

# Cohabitation and Child Wellbeing

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## Summary

In recent decades, writes Wendy Manning, cohabitation has become a central part of the family landscape in the United States—so much so that by age 12, 40 percent of American children will have spent at least part of their lives in a cohabiting household. Although many children are born to cohabiting parents, and cohabiting families come in other forms as well, the most common cohabiting arrangement is a biological mother and a male partner.

Cohabitation, Manning notes, is associated with several factors that have the potential to reduce children's wellbeing. Cohabiting families are more likely than married families to be poor, and poverty harms children in many ways. Cohabiting parents also tend to have less formal education—a key indicator of both economic and social resources—than married parents do. And cohabiting parent families don't have the same legal protections that married parent families have.

Most importantly, cohabitation is often a marker of family instability, and family instability is strongly associated with poorer outcomes for children. Children born to cohabiting parents see their parents break up more often than do children born to married parents. In this way, being born into a cohabiting family sets the stage for later instability, and children who are born to cohabiting parents appear to experience enduring deficits of psychosocial wellbeing. On the other hand, stable cohabiting families with two biological parents seem to offer many of the same health, cognitive, and behavioral benefits that stable married biological parent families provide.

Turning to stepfamilies, cohabitation's effects are tied to a child's age. Among young children, living in a cohabiting stepfamily rather than a married stepfamily is associated with more negative indicators of child wellbeing, but this is not so among adolescents. Thus the link between parental cohabitation and child wellbeing depends on both the type of cohabiting parent family and the age of the child.

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**C**ohabitation has become a typical pathway to family formation in the United States. The share of young and middle-aged Americans who have cohabited has doubled in the past 25 years.<sup>1</sup> Today the vast majority (66 percent) of married couples have lived together before they walk down the aisle. In 2013, about 5 million (or 7 percent) of children were living in cohabiting parent families.<sup>2</sup> By age 12, 40 percent of children had spent some time living with parents who were cohabiting.<sup>3</sup> In other words, cohabitation has become a central part of the family landscape for both children and adults, so much so that my colleague Pamela Smock and I have characterized this development as a “cohabitation revolution.”<sup>4</sup>

In this article, I update our understanding of parental cohabitation and child wellbeing by reviewing population-based research in the United States over the past decade (2005 to the present). Population-based research is important because it studies a representative sample of a specific population (for example, five-year-old children, mothers ages 20–24, or all children born in 2000), making it possible to generalize the findings. I focus on family structure defined by the biological relationship of adults to children (biological parents and stepparents) as well as parents’ marital status (cohabiting or marital unions). My review is limited to different-sex parent families because to date no researcher has contrasted the wellbeing of children in same-sex cohabiting and same-sex married parent families (see Gary Gates’s article in this issue for more on same-sex couples, marriage, and children’s wellbeing).

## **Types of Cohabiting Parent Families**

Cohabiting unions are becoming an increasingly common family context for having and raising children. In the early 1980s, 20 percent of cohabiting unions included children; by the early 2000s, this figure had risen to 40 percent.<sup>5</sup> Yet children are still more often part of marital than cohabiting unions.

Two basic pathways into cohabiting parent families exist: children are either born into a cohabiting parent family (a two biological parent family) or they live with their mother or father and her or his cohabiting partner (a stepfamily). Although “stepfamily” formally refers to married-parent families, I’ll be using the term to describe all families (marital and cohabiting) where at least one adult is not the biological parent of one or more of the children. For the sake of brevity, I will also include cohabiting families with adoptive children in one of these two categories, depending on whether the children were adopted by both cohabiting parents together or live with an adoptive parent and a cohabiting partner.

A growing proportion of children are born to cohabiting parents, increasing from 6 percent in the early 1980s to about one-quarter today.<sup>6</sup> At least one-quarter of children will spend some of their childhood living with a cohabiting stepparent. Another way to look at these patterns is to take a snapshot of children living with cohabiting parents: in 2013, 43 percent of these children were living with two biological cohabiting parents and 56 percent with a biological parent (in most cases, the mother) and a cohabiting partner (that is, in a stepfamily).<sup>7</sup> Children in cohabiting stepfamilies were older on average than children living in cohabiting biological parent families.

Cohabiting parent families are more complex than married parent families. Children in cohabiting stepfamilies not only live with stepparents, but 37 percent live with step or half siblings. Cohabiting parent families more often include half or step siblings than do married parent families.<sup>8</sup>

### **Parents' Pathways into Cohabitation and Marriage**

Single women who get pregnant make decisions about whether to continue living alone, or to begin cohabiting or marry before their child is born. In the early 1970s, 30 percent of unmarried single pregnant women got married before their child was born to ensure that the child was born into a married couple family. Today, only 5 percent do so, and single pregnant women are increasingly likely to begin cohabiting (rather than marry) before their children are born.<sup>9</sup> Nearly one-fifth of pregnant single women begin cohabiting before their child is born, and only 13.5 percent of these cohabiting pregnant mothers go on to marry before the child's birth.<sup>10</sup> Patterns of cohabitation and marriage differ according to social class, however; better-off pregnant women tend to move into marriage, and more disadvantaged pregnant women tend to remain single or cohabit. Thus parents with few economic resources are more likely to form cohabiting parent families rather than marriages. Cohabitation in general is less stable than marriage, and the cohabiting relationships that occur in response to pregnancy are quite fragile and unstable.<sup>11</sup>

Children born to unmarried mothers, whether single or cohabiting, rarely experience their biological parents' marriage; only 20 percent of unmarried mothers married the biological father by the child's fifth birthday.<sup>12</sup> However, children born to parents who are already

cohabiting experience their parents' marriage more often than do children born to single mothers; in fact, nearly half of such children will see their biological parents get married.<sup>13</sup>

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Unplanned births are associated with later family instability in both marital and cohabiting unions.<sup>14</sup> Thus, one way to judge whether a family type is a preferred setting for having and raising children is by the likelihood that children who are born into that family type will be planned or unplanned. Single mothers (neither cohabiting nor married) report that their child was unplanned more often than do mothers who are cohabiting, but cohabiting parents report that their child was unplanned more often than do parents who are married.<sup>15</sup>

### **How Do Children Fare in Cohabiting Parent Families?**

Cohabiting and married parent families are similar in terms of their basic family structure; two adults are present and available in the home to help raise children. But although some cohabiting parent families feature two biological parents, the most common arrangement is a biological mother and a stepfather. Despite the parallel family structure in married and cohabiting parent families, children in cohabiting parent families may not receive the same social and institutional supports that children in married parent

families receive.<sup>16</sup> For example, cohabiting parent families don't have the same legal protections that married parent families have. Further, cohabiting stepparent families must navigate the challenges presented both by life as a stepfamily and by the lack of a formally recognized relationship.<sup>17</sup>

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Family stability is a major contributor to children's healthy development.<sup>18</sup> A fundamental distinction between cohabiting and marital unions is the duration or stability of the relationship. Overall, cohabiting unions last an average of 18 months.<sup>19</sup> From a child's perspective, more children born to cohabiting parents see their parents break up by age five, compared to children born to married parents.<sup>20</sup> Only one out of three children born to cohabiting parents remains in a stable family through age 12, in contrast to nearly three out of four children born to married parents.<sup>21</sup> Further, children born to cohabiting parents experience nearly three times as many family transitions (entering into or dissolving a marital or cohabiting union) as those born to married parents (1.4 versus 0.5).<sup>22</sup> My work with Susan Brown and Bart Stykes shows that the number of family transitions experienced by children in cohabiting

unions has changed relatively little over the past 20 years.

Children raised in cohabiting parent families have fewer economic resources than do children in married parent families.<sup>23</sup> Cohabiting families are more likely to be poor; 20.7 percent of cohabiting stepparent families and 32.5 percent of cohabiting biological parent families live at or below the poverty line, compared to 10.6 percent of married stepparent families and 11.2 percent of married biological parent families.<sup>24</sup> The median income of cohabiting parent households is about 50 percent lower than that of married parent households, and cohabiting mothers of young children have lower incomes than do married mothers.<sup>25</sup> Cohabiting parents are also slightly less likely to be employed than married parents.<sup>26</sup> Further, married parent families are much more likely to own a home, a substantial asset.<sup>27</sup> Children in cohabiting parent families are slightly more likely to be uninsured, and they rely more heavily on public health insurance (56 percent) than do children living in married parent families (19 percent).<sup>28</sup>

One key indicator and source of both economic and social resources is education. Having better educated parents may translate to better wellbeing for children through income, access to formal and informal resources, social skills, relationship options, and social support. Cohabiting mothers have lower levels of education than married mothers do. This is partly tied to the mothers' age, as cohabiting parents are on average younger than married parents. Forty-one percent of children in married biological parent families have a mother with a college degree, compared to 23 percent of children in married stepparent families, 9 percent of children in cohabiting

biological parent families, and 13 percent in cohabiting stepparent families.<sup>29</sup> We see a similar pattern of educational attainment for fathers and male partners in married and cohabiting parent families.

How adults interact with their children—that is, their parenting style and skills—is another key indicator of how well their children will fare. The bulk of the evidence shows that cohabiting and married parents are similar in their reports of parenting. As we've seen, married parent families are better off socioeconomically than cohabiting parent families, so to assess differences in parenting requires that we account for socioeconomic differences. Married and cohabiting parents are similar in many ways, including the quality of their relationships at the time of their child's birth, levels of engagement and caregiving, the amount of time mothers spend with their children, and mothers' involvement with their children at ages five and nine.<sup>30</sup> Married and cohabiting biological parents share similar parenting behaviors when it comes to parental involvement, engagement, and aggravation.<sup>31</sup> A key distinction appears to be among stepfathers: cohabiting stepfathers spend less time actively engaged with young children than do married stepfathers.<sup>32</sup>

## **Recent Findings**

In the past 10 years, researchers have published at least 30 studies that use population-based sample data to assess cohabitation and child wellbeing in the United States. The outcomes they've examined include physical health (for example, overall health, obesity, and asthma), behaviors (for example, aggression, anxiety, delinquency, antisocial behavior, and sexual activity), and cognitive indicators (for example, scholastic aptitude tests such as the Peabody Picture Vocabulary

Test or the Woodcock-Johnson test; literacy, math, and reading test scores; and grades). The data sets these researchers have used constitute a varied set of population-based sources. A few of them are cross-sectional (for example, the National Survey of Family Growth and the National Survey of American Families), meaning that they provide a snapshot of children's family life at one point in time. Others are longitudinal, meaning that they follow the same individuals over time, allowing researchers to directly link family experiences to children's outcomes over the course of the child's life. Some of the longitudinal data sources began following children at birth, thus capturing early family life (for example, the Early Childhood Longitudinal, Birth Cohort Study, and the Fragile Families and Child Wellbeing Study), while others didn't begin following their subjects until kindergarten (for example the Early Childhood Longitudinal, Kindergarten Cohort Study) or the adolescent years (for example, the National Longitudinal Study of Adolescent Health and the National Longitudinal Survey of Youth 1997). Another set of longitudinal studies has focused on parents (for example, the National Survey of Families and Households and the Panel Study of Income Dynamics). Each data source has strengths and weaknesses, but taken together, they provide a pretty good picture of how children fare in a variety of types of families.

To show how children fare in cohabiting parent families, it's important to be clear about which family type will be the benchmark or reference group to which all other types will be compared. In most studies, families with two married biological parents constitute the reference group. There may be sound theoretical reasons for this approach, but relying on married

biological parent families as the comparison group doesn't give us information about the wellbeing of children in cohabiting stepparent families, as it doesn't separate stepparenthood from cohabitation. To accurately assess how children in cohabiting parent families fare, we need to distinguish those living with two biological parents from those living with stepparents, and only then make direct comparisons to married parent families.

Assessments of cohabiting parent families and child wellbeing focus on different points in a child's life. Some consider family structure at birth, while others consider family structure at a specific age (for example, age 5) or among groups of children in a specific age range (for example, 12–17). To get a complete picture, it's important to consider family experiences over the course of an entire childhood, because we otherwise miss a large part of children's lives.<sup>33</sup> Children's developmental stages are important: the outcomes that are most important for teenagers aren't the same as those for infants. And, as we've seen, family instability is a critical measure of wellbeing, so many researchers account for levels of family instability or change when assessing child outcomes. A further complication is that not all family changes are alike (for example, a change from marriage to divorce may affect children differently than a change from cohabitation to marriage).

