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## Marriage Following Adolescent Parenthood: Relationship to Adult Well-being

*Research suggests that adult marriages confer benefits. Does marriage following a teenage birth confer benefits similar to those observed for adults? Longitudinal data from a community sample of 235 young women who gave birth as unmarried adolescents were used to examine this question. Controlling for socioeconomic status and preexisting "benefits," we found that marriage conferred small, though statistically significant, benefits with regard to less economic adversity and less marijuana and polydrug use but no observable benefits with regard to alcohol or other drug use, poverty, psychological well-being, or high school completion, in contrast to prior findings. We conclude that in addition to the marriage benefits observed, stable intimate relationships, whether marital or not, appear to confer psychological benefits in this sample.*

Research consistently has shown that relative to the unmarried, married adults experience greater well-being on a number of factors, including greater affluence over the life course, less substance abuse, less depression, lower suicide rates,

better physical health, longer lives, greater happiness and well-being, more emotional satisfaction with partners, and better sex lives (e.g., Burman & Margolin, 1992; Coombs, 1991; DeKlyen, Brooks-Gunn, McLanahan, & Knab, 2006; Hirschl, Altobelli, & Rank, 2003; Ross, Mirowsky, & Goldstein, 1990; Stack & Wasserman, 1995; Waite, 1995). These benefits have been observed not only in the United States but in other developed nations as well (Stack & Eshleman, 1998). The economic benefits of marriage are presumed to arise from an economy of scale (i.e., "two can live cheaper than one"), and greater well-being is presumed to stem from the relationship itself in terms of the availability of mutual support, nurturance, companionship, and so forth (Brown, 2000; Lamb, Lee, & DeMaris, 2003). A critical issue is the causal direction of the effects: Does marriage confer enhanced well-being or are persons with greater well-being more likely to be selected as marriage partners? Most earlier studies used cross-sectional data to compare married and unmarried persons and thus could not rule out a selection effect.

Results to date on this question of causal direction have been mixed largely because there is a paucity of longitudinal studies that have attempted to disentangle the direction of these effects. An exception is Lamb et al.'s (2003) longitudinal study in which they tested for, but found no evidence of, a selection effect with regard to depression, education, employment, income, or physical disabilities. In fact, the authors found that marriage reduced depression, consistent with findings of Simon (2002) and Simon and

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Marcussen (1999). In contrast, two longitudinal studies in Europe, one from Germany (Stutzer & Frey, 2006) and the other from Norway (Mastekaasa, 1992), found evidence of selection effects. In both studies, single persons who had greater well-being were more likely to marry. Data from the U.S. Fragile Families and Child Wellbeing study showed that mental illness among single mothers reduced the likelihood of transition to marriage (Teitler & Reichman, 2008). Similar results were obtained by Forthofer, Kessler, Story, and Gotlib (1996) using data from the National Comorbidity Study. Thus, the issue of selection effects versus marriage benefits has yet to be resolved due to the few longitudinal studies available, the relatively short period of following unmarried individuals, and the inconsistent results to date.

The issue of selectivity versus beneficial effects of marriage is more than a theoretical one. Current U.S. policy promotes marriage, particularly among poor single mothers, on the basis of the premise that marriage is beneficial for both parents and that marriage confers economic benefits that will help reduce welfare use. Lopoo and Carlson (2008) pointed out that the Healthy Marriage Initiative, enacted by Congress in 2002, does not recognize that marriage, although perhaps beneficial for some, may not be beneficial for all, particularly young unwed mothers. Using data from the Fragile Families study, they found that the male partners of young, single mothers were more likely than partners of older mothers to have histories of incarceration, substance abuse, and domestic violence and less likely to hold jobs or attend school and are thus poor prospects as husbands for these young, vulnerable mothers. If marriage does not confer the presumed benefits for young mothers and may even be detrimental to their life chances, then the Healthy Marriage Initiative and similar policies may be misguided efforts. On the basis of his 30-year longitudinal study of teenage mothers, Furstenberg (1988) also questioned the wisdom of marriage for young mothers.

## METHOD

### *Sample and Procedures*

The data come from a longitudinal study of young women who were unmarried and pregnant at the outset of the research. All were age 17 and under and planned to carry their pregnancies to term.

They were recruited from prenatal clinics, public school alternative programs, and social service agencies in three urban counties in and around a northwestern metropolitan city. Project flyers gave prospective respondents the project telephone number and forms with self-addressed stamped envelopes with which to contact the project for further information. Because recruitment procedures included advertising, a conventional overall response rate could not be calculated. Response rates, however, were obtained at one of the participating agencies, a large county hospital prenatal clinic where 76% of those eligible agreed to participate. A total of 240 unmarried pregnant young women were enrolled and completed the initial interview prior to the birth of their babies.

Respondents completed their initial interviews between June 1988 and January 1990, then again at 1, 6, 12, and 18 months postpartum. Additional funding allowed us to continue following this sample with periodic interviews (typically annually) through 16 waves of data collection; the last wave of data collection occurred primarily in 2005. Sample attrition has been minimal. Two respondents died since enrollment and only 7 have dropped out of the study. Temporary sample attrition due to inability to locate a respondent for a particular interview has ranged from 0% to 10%. Close to 98% of the initially enrolled respondents are included in the present analyses. Strengths of this data set are the long period of follow-up, the low attrition rate, and the younger age of respondents relative to that of other studies of marriage benefits.

Overall, the profile of study respondents at enrollment is similar to the national profile of adolescents who carry their premarital pregnancies to term in that they come from lower socioeconomic backgrounds (35% reported that their parents had received welfare benefits in the past year), two thirds (67%) had either dropped out of school or attended school sporadically, and the majority (93%) planned to parent their babies. Relative to a nationally representative sample of similar aged female adolescents, our respondents reported higher rates of drug use for all categories of illicit drugs except alcohol use (Gillmore, Gilchrist, Lee, & Oxford, 2006). Compared with 1988 national data on births to adolescents at age 17 and under (Mott Foundation, 1991), our sample had slightly fewer Whites (51% vs. 59%), somewhat fewer African Americans (28% vs. 37%), and more in the other categories

of race and ethnicity (21% vs. 3%), reflecting our region's demographic profile. The ethnic and racial background of respondents in the sample closely approximates the ethnic and racial breakdown of adolescents who gave birth in the study area (Seattle-King County Department of Public Health, 1996).

Interviews were conducted in person by trained personnel; telephone interviews were conducted with respondents who had moved out of the area. Initially, interviewers participated in comprehensive training, practice, and instruction in research protocols including human subjects' issues and confidentiality. Ongoing training and supervision occurred as the study progressed. Interviewers participated in additional training tailored to each wave of data collection. Respondents were paid \$15 – \$50 depending on the wave of data collection. Respondents were assured of the confidentiality of their responses in the consent form and by the interviewers at the more sensitive sections of the interview. They were also told that the project has a Certificate of Confidentiality from the federal government that protects the data from disclosure. Respondents who were emancipated minors provided their own consent; parents or legal guardians consented for unemancipated minors and the latter provided assent. All study procedures were approved by the university's Institutional Review Board.

### Measures

The study utilized four measures of relationship characteristics and analyzed them separately. These measures were based on data in the interval between the Time 1 (when all respondents were pregnant, single, and age 16.5 on average) through the Time 15 interview (when respondents were, on average, approximately 32 years of age). *Ever married* indicates whether respondents ever married during this interval (biological father or otherwise). It is scored 0 = *never married*, 1 = *marriage occurred at least once*. *Maximum length of relationship* measures the length of the longest romantic relationship (married or other) in which the respondent was involved. The range of responses is from 0.51 years (approximately 6 months) to 16 years. The *maximum length of marriage* is the length of the longest marriage; the range is 0.08 to 15.2 years. *Number of breakups* indicates how many times respondents have experienced the

dissolution of a romantic relationship (including marriages), on the basis of questions at each interview asking if the respondent currently has a boyfriend or husband and, if so, whether it is the same boyfriend or husband as at the prior interview. Responses range from 0 to 10.

*Adult well-being.* The variables assessing adult well-being (the presumed marriage "benefits") are based on prior research and were drawn from the Time 16 interview when respondents were, on average, approximately age 33. This ensures that marriage preceded the measures of the presumed marriage benefits. These variables included substance use, psychological well-being, economic status, and educational attainment.

*Substance use.* Following Gilchrist, Hussey, Gillmore, Lohr, and Morrison (1996) and Gillmore et al. (2006), each substance use measure (alcohol, marijuana, cocaine/crack) was dichotomized as described below to differentiate "regular" users from those who did not use or used only rarely. An exception is polysubstance use, which is measured as a count variable.

Alcohol use is scored 0 = *no use or infrequent use in the preceding month*, 1 = *regular or heavy use*. Respondents who did not drink or who drank less than one drink (defined as one beer, one glass of wine, or one shot of liquor) at a sitting or who drank one drink at a sitting but did this once a week or less are defined as infrequent users. Daily drinkers are defined as regular users regardless of amount consumed. All other patterns of use are defined as a regular/heavy user and coded "1". Marijuana use is scored 0 = *use occurred once or less in the past month*, 1 = *use more than once in the past month*. Cocaine use is scored 0 = *no use in the past month*, 1 = *use in the past month*. Polysubstance use is a count of the number of different types of substances used in the past month (alcohol, marijuana, cocaine, psychedelics, inhalants, heroin or other narcotics, or nonmedically prescribed barbiturates, tranquilizers, or amphetamines). The count ranges from 0 = *no use of any substances* to 9 = *use of nine different types of substances*.

*Psychological well-being.* Psychological well-being was assessed with four subscales from the Brief Symptom Inventory (BSI)—interpersonal sensitivity, depression, anxiety, and hostility (Derogatis, 1993). Depression, anxiety, and

hostility are self-explanatory. Interpersonal sensitivity is described as feelings of personal inadequacy, inferiority, self-doubt, and discomfort in interpersonal interactions, particularly in comparison with others. The BSI is the brief form of the Symptom Checklist (SCL-90-R) (Derogatis, 1977). Each item is scored on a 5-point scale ranging from 0 = *not at all* to 4 = *extremely*. Reliabilities ranged from .80 to .87 for these subscales. The sum of raw scores for each of four subscales was dichotomized using clinical cut-off points that identify individuals with symptomatic levels of distress; 0 = *score below the clinical cut-off*, 1 = *score at or above the clinical cut-off*.

*Economic status.* Economic status is reflected by an income-to-needs ratio at the last study point (Time 16) and was calculated by taking the ratio of annual household income to the U.S. official poverty threshold at the corresponding year, adjusted for household size. Households with income-to-needs ratios below 1 are classified as poor and those below 1.85 are classified as “near poor” in the current poverty literature (Brooks-Gunn, Duncan, & Maritato, 1997). Accordingly, two variables were constructed. “*Poor*” was scored 1 = *less than 1.00 in income-to-needs ratio*, 0 = *otherwise*. “*Near poor*” was scored 1 = *less than 1.85 in income-to-needs ratio*, 0 = *otherwise*. The application of these two measures reflects our interest in potential difference in impact of marriage on general financial status versus severe financial deprivation. Because most respondents were not working at study enrollment, we used the primary source of income at Time 1 as the control for economic adversity in all analyses. This was coded 1 = *primary income source was public assistance, social agency, or shelter*, 0 = *other*.

*High school completion.* This is a binary variable coded 1 = *high school diploma or General Equivalency Diploma (GED) by Time 16*, 0 = *high school or GED not completed*.

## RESULTS

To examine the associations of marriage (and other relationship characteristics) with well-being assessed at Time 16 when respondents were, on average, age 32.8, correlations and descriptive statistics were calculated using SPSS/PC+ (version 12.0). In an attempt to rule

out selection effects, we controlled for levels of well-being at Time 1 when all respondents were unmarried. To accomplish this, we calculated partial correlations for each relationship between marriage (or other relationship variables) and the measures of well-being at Time 16, controlling for the corresponding measure of well-being at Time 1. There were two exceptions: Partial correlations could not be calculated for the income-to-needs ratio because most respondents were not working at study enrollment due to their young ages, as noted earlier. Therefore, we used the source of income at Time 1 as the control variable for socioeconomic status. Second, because respondents were only 16.5 years of age at Time 1, they were not yet old enough to have completed high school, so we did not control for educational attainment at Time 1. Finally, because economic adversity during the teen years could affect the trajectories of adult well-being, we controlled for economic adversity using source of income at Time 1 in all analyses.

Table 1 presents descriptive statistics for the variables analyzed in the present study. Approximately 66% of respondents reported that they had married at least once during the interval after the birth of the baby through the Time 15 interview (approximately 15 years postpartum). The first marriage occurred, on average, at age 22.9. The length of respondents' longest marital relationship averaged 6.34 years. The length of respondents' longest relationship (including marital and nonmarital relationships) averaged 6.17 years. Respondents reported the dissolution of these romantic relationships on average about 3.55 times during the same period.

We expected the relationship measures to be correlated and they were (see Table 2); in fact, their associations could be taken as evidence of the validity of the measures. Because of the correlations of these measures, we analyze each variable's relationship with the hypothesized marriage “benefits” separately.

Table 3 displays the partial correlations between marriage (or other relationship characteristics) and adult well-being, controlling for the corresponding measure of well-being at Time 1. We also controlled for economic adversity, measured at Time 1, in all analyses. Taking advantage of the longitudinal data, the period for assessing marriages was the interval from Time 1 (average age = 16.5) to Time 15 (average age = 31.9). The hypothesized marriage “benefits” were assessed at Time 16 (average age = 32.8).

Table 1. Descriptive Statistics for All Variables in the Analyses (N = 235)

Variables	M	SD	n
Marriage and relationship characteristics, birth to 15 years postpartum			
Ever married (%)	65.67		233
Maximum length of relationship (years)	6.17	3.44	235
Number of breakups	3.55	2.05	235
Maximum length of marriage (years)	6.34	3.43	153
Age at the first marriage	22.99	4.04	154
Substance use, past month, at 16 years postpartum			
Alcohol use (%)	52.31		216
Marijuana use (%)	15.81		215
Cocaine use (%)	4.17		216
Polydrug use (count)	0.85	.96	216
Psychological well-being at 16 years postpartum			
Depression <sup>a</sup>	21.00		215
Anxiety <sup>a</sup>	19.00		215
Hostility <sup>a</sup>	25.00		215
Interpersonal sensitivity <sup>a</sup>	31.00		215
Economic hardship at 16 years postpartum			
Poor <sup>b</sup>	21.13		213
Near poor <sup>c</sup>	46.01		213
% completed high school or GED by 16 years postpartum	86.27		233

<sup>a</sup>Percent above clinical cut-off. <sup>b</sup>Percent income-to-needs ratio < 1. <sup>c</sup>Percent income-to-needs ratio < 1.85.

Relative to respondents who never married by age 32.8, respondents who had married were less likely to use marijuana and multiple substances and were less likely to be "near poor" (i.e., have higher economic status), consistent with the mar-

riage benefit hypothesis. On the other hand, and contrary to the marriage benefit hypothesis, there were no significant associations between ever married and use of alcohol or cocaine, psychological well-being, completion of high school, or poverty, although there were marginally significant ( $p < .10$ ) negative relationships between marriage and depression and between marriage and anxiety.

