



Healthy Marriage and Relationship Programs: A Promising Strategy for Strengthening Families

NHMRC Discussion Paper

November 2009

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Introduction

In the late 1990s, a handful of states began to fund healthy marriage and relationship (HMR) programs and initiatives intended as a promising new strategy for strengthening families and improving child well-being. The states were soon followed by the federal government, which launched a healthy marriage initiative in 2002. The following questions initially were raised about this new policy development:

1. What are the reasons why government should get involved in what is surely a private matter or a matter for individuals, couples and faith-based institutions? Why should marriage and couple relationships be on the public agenda?
2. Do we know how to deliver services to strengthen marriage and couple relationships on a large scale, especially to economically disadvantaged populations?
3. Do we know whether these healthy marriage and relationship programs work?

In this brief we present a summary of some emerging answers to these three broad questions based on the lessons learned from research and program experience of the past decade. We end with a brief comment on how this new strategy fits into the spectrum of more established programs and policies that aim to strengthen and support disadvantaged families.

Background

Since the late 1990s, several states — including Florida, Louisiana, Ohio, Oklahoma, Texas and Utah — have funded healthy marriage initiatives using state Temporary Assistance for Needy Families (TANF) monies and other state dollars (see Dion, et al., May 2008, NHMRC, 2009). In 2002, for the first time, the federal government invested substantial dollars in healthy marriage-related research, evaluation and demonstration programs. In the seven years since, more than 300 HMR programs have been funded by the Administration for Children and Families (ACF) through two types of funding: (i) discretionary program dollars administered through individual bureaus and (ii) a program authorized by the Healthy Marriage and Responsible Fatherhood Act of 2006, and administered by the Office of Family Assistance.¹

This Act, part of the reauthorized TANF block grant program, provided \$150 million per year for five years to fund healthy marriage (\$100 million) and responsible fatherhood programs (up to \$50 million). (For details, see Introductory Guide to ACF Healthy Marriage Initiative at <http://www.healthymarriageinfo.org/docs/acfhinitiativeguide.pdf>.) As of April 2007, the OFA-funded programs and initiatives have now served approximately 270,000 married and unmarried couples, individual adults and high school students from diverse economic, ethnic and racial backgrounds in communities throughout the United States.

1. Why should marriage and couple relationships be on the public agenda?

Reason One

Healthy and stable marriage and couple relationships bring numerous benefits to children, adults and society. High rates of single parenthood put children at risk and are costly for society.

There is no longer debate about the extent of the changes in family trends that have occurred in recent decades, resulting in ever more complex and unstable family patterns. Currently, between 43 percent and 46 percent of marriages will end in divorce. More than one-third of all children are born to unmarried mothers. Cohabitation among unmarried couples has increased dramatically. As a consequence of these and other trends, about half of all children will reside at least temporarily in single-parent households, usually with their mothers. These changes have decreased child and adult well-being, increased child poverty, and placed a large financial burden on U.S. society (Amato, 2008).

The majority of scholars are now in broad agreement on a number of points:

- *Children have the best chances in life when raised by two biological parents in a low-conflict, stable marriage.* Yet more than one-third of all children are born outside of marriage (31 percent non-Hispanic Caucasians, 46 percent Hispanics and 69 percent African Americans). About 40 percent of all children with married parents experience divorce before reaching adulthood (Amato, 2008, Moore, et al., 2002).
- *Children born to unmarried parents lead fragile, unstable and complex lives.* They typically experience multiple, unstable relationships with parents, stepparents, step- and half-siblings. These unstable relationships have negative effects on the children's development and contribute to the intergenerational transmission of poverty (McLanahan, Garfinkel, and Mincy, forthcoming).
- *Overt, chronic parental conflict is bad for children.* Thus, when parents have a high-conflict marriage, children are generally better off if their parents divorce. However, only about one-third of divorces involve such high-conflict marriages (Amato, 2005).
- *The rates of intimate partner violence remain unacceptably high.* National prevalence rates of domestic violence are not available, but some surveys report that one in four women experiences some type of violence in intimate relationships over her lifetime. Children exposed to domestic violence are more likely to be abused and depressed, and to experience numerous other problems (www.nrcdv.org).
- *Cohabitation has become increasingly common, involves large numbers of children and is very unstable.* More than one-third of all cohabiting households include children. In the United States, cohabiting households are very unstable; the majority break up or move into marriage within three years (Brown, 2002).
- *Multiple-partner fertility is also very common.* Estimates from a recent birth cohort study of urban