Researchers also account for the differences between cohabiting and married parent families when it comes to socioeconomic circumstances and parental resources, because children's outcomes aren't determined solely by their parents' union status or family stability; in fact, social and economic factors influence the types of families that people form. Similarly,

children's behavior and temperament may also affect the types of families that are formed. For example, mothers whose children have behavior problems may find it harder to attract a spouse and may be more likely to cohabit than marry. Thus, cohabiting parent families may be more likely to have children with behavioral problems not because cohabitation causes behavioral problems, but because children's behavioral problems lead to cohabitation rather than marriage. How families are formed may also be affected by parents' characteristics, such as psychological resources, that aren't observed, or measured, in surveys. It's hard to establish whether unobserved differences between cohabiting and marital families result from characteristics that affect people's decisions about marriage versus cohabitation, or whether they are a benefit of marriage itself. Most researchers have tried to deal with this problem by including an extensive set of measured characteristics in their analysis, employing sophisticated statistical methodologies, and/or using longitudinal data to control for factors that preceded family formation.

Table 1 summarizes the research findings, with distinctions based on children's age (0–12 versus 13–17) as well as family structure at birth and contemporaneous family structure (measured at the time of the interview). The contrast is between cohabiting and married parent families. Below I describe the research in some detail, but table 1 provides a general overview of recent studies of cohabitation and child wellbeing. It is important to acknowledge that there are a few exceptions to the findings reported in table 1 depending on the data source, which outcome we're looking at, or key family factors included in analysis.

**Table 1:** Summary of Research on Associations between Cohabitation and Child Wellbeing

	Children 0–12		Children 13–17	
	Physical Health	Psychosocial/ Cognitive	Physical Health	Psychosocial/ Cognitive
<b>Family Structure at Birth</b>				
Cohabiting vs. Married	Negative association	Negative association	Negative association	Negative association
<b>Current Family Structure</b>				
Two Biological Parents: Cohabiting vs. Married	No significant association	No significant association	N/A	N/A
Stepparents: Cohabiting vs. Married	Negative association	Negative association	No significant association	No significant association

Note: NA = data not available; 82 percent of adolescents in cohabiting parent families live with stepparents.

### Children Ages 0–12

The research indicates that family structure at birth makes a difference for young children's health outcomes (table 1).

At birth, children born into cohabiting parent families are more likely to have low birth weight than are their counterparts born to married parents.<sup>34</sup> This health disadvantage extends to age five; children born to cohabiting parents more often experience asthma, obesity, and poor health than do children born to married parents.<sup>35</sup> In contrast, when family structure is measured at older ages, children living with cohabiting and married parents have similar levels of overall health, asthma, and obesity.<sup>36</sup> The family experience that has a consistent and negative implication for child health in both cohabiting and married parent families is family instability.<sup>37</sup> Family instability encapsulates experiences at the time of birth as well as subsequent family change. Children raised in stable married families have better overall health than children raised in stable cohabiting families, but similar rates of obesity and asthma. In contrast, children raised in unstable

cohabiting and unstable married families are similar when it comes to asthma, overall health, and obesity.<sup>38</sup> If cohabiting parents marry, this appears to be positively associated with child health. For example, at age one, children raised by cohabiting parents who marry have rates of asthma similar to those of children whose parents have not married. But by age five, children raised by cohabiting parents who later married fare better in overall health than do children raised in stable cohabiting unions.<sup>39</sup> Even when cohabiting parents eventually marry, however, their children don't achieve the same levels of health as children with stably married parents.<sup>40</sup>

To see whether marriage versus cohabitation affects young children's cognitive skills, internalizing behaviors (negative or problematic behaviors directed at the self), or externalizing behaviors (negative or problematic behaviors directed at others), we can focus either on an early indicator of family structure (at the time of birth) or on a more contemporaneous (current) measure. Family structure at birth sets the

stage for subsequent instability, as children born to cohabiting parents experience more family transitions than do children born to married parents. Indeed, family structure at birth appears to have enduring negative implications for children's psychosocial wellbeing at later ages. Children born to cohabiting parents have more problems with peers, more aggressive behaviors, more internalizing problems, and more negative teacher assessments than do children born to married parents. Instability, then, appears to harm psychosocial wellbeing.<sup>41</sup>