Age at first marriage was not significantly correlated with any of the marriage benefits, with the sole exception of one of the psychological well-being measures: interpersonal sensitivity. The patterns of correlations of well-being with (1) maximum length of romantic relationships (married or not) and (2) the number of breakups are very similar, though in opposite directions, which is not surprising, given that the length of relationships and number of breakups are negatively correlated ( $r = -.59$ ). These partial correlations, displayed in Table 3, suggest an advantage for those in more stable (i.e., longer) relationships in terms of greater psychological well-being (i.e., fewer symptoms of depression, anxiety, hostility, and interpersonal sensitivity). Only interpersonal sensitivity was significantly and negatively related to marriage length, as opposed to relationship length; the association between marriage length and the other measures of psychological well-being were only marginally significant ( $p < .10$ ). The number of breakups was associated with both poverty and being at 185% of the poverty level, whereas the maximum length of relationship was only marginally associated with being at 185% of the poverty level.

## DISCUSSION

This paper reports analyses of longitudinal data from a study of adolescents who were pregnant and unmarried at the initial interview, some of whom eventually married and some of whom did not over the course of approximately 16 years following the birth of their babies. We asked whether there is evidence that marriage enhances well-being similar to that observed in adult samples (Burman & Margolin, 1992; Hirschl et al., 2003; Ross et al., 1990; Waite, 1995) or whether marriage for these young mothers might be detrimental, given that the fathers of such babies may not be good marriage prospects (Lopoo & Carlson, 2008). We controlled for initial levels of well-being and economic adversity when all respondents were unmarried to help ensure that

Table 2. Intercorrelations Among Measures of Relationship (N = 235)

Variables	1	2	3	4	5
1. Ever married <sup>a</sup>	—				
2. Maximum length of relationship <sup>b</sup>	.40**	—			
3. Number of breakups	-.22**	-.60**	—		
4. Maximum length of marriage <sup>b</sup>	NA <sup>c</sup>	NA	NA	—	
5. Age at first marriage	NA	NA	NA	-.59**	—

<sup>a</sup>Ever married: 0 = never married, 1 = ever married.

<sup>b</sup>Maximum length of relationship/marriage in years. <sup>c</sup>NA = not applicable.

\*\* $p < .01$ .

Table 3. Partial Correlations Between Relationship Variables, Time 1 – Time 15, and Adult Well-Being at Time 16, Controlling for Time 1 Well-Being Measures and Economic Adversity (N = 235)

Adult well-being variables <sup>a</sup>	All Respondents			Ever Married Respondents	
	Ever Married <sup>b</sup>	Maximum Length of Relationship (years)	Number of Breakups	Age at First Marriage	Maximum Length of Marriage (Years)
<b>Substance use</b>					
Alcohol	-.02	.13†	.01	.00	.06
Marijuana	-.22**	-.06	.02	.11	-.10
Cocaine	-.11	-.09	.08	-.02	-.07
Polydrug use	-.20**	-.00	.06	.02	-.02
<b>Psychological well-being</b>					
Depression	-.12†	-.23**	.27**	.01	-.16†
Anxiety	-.13†	-.17*	.16*	.03	-.15†
Hostility	-.05	-.18**	.26**	.00	-.15†
Interpersonal sensitivity	-.09	-.23**	.28**	.18*	-.20*
High school completion or GED <sup>c</sup>	.01	.00	.08	.01	.02
<b>Economic adversity</b>					
Poor	-.07	-.09	.18*	-.11	-.01
Near poor	-.15*	-.13†	.18*	.04	-.13

<sup>a</sup>Higher scores = more of characteristic. <sup>b</sup>Ever married: 0 = *never*, 1 = *ever married*. <sup>c</sup>Control is source of income at Time 1. † $p \leq .10$ . \* $p \leq .05$ . \*\* $p \leq .01$ .

