

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

Title:

Fertility intentions and union status: A comparison between Jamaica and the U.S.

Abstract:

It is important to study fertility intentions since a theoretical and empirical link exists between fertility intentions and fertility behavior. Furthermore, information on fertility intentions and how it varies across subgroups of society will help policy makers target women most in need of family planning services.

There are a growing number of studies of fertility intentions in the U.S. but few and dated studies in Jamaica. The U.S. work suggests the importance of considering union status since pregnancies within non-stable unions are more likely to be unplanned or unwanted.

The major goal of this project is to examine how women's fertility intentions differ by union type, in addition to social and economic factors. I plan to use the Reproductive Health Survey 2002 for the analysis of the Jamaican women, and for comparative purposes, a sample of U.S. women from the National Survey of Family Growth 2002.

Introduction:

There have been tremendous changes in the marital and union context of births in Jamaica and the U.S. in recent years. In the United States most births (64%) occurred within marriage, 14% occurred in cohabitation and 21% occurred to single mothers (National Survey of Family Growth, 2002). There has been an increase in births to unmarried women, specifically cohabiting women. In contrast, Jamaica has only 17% of births occurred in marriage, 39% born in common law unions (cohabitation), 31% born in visiting relationships and 13% born to single mothers (Jamaica Reproductive Health Survey, 1997). This trend has been pretty much constant

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

over the years. For example 1989, 28% of births occurred in marriage, 30% occurred in cohabitation, 28% occurred in visiting unions and 14% born to single mothers (Jamaica Reproductive Health Survey, 1989). In 1993, 23% of births occurred in marriage, 36% occurred in cohabitation, 28% occurred in visiting unions and 13% born to single mothers (Jamaica Reproductive Health Survey, 1993). Thus, Jamaica has a history of common law unions being seen as an alternative to marriage unions for childbearing and rearing.

While researchers have largely focused on fertility behaviors (e.g., Schoen et al, 1997; Connolly, 1998; Bagozzi & Van Loo, 1978; Guzzo & Furstenberg, 2007; Graefe & Lichter, 2007; Qain et al, 2005; Carlson & Furstenberg, 2006; Musick, 2002; Osborne, 2005; Goldsheider & Sassler, 2006), only a few studies focus on fertility intentions (Toulemon & Testa, 2005; Manning 1993; Quesnel – Vallee & Morgan, 2003; Barber & Axinn, 2005; Bongaarts, 2001). Fertility intentions are important to evaluate because a theoretical and strong empirical link exists between fertility intentions and fertility behavior (Bongaarts, 2001; Quesnel – Vallee & Morgan, 2003).

This study draws on two nationally representative datasets: the National Survey of Family Growth (NSFG) for the U.S. and the Jamaica Reproductive Health Survey (JRHS) for Jamaica. I will investigate the relationship between union status and fertility intentions. A comparative approach procures the differences in fertility behaviour, if any, between women in Jamaica, white females in the U.S. and women in the African American Community. This is important to discern since the African American community see other non – marital unions as alternatives to marriage and child bearing (Manning & Landale, 1996; Osborne et al. 2007); this is also seen in the Jamaican context (JRHS, 1997). Thus, by examining these two contexts will

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Department: Sociology
Email address: ngooden@bgsu.edu

give a better understanding of reproductive health issues in the U.S. and Jamaica. A comparative approach also provides a better understanding of fertility intentions within non-marital unions in the U.S. by examining the Jamaican experience, which has a longer history of fertility within non-marital unions. This work moves beyond prior research in two ways. First, it attempts to predict fertility by examining fertility intentions via a comparative study. Second, it highlights the differences in fertility intentions that occur among varying union statuses in the U.S. and Jamaica.

Background:

A comparison of the U.S. with Jamaica provides information about a setting where cohabitation (properly known as common law union) has a long history (Blake, 1961; Henriques 1949; Handa, 1996; Rodman, 1963; Rodman, 1966; Rubenstein, 1980). In the U.S. cohabitation is a relatively new phenomenon; this study will furnish insight into the role of cohabitation and family building by comparing a setting where cohabitation is a more acceptable context for having children. Greater intentions to have children exist within stable unions (Kohler et al., 2005); this comparison is also important since it looks at differential settings for childbearing. The research findings may also suggest future direction for U.S. fertility behavior patterns.

Furthermore, by looking at the two settings, certain aspects of the U.S. population childbearing phenomenon are more similar to the Jamaican context. For example, African American and Hispanic women child bearing are more likely to happen in non marital unions when compared to White American women (Osborne et al, 2004; Loomis & Landale, 1994). Jamaican women are similar to the minority women of the U.S. since they are also more likely to bear children within non-marital unions. However, where these non marital unions for bearing

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University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

children within minority women of the U.S. may be seen among the economically disadvantaged (Osborne et al, 2004; Loomis & Landale, 1994), this is not the case in Jamaica. These non-marital unions in Jamaica are more normative and are culturally accepted (Blake, 1961; McKenzie, 1993). I hypothesize that although minority women in the U.S. have similar childbearing experiences as Jamaican women, the fertility intentions are not the same. Jamaican women are more likely to intend to have births within non – marital unions than the U.S. minority women. This is so since Caribbean family life has been uniquely shaped by an African cultural and ideological heritage, by the experience of slavery and colonialism, multi-racial and multicultural societies, and by the socio-economic context of migration, unemployment and poverty (Barrow, 1998; Herskovits, 1966; Smith, 1982).

Fertility intentions along with social pressure (norms) and social support predict fertility behavior (Barber & Axinn, 2005). This may also explain the differential fertility intentions within union status across the two countries. Having children within cohabiting unions are more socially encouraged in Jamaica than in the U.S. Therefore, a positive relationship between fertility intentions and behaviors prevail if fertility intentions are socially encouraged (Barber & Axinn, 2005). However, these non-marital union forms for childbearing in the U.S. have increased and are becoming more socially acceptable (Van de Kaa, 1997; Dow et al, 1994; Sussman et al., 1999; Kathleen Kiernan, 2004; Smock, 2004). Fertility intentions within unions are based on the changing societal norms in accepting alternative union types (Cherlin, 2004). Unstable unions are socially regarded as being injurious to child well being (Brown, 2004; Brown, 2006; Mary, Noel, Gouke, McClarty, