reversible methods of contraception – a critical distinction for individuals who intend to have future births. Her analysis also grouped condoms -one of the most commonly used methods -- together with substantially less effective methods such as withdrawl.

Using data from the 1982 and 2002 cycles of the NSFG, the current research investigates variation in contraceptive behavior among single, cohabiting, and married women. I investigate change over time in the association between union status and contraceptive use in the United States, and consider variation in this association among White, Black, and Hispanic women. I distinguish cohabitation among the never married from cohabitation among the previously married. I also glean additional insight in the reproductive behavior of cohabitors by paying careful attention to the effectiveness of methods used and to whether a method is reversible or suitable only for individuals who have completed their childbearing.

DATA AND METHODS

This research relies on data from the 1982 (Cycle 3) and 2002 (Cycle 6) of the NSFG, conducted by the National Center for Health Statistics. Covering a two-decade span of dramatic family change in the United States, the 1982 survey was the first in the series to include never-married women and to directly gather information about their cohabiting partners. The 2002 study is the most recently released wave of data from the NSFG. Both studies cover U.S. women ages 15-44.⁵ The 1982 NSFG includes interviews with 7,969 women and oversampled Black and teenage women. The 2002 NSFG includes interviews with 7,643 women and oversampled Blacks, Hispanics, and individuals ages 15-24. The NSFG is particularly appropriate for the current analysis as detailed information is gathered on contraceptive method use and union status and sample sizes are reasonably large. Moreover, the similar design of the various waves of the study facilitates an

⁵ The 2002 NSFG also interviewed men, but these data are not used in the current analysis.

analysis of change over time. I eliminate women from the analysis who are not at risk of becoming pregnant at the time of the survey because they are already pregnant, are postpartum, or have never had sex. This leaves an analytic sample of 5,668 women for the 1982 data (including 141 never-married cohabitors and 70 previously-married cohabitors) and 6,097 women for the 2002 data (including 504 never-married cohabitors and 136 previously married cohabitors).

The first stage of the analysis offers a descriptive investigation of the association between union status and contraceptive use. I first consider change over time, comparing patterns of contraceptive use among women in the 1982 NSFG to women in the 2002 study (Tables 1 and 2). I then compare patterns of contraceptive use reported in the 2002 NSFG among White, Black, and Hispanic women (Tables 3a, 3b, and 3c). Descriptive statistics from both data sets are weighted to adjust for the probability of selection, non-response, and post-stratification adjustment by age and race. I classify contraceptive use as "*most effective*" (female and male sterilization), "*most effective – reversible*" (pill, IUD, other hormonal methods), "*effective*" (diaphragm and male condom), "*less effective*" (periodic abstinence, withdrawl, and other methods), and "*no method*" (no sex in past three months,⁶ seeking pregnancy, and other reasons). For the sake of parsimony, I only display contraceptive methods in the tables when they are used by at least one percent of women within any of the union status groups.

The second stage of this study (in progress) offers a multivariate analysis of the association between union status and contraceptive use. Using a series of logistic regression and multinomial regression models, I ask whether associations between cohabitation and contraceptive use identified in the first analysis stage can explained by variation across groups with respect to background factors such as age, duration of relationship, educational attainment, and parity. The analyses will be conducted using Stata's survey estimation procedures, with standard errors corrected for the complex sampling design of the NSFG.

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⁶ Of course, abstinence is itself a "method" of birth control, but is grouped under the subhead "no method" for purposes of presentation.

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