any observed marriage benefits were not due to selection into marriage or to effects of socioeconomic status. Consistent with findings of studies of adults, we found that marriage conferred small, though statistically significant, benefits with regard to lower marijuana and polydrug use, as well as higher economic status, but no significant relationships with being in poverty, use of other substances (alcohol or cocaine), psychological well-being, or high school completion, in contrast to prior findings. We suspect that the modest economic benefits of marriage are due to the economy of scale (two can live more cheaply than one) and the benefits of dual household incomes. Importantly, however, there was no significant relationship between marriage and poverty status. The lower drug use among those who married may be a result of the incompatibility of family roles with drug use, as suggested by Yamaguchi and Kandel (1985). It also might be argued that marriage serves as a buffer against life stressors that may lead to marijuana and polydrug use in this group of young women who had higher than average rates of substance use (except for alcohol) as teenagers, compared to national statistics (Gillmore et al., 2006). If so, we would expect to see greater psychological well-being among the married relative to the never married mothers, but we did not find this.

Although not associated with marriage, all four measures of psychological well-being were associated with relationship stability (maximum length of relationship and number of breakups); longer marriages were marginally associated with greater psychological well-being. Taken together, these findings suggest that it may not be marriage per se that confers psychological benefits but, rather, stable relationships whether marital or not. Prior research suggests that marital relationships provide greater psychological benefits than cohabiting relationships, possibly due to the greater instability of cohabiting relationships (e.g., Brown, 2000). We examined length of relationship, regardless of whether the couple was living together, married or unmarried; that is, we did not compare married mothers with cohabiting mothers, in contrast to prior research. Our hunch about the benefits of relationship stability is consistent with previous work demonstrating that marriage “benefits” depend on relationship stability rather than union type (Brown, 2000). But none of the effects is dramatic, suggesting that stable and long-lasting romantic relationships are not likely major determinants of psychological well-being in this sample. It is also important to note that we did not find evidence of a detrimental effect of marriage for these young mothers, perhaps because most did not

marry the fathers of their babies—in fact, fewer than 14% ever married these fathers.

It might be argued that controlling for selection effects at Time 1, when all respondents were unmarried and pregnant, did not adequately control for selection because these factors (i.e., economic and psychological well-being and substance use) may change after the baby is born. Therefore, we reanalyzed the data using the Time 2 data to control for selection effects postpartum. The pattern of results with regard to being ever married remains essentially the same with three small differences: cocaine use is marginally significant ( $r = -.11, p < .10$ ), depression is significant ( $r = .13, p < .05$ ), and interpersonal sensitivity is marginally significant ( $r = -.13, p < .10$ ), all in the same direction as when controlling for Time 1 measures of well-being (Table 3). The similarity of these findings to those found when using prepartum data suggests that selection effects were not driving these relationships.

Given the emphasis of U.S. policy on promoting marriage as an antidote to poverty among single mothers (Mink, 1998), and the findings of Lopoo and Carlson (2008) regarding whether men who father children with unmarried young women are “marriageable,” it is interesting to note that for these adolescent mothers, marriage had no effect on preventing poverty (an income-to-needs ratio of less than 1.0). This finding is similar to that found by Furstenberg (1988) in his well-known longitudinal study of young women who became premaritally pregnant. Marriage, however, did have a small, but significant, protective effect in preventing near-poverty (an income-to-needs ratio less than 185% of the poverty level). Further, relationship instability in the form of relationship breakups was a stronger correlate of economic adversity than marital status; those young women who had more breakups of romantic relationships had higher levels of both poverty and near-poverty. Clearly relationships matter for these young mothers’ economic well-being, but these relationships, by and large, do not appear to be occurring with the fathers of the babies. Only 20% of the young women were living with the father of the baby at the initial interview when all of the young women were pregnant and unmarried, just over 8% were still living with the fathers at the last interview (Time 16) and, as noted earlier, only about 14% married the fathers of the babies during this interval.