parents suggests that close to 40 percent of all couples (married and unmarried) who had a child together already had at least one child by another partner (Carlson and Furstenberg, 2006).

- *About half of all children now reside for part of their upbringing in single-parent households.* This has serious economic consequences. The child poverty rate is more than four times higher in single-parent households than in married-couple households. The economic advantages of married-couple families are found across virtually all racial and ethnic groups (Amato, 2008).
- *The children of single parents are also at greater risk of a host of negative outcomes that can persist into adulthood.* These outcomes include academic failure, psychological problems, juvenile delinquency and poorer physical health. These children also are more likely themselves to have disrupted marriages. The increased risks of these outcomes are not huge, but the risks are, nevertheless, significant (Amato, 2008).
- *Most children raised by single parents do fine, and most single parents do a good job under difficult circumstances.* Yet it is clearly harder for them to raise children well and they need much more help than two-parent families (Parke, 2003).
- *Involved fathering is linked to good couple relationships.* Fathers who have a positive relationship with their child's mother (romantic or non-resident co-parenting) are more likely to be positively involved with their children (Doherty, 1998, Cowan and Cowan, et al., 2009).
- *Marriage also brings many economic benefits to adults.* For example, after they marry, men work harder and earn more than their single counterparts (Ahituv and Lerman, 2006, and Roberts, 2004).
- *Marriage and good health are linked.* There are strong associations between marital status, relationship quality and health outcomes for adults. Relationship stress and chronic conflict contribute to negative health outcomes. Positive, supportive couple relationships promote good health and longevity (Staton, 2008 and NHMRC Special Collection on Marriage and Health).
- *A healthy marriage remains a very widely held and highly rated personal goal.* Surveys have repeatedly found that more than 80 percent of young people and adults from all racial, ethnic, religious and economic backgrounds say that having a happy, long-lasting marriage is among their most important life goals (Scott, et al., 2009, Amato, 2008).

Reason Two

These dramatic changes in family structure have enormous public costs.

The continuing high rates of family fragmentation have been a major cause of the escalating costs of federal and state programs such as welfare, paternity and child support, Medicaid, and numerous education, justice, health and social programs that attempt to alleviate family poverty and address its consequences. Moreover, since single parents earn less income, tax revenues are decreased. Two recent studies estimating some of these costs are instructive:

- A study using conservative assumptions found that the estimated total public expenditures (federal, state and local) on reducing poverty and on education and criminal justice programs associated with family fragmentation (divorce and non-marital childbearing) were at least \$112 billion per year (Scafidi,

2008). (This study did not include estimates of the costs of single-father families, or program costs that could be indirectly attributed to family fragmentation.)

- Teen childbearing in the United States (80 percent is non-marital) cost taxpayers (federal, state and local) an estimated \$9.1 billion in 2004. Most of these costs were associated with programs for the children of teen mothers (Hoffman, 2006).

Reason Three

Now that we understand more, the goals of healthy marriage initiatives have broadened and become more inclusive.