In contrast, how contemporaneous (current) family structure affects children's psychosocial wellbeing depends on whether the married or cohabiting parent family consists of two biological parents (a stable family) or a biological parent and a stepparent (indicating family transitions). Generally, young children living in two biological parent cohabiting families fare as well as children residing in two biological parent married families, but young children living in cohabiting stepfamilies fare worse than their counterparts in married stepfamilies (table 1). After accounting for parenting, parent's depressive symptoms, parental involvement, and socioeconomic resources, this pattern holds true for many psychosocial outcomes, such as aggression, anxiety and depression, as well as cognitive outcomes.<sup>42</sup> Further, studies that focus just on low-income children (the targets of many public policies) also show that for most behavioral and cognitive outcomes, children in cohabiting two-biological-parent families fare as well as children in married two biological parent families.<sup>43</sup>

Young children who live with cohabiting stepparents don't appear to fare as well as children who live in a married stepparent family. Thus, among children in stepparent

families, marriage is associated with more positive outcomes than cohabitation. For instance, children in cohabiting stepparent families have lower literacy scores at age four and poorer academic outcomes at age five than do children in married stepparent families.<sup>44</sup> A similar pattern exists when we look at the entire range of children from birth to 12 years old: children who live with married stepparents have higher academic achievement and fewer behavior problems than do children who live with cohabiting stepparents.<sup>45</sup>

### Adolescents

Generally, adolescents fare as well in cohabiting stepparent families as they do in married stepparent families (table 1). And the vast majority (82 percent) of adolescent children living with cohabiting parents are, in fact, living in cohabiting stepparent families. By adolescence, most children who were born into cohabiting two biological-parent families have experienced either their parents' marriage or breakup. After accounting for sociodemographic characteristics, as well as parents' own health and psychological distress, adolescents living in cohabiting and married stepparent families have similar overall physical health.<sup>46</sup> Their eating behaviors (consumption and skipping meals) are also similar, as is their emotional wellbeing, and teenagers show similar levels of depressive symptoms when they move into both cohabiting and married stepparent families.<sup>47</sup> However, one recent study found more depressive symptoms among adolescents living in cohabiting stepparent families than among those in married stepfamilies.<sup>48</sup>

Most indicators of behavior, relationships, and academic achievement are similar among adolescents in cohabiting and

married stepparent families (table 1).<sup>49</sup> Adolescents in cohabiting and married stepparent families are comparable across a range of problem behaviors: drinking, marijuana use, delinquency, smoking, and externalizing behaviors.<sup>50</sup> They also have similar levels of teenage fertility, early sex, and relationship conflict. Although high school graduation and college enrollment rates are similar among adolescents in cohabiting and married stepparent families, adolescents in cohabiting stepfamilies report lower grades, lower school engagement, and more school suspensions.<sup>51</sup>

By definition, adolescents in stepparent (cohabiting and married) families have experienced at least one family transition, and they have entered into stepparent families in a variety of ways. In adolescence, family transitions are associated with delinquency, drug use, depressive symptoms, earlier age at first sex, teenage motherhood, lower school engagement, poorer grades, and lower graduation rates.<sup>52</sup> Because there are so many potential pathways in and out of families, it is hard to simply explain and generalize the implications of family transitions. For example, high school graduation rates are lower among teenagers born to single mothers who subsequently cohabited than among those whose mothers married. But among teenagers who have experienced divorce, mothers' cohabitation and remarriage are associated with similar graduation levels.<sup>53</sup> A mother's marriage provides a physical health benefit in adolescence only when the mother stays married to the child's biological father.<sup>54</sup> Further, when cohabiting stepparents marry, teenagers' levels of school engagement, delinquency, and depressive symptoms don't improve.<sup>55</sup>

Some researchers have tried to refine their analyses by considering the age at which children experienced biological or step cohabiting parent families, as well as how long they spent in cohabiting parent families. Neither age or amount of time spent in cohabiting parent families has been shown to be related to adolescents' wellbeing, but further research using more recent data sets may reveal important distinctions.<sup>56</sup>

## Next Steps

As we've seen, the link between parental cohabitation and child wellbeing depends on the type of cohabiting parent family and the age of the child. Children who are born to cohabiting parents appear to experience enduring negative outcomes. Yet stable cohabiting two biological parent families seem to offer many of the same health, cognitive, and behavioral benefits that stable married biological parent families provide. Cohabiting rather than married stepparent families are associated with more negative indicators of child wellbeing among young children, but not among adolescents. Certainly, there are exceptions to these conclusions. Further study that focuses on recent birth cohorts of children is warranted.

Cohabitation has become especially prominent in the lives of minority children. About half (54 percent) of black children, two-fifths (43 percent) of Hispanic children, and one-third (35 percent) of white children are expected to live in a cohabiting parent family at some point.<sup>57</sup> Researchers find racial and ethnic differences in the role that family instability and family structure play in child wellbeing, but largely haven't considered whether cohabiting parents influence child wellbeing in similar or different ways for blacks, whites, and

Hispanics. Further, researchers typically haven't assessed variation in the role of cohabitation within racial or ethnic groups. (For an exception see Paula Fomby and Angela Estacion's 2011 study.<sup>58</sup>)

Cohabiting parent families' influence on child wellbeing could also vary according to social class. Cohabitation is more common among women with lower levels of education, and women with modest levels of education more frequently have children in cohabiting parent families.<sup>59</sup> A study that examined the effect of family structure solely among low-income families found that family structure was not strongly related to child outcomes among this group.<sup>60</sup> A practical issue is that population-based studies often don't include sufficient sample sizes to study disadvantaged cohabiting parent families only.

Another source of variation that researchers studying cohabitation and child wellbeing have largely overlooked is the gender of the child. A few studies indicate that family transitions are more strongly associated with some outcomes for boys than for girls, but we don't have much research on this topic.

I've focused on two pathways into parental cohabitation: a) being born to two biological parents who are cohabiting or b) living with a parent and his or her cohabiting partner who is not biologically related to the child. Additional exposure to parental cohabitation is possible, but I haven't directly addressed it here: for example, children may also live in a cohabiting family part-time, depending on custody arrangements, when their nonresident biological mother or father starts living with a cohabiting partner. A comprehensive portrait of family life needs to include the

full range of family experiences, including varying custody arrangements.

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*Policy has been inconsistent in its treatment of cohabiting parent families.*

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One type of cohabiting family that didn't receive much attention until recently is the same-sex parent family. Ten years ago in the *Future of Children*, when William Meezan and Jonathan Rauch reviewed the state of knowledge on same-sex marriage and parenting, same-sex marriage was legal in only one state.<sup>61</sup> Recently, public acceptance of same-sex marriage has skyrocketed, and the legal climate has shifted such that same-sex marriage is legally recognized nationwide (see Gary Gates's article in this issue for an excellent discussion of same-sex parent families). To date, no researchers have used population-based data to empirically evaluate child wellbeing specifically among children with married same-sex parents. Same-sex marriage may be associated with greater child wellbeing in terms of family stability, legal protections, and improved economic wellbeing through full access to state and federal benefits and insurance.<sup>62</sup> Yet same-sex parent families, regardless of marital status, may face heightened stress and challenges because of barriers to acceptance and support. New research assessing the wellbeing of children with married, cohabiting, and single lesbian and gay parents will be on the horizon.

As children spend increasing shares of their lives with parents who are cohabiting, policy has been inconsistent in its treatment of cohabiting parent families. Public programs face challenges in terms of

whether to include cohabiting partners and their income when determining eligibility for services and benefit levels.<sup>63</sup> Some programs, such as the Affordable Care Act, base eligibility on the “tax-filing unit,” and cohabiting partners and their incomes are not part of that unit.<sup>64</sup> Other programs, such as the Supplemental Nutrition Assistance Program (SNAP), base decisions about eligibility on the “consuming unit,” which includes cohabiting partners. Further, whether cohabiting partners and their income are included in eligibility criteria for some programs, such as Temporary Assistance for Needy Families, can vary from state to state.<sup>65</sup>

Another way the government ensures children’s wellbeing is through the enforcement of child support orders. Child support policy requires nonresident parents to provide economic resources to their children, and these most often must be paid whether or not the parent cohabits

with a new partner or remarries. However, a nonresident parent may petition the court to adjust the level of support based on the new cohabiting partner’s provision of children’s expenses. Relatively recently, the federal government has attempted to help support low-income families by investing considerable resources in initiatives to help couples, parents, and families maintain healthy relationships (see the article in this issue by Ron Haskins for more about these programs). At the outset, these initiatives treated participants as simply married or unmarried, but some have moved toward recognizing a broader spectrum of family experiences, including cohabitation.

Certainly, cohabitation is here to stay, and it should be integrated into programs and policies dedicated to improving the lives of children. Policies and programs need to keep pace with family change to best serve the needs of children and their parents.

## ENDNOTES

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