We undertook these analyses with what seemed like a simple question: Were young mothers who married after an adolescent premarital pregnancy better off than those who did not? The apparent simplicity of the question is deceptive, however, when operationalizing “marriage.” The percentage of respondents who were married at any given time ranged from 1% at 1 month postpartum to 36.8% at Time 16. The number of divorces among those who married over the course of the study ranged from 0 to 3. At each interview a handful of those who were married (from 2 – 8 mothers) were not cohabiting. Further complicating the characterization of “marriage” is the high proportion of young women who were living with partners without formal marriages. This percentage remained fairly constant, at about 25%, at each interview. Some cohabiting relationships eventually resulted in formal marriages while others did not. Many of these cohabiting relationships lasted as long as the marriages. A lesson for future research is that marriage is not as simple to characterize as it may have been in the past, and simply classifying individuals as married or not married, especially in a longitudinal cohort, may oversimplify the data and thereby lead to overlooking important effects of alternative partner relationships.

Why did the mothers in our study not marry the fathers of their babies? Although we do not have data from the fathers of the babies born to the teenage mothers in our sample and the literature on teenage fathers is sparse, results from a recent study in Great Britain (Sigle-Rushton, 2005) suggest that, like unmarried teenage mothers, the young fathers tend to come from disadvantaged backgrounds. Fagan, Schmitz, and Lloyd (2007) found that adolescent fathers’ social capital was the strongest predictor of plans to marry in a sample of pregnant adolescent mothers and the fathers of the baby. It may be that unmarried teenage mothers are disinclined to marry fathers with so little social capital and tend to wait for better marriage prospects. This argument is consistent with the findings of Lopoo and Carlson (2008), who found that the fathers of babies born to younger unmarried women were more likely to have been in jail, be abusive, have substance abuse problems, and so forth; that is, they were not good marriage prospects. Future research on predictors and consequences of marriage following adolescent premarital parenthood is warranted to better understand why unmarried teenaged mothers

may be disinclined to marry the fathers of their babies and whether marrying the fathers might confer disadvantage rather than advantage.

As with all studies, this study has limitations that bear mentioning. The young women were initially chosen on the basis of being unmarried at the time of pregnancy and under age 18, so pregnant teens who married upon finding out that they were pregnant are not represented in our sample. Thus, we might be leaving out young women who were in the most committed relationships or those with the most responsible partners. In leaving such women out, however, our findings better represent the young women who are the recipients of advice or pressure to marry their partners. Our sample is a purposive sample drawn from a specific area of the country and it cannot be known to what extent our findings are generalizable to other adolescents who become premaritally pregnant. As with all longitudinal studies of marriage benefits, the data are partially right-censored because we do not know whether the never married young women will eventually marry and how this might affect our findings. Our study did follow young unmarried mothers for a longer period than most extant studies, however. Finally, although we attempted to control for selection effects by partialling out the effects of well-being that existed prior to marriage, there may be other uncontrolled factors related to these effects that could produce selection effects. Nonetheless, we believe that the strengths of the study outweigh the limitations in that it provides longitudinal data over an especially long period of time relative to other studies of marriage benefits, examines several of the hypothesized marriage benefits, controls for selection insofar as possible, and examines other relationship characteristics (e.g., relationship stability) that may account for findings attributed in prior studies to marriage. Future research is needed to replicate and extend these findings as well as determine whether the marriage benefits observed in prior studies are a result of marriage or stable enduring relationships.

Our results suggest that marriage among these young mothers who gave birth as unmarried adolescents seemed to confer some benefits that are not likely attributable to selection effects. It had no effect on poverty, however, a finding that has implications for policies promoting marriage as the antidote to poverty for young unwed mothers. Importantly, marriage did not appear disadvantageous with regard to the factors studied

(substance use, psychological well-being, economic outcomes, and educational attainment), possibly because the vast majority of the young mothers did not marry the fathers of their babies. Finally, we suspect that it is not marriage per se that confers psychological benefits, but a stable, long-lasting relationship. This hunch requires further research.

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