As a result of the growing amount of research and program experience gained this past decade, the goals of healthy marriage and couple relationship activities have broadened beyond simply promoting marriage and reducing divorce rates. We are now more aware that sometimes divorce is necessary for kids and adults, especially when there is serious conflict, and thus it is essential to promote “healthy” marriage, not marriage “per se.” We also have learned that non-custodial fathers are more likely to be involved with and support their children if they have a cooperative relationship with their child’s mother, and thus we need to encourage healthy co-parenting relationships when marriage between parents is not possible or desired. We also need to help youth and single adults learn to have healthy (non-violent) intimate partner relationships and make wise partner choices.

Currently there is growing agreement that important goals of public policy are to strengthen couple relationships and marriage and to encourage responsible, involved fathering whether within or outside of marriage. Progress toward these twin goals will greatly help to strengthen families and increase stability for children. Specific objectives are to:

- (i) help increase the proportion of children who grow up with their two healthy, happy, and continuously married parents.
- (ii) help those children living in more complex and fluid family arrangements, whose biological parents do not live together, have access to the economic and emotional support of their absent parent and be actively engaged with him or her.
- (iii) provide youth and adults, especially low-income parents, access to the information, knowledge and skills necessary to protect them from dating violence and to achieve one of their major life goals: a healthy, long-lasting marriage.

2. Do we know how to deliver services to strengthen marriage and couple relationships?

Providing healthy marriage and relationship education services on a wide scale is a new, public policy endeavor. Encouraging early lessons are emerging, but the initial impact results from the federally funded evaluations will not be available until 2010. Even then, it will be several years, and perhaps decades, before

we know how to best design and implement effective HMR programs for diverse populations.

From implementation studies and reports from technical assistance providers we already have gained answers to some of the important initial questions asked by policymakers (See Dion, Hershey, et al., 2008, and NHMRC, Promising Practices Guide, 2009).

Can healthy marriage and relationship programs be offered on a large scale to diverse populations?

Yes, if there is a sufficient initial investment in program infrastructure and building capacity to work with couples, and engage men and fathers. Most educators and human services agencies and practitioners are not oriented to working with men/fathers or with couples. When staff and administrators have received specific training and/or help with redesigning program and community outreach and operations, they have been effective.

Who can best deliver these programs?

A diverse number of organizations and groups in the public, nonprofit, for-profit and faith-based sectors are delivering HMR programs. Some of the initiatives include and/or are guided by broad coalitions of community groups. Programs that are nested in an established, multi-service agency (e.g. Head Start or YMCA) often are able to help couples access other needed services more easily. However, programs that are “free-standing” may have more flexibility to design and implement creative new approaches to HMR programming. Healthy marriage and relationship services that are delivered as part of a home-visiting program are not able to provide couples or single parents with the peer-to-peer, facilitated learning and support that many participant couples highly value.

Will couples and individuals attend HMR programs?

The answer is a resounding, “Yes!” Since these programs are new to most communities, initially recruitment was a major challenge. Programs have learned many effective ways to recruit and retain participants — both individuals and couples. Many programs have succeeded in achieving or exceeding their participation goals. Absences from the program workshops most frequently occur because of work conflicts or personal situations such as illness.

These HMR programs are delivering a variety of services to populations at different ages and stages. Youth and young adults are learning how to have healthy, non-abusive, intimate relationships. Temporary Assistance for Needy Families participants and other single parents are learning about the effects of relationship decisions on their futures and how to make better choices. Young couples who are dating, living together and/or considering marriage are learning what healthy relationships look like, better communication and conflict resolution skills, the meaning of commitment and the value of stability for them and for raising children. Married couples are acquiring more realistic attitudes and expectations, and learning skills to improve the quality of their relationship in order to better weather the ups and downs of married life.

Can men and fathers be engaged in, and benefit from, these programs?

Engaging men and fathers in voluntary health, education and human services programs is more difficult than engaging women and mothers. Because of that difficulty, most programs do not even try. Many of the HMR programs have learned how to reach out and market the programs successfully to men by developing creative incentives for participation and using a male/female team of workshop leaders. Once men participate in the first activity, they typically become fully engaged and comfortable with well-run programs. Emphasizing how their participation will benefit their children is often an important strategy.

Healthy marriage and relationship programs that serve unmarried and married parents of young children, such as the *Building Strong Families* and *Supporting Healthy Marriage* federal demonstration programs, are serving in effect as father-engagement programs, helping the father to connect more strongly to the child and to the child's mother.

A new rigorous (random assignment) study found that fathers who participated in a couples-based program were more engaged with their children and had better relationships with their partners, and their children had fewer behavioral problems than a comparative group of men who participated in a fathers-only program (Cowan, Cowan, et al., 2009).

What do individuals and couples say about participation?

In participant surveys, focus groups and media interviews and during testimony at committee hearings, HMR participant couples report that they benefit from these programs in several ways. They are generally enthusiastic about the group sessions and especially appreciate their relationship with facilitators and interacting with other couples. They report learning specific relationship skills such as communication and anger management, and parenting information, which improved their relationship with their partner and children. When asked what they would recommend to improve the program, the most frequent responses were to extend the services, cover more content and make the program more widely available to others (Dion, Hershey, et al., 2008).

Is there a risk that programs may exacerbate or even contribute to increased levels of domestic violence?

The Healthy Marriage and Responsible Fatherhood programs supported by the Administration for Children and Families are required to describe how they ensure that participation in their programs is voluntary and to consult with domestic violence experts. The National Domestic Violence Resource Center has worked as a partner with the National Healthy Marriage Resource Center to prepare written information (guides and tools) and provide regular technical assistance to help these programs develop and maintain individualized domestic violence "protocols" that specify how problems of domestic violence are being addressed (See Menard, 2008). Cross-training opportunities between HMR program staff and domestic violence advocates have helped both groups better understand each other's services.

As a result, HMR program staff are now much better informed about the indicators of domestic violence,

how to create safe opportunities for disclosure, and when and how to refer to the domestic violence services available in the community. In addition, information about domestic violence is being incorporated into program curricula in ways that give priority to safety. Likewise, domestic violence program staff have come to appreciate working with HMR staff on prevention efforts such as teaching young men and women about non-violent dating and making healthy relationship choices.

Can programs effectively serve participants from economically disadvantaged and diverse racial and ethnic minority backgrounds?

Healthy marriage and relationship programs have made much progress in adapting program design and curricula — which traditionally were designed for white, middle-class couples — to more effectively meet the needs of the more economically diverse populations they serve. This has resulted, for example, in developing relationship programs and curricula specifically for single parents.

While many of the core curriculum components of evidence-based HMR programs have universal applicability, curricula are being adapted to use the terms, stories and examples that resonate with the minority culture and incorporate specific cultural beliefs and acculturation experiences (Ooms, 2007). For example, many programs have worked with community leaders on recruitment strategies and hiring/training facilitators who speak the language and/or are familiar with the culture and the local community. As another example, the NHMRC has developed a series of Hispanic curriculum modules for trainers that focus the discussion on aspects of Hispanic culture and beliefs that affect marriage and family issues (NHMRC, 2009).

In addition, the Administration for Children and Families has spearheaded efforts that encourage programs to be culturally responsive and has created independent healthy marriage initiatives for African Americans, Hispanics, Native Americans and Asian Pacific Islanders. Healthy marriage and relationship programs are now being successfully delivered to African American, Latino, Native American, Asian Pacific and migrant and refugee families from numerous countries. (For more information, visit www.acf.hhs.gov.)

What kinds of partnerships and collaboration are needed for HMR programs to be successful with disadvantaged couples and single parents?

Any successful HMR program needs to create cooperative relationships with key institutions, programs and community groups to be successful and sustainable, and many have done so. Programs working in low-income communities especially need collaborative, mutual-referral relationships with the agencies and programs that provide the “hard concrete services” that low-income couples and single parents need (employment, job training, child care, housing, health care, etc.).

Another important lesson from this demonstration period is that collaborative partnerships are also needed with other programs that provide “soft” services, namely programs that aim to strengthen parent/child and couple relationships and encourage responsible family formation. Along with HMR programs, these include responsible/engaged fatherhood services, teen and adult unintended pregnancy prevention, domestic violence prevention, child support and paternity, and early childhood intervention programs. Collectively, these fields

share many goals, and each field works in different ways to influence different but overlapping dimensions of family behavior and relationships (family ties):

- *Family Formation and Stability* - having sex, getting pregnant, bearing children, living together, getting married, separated or divorced
- *Family Responsibility* - the ability to take care of your partner/spouse and/or children economically, physically and emotionally
- *Family Relationship Quality* - whether the couple/parental relationships are healthy or may be violent, controlling and/or physically and emotionally abusive

Increasingly, national leaders in these fields are seeking ways to move beyond funding, professional and institutional “silos” that often separate these goals and to develop strategies for working together in comprehensive ways to “strengthen family ties” (Myrick, Ooms, et al., forthcoming).

3. Do healthy marriage and relationship programs work? How is success defined?

The evidence to-date shows that marriage and relationship education is a promising intervention that provides benefits to participants across income levels. Couples and individuals who attend these programs are generally very satisfied and report that they benefit in many ways. There is some emerging evidence that these interventions may help stabilize relationships, reduce domestic violence, and benefit children in the long term. We await the results of the federally funded *Building Strong Families* and *Supporting Healthy Marriage* multi-site demonstrations, which use rigorous experimental designs to learn more about whether these positive outcomes are sustained over time and how programs might be adapted to be more effective in the future. (For details, see NHMRC, Guide to the ACF Healthy Marriage Initiative.)

Many HMR programs and curricula state they are evidence-based, meaning they are grounded in decades of research about factors that help marriages and relationships to succeed or fail. This research also shows that new behaviors and skills can be learned. Numerous studies, including meta-analytic reviews, confirm improved couple communication and higher rates of relationship satisfaction in couples who participate. In the few studies that have tracked long-term outcomes, there is some evidence of a lower likelihood of marital breakup (Ooms, 2005).

Additional benefits believed to result from these programs include improvements in child well-being, empowering individuals to end violent or harmful relationships, and couples deciding not to marry if they are in an unhealthy relationship. Because these positive changes were not the original goals of these interventions, these results need to be tracked in future evaluations. Participants may also be able to find that the program serves as a gateway to get help for serious problems (such as substance use, depression and physical or emotional abuse). Finally, these programs may also increase the likelihood that participants will seek help later when they may face serious problems in their relationships (see Hawkins and Ooms, NHMRC Brief, forthcoming).

Conclusion: Marriage and relationship education is an essential component of a comprehensive strategy to strengthen low-income families.

The experience and research strongly suggest that marriage and relationship education is an essential part of a comprehensive strategy to strengthen low-income families. Such a strategy has three components that, like a three-legged stool, stand or fall together:

1. Providing family economic resources and supports through income and in-kind support programs;
2. Creating human capital through education, training and employment services; and
3. Helping individuals create and sustain strong family ties by offering them access to the information, attitudes and relationship skills they need to be effective parents and partners.

Too often the unintended birth of a child, the breakup of a couple or the experience of an abusive, violent relationship can derail the efforts of individuals and couples to complete their education, stay in a job or otherwise improve their economic well-being while taking care of their families. All three strategies are needed, and this third “leg” of HMR skills is essential to achieving the goals of the first two.

This is a product of the National Healthy Marriage Resource Center, led by co-directors Mary Myrick, APR, and Jeanette Hercik, Ph.D., and project manager, Patrick Patterson, MSW, MPH. This document was authored by Theodora Ooms, MSW, Mary Myrick, APR and Patrick Patterson, MSW, MPH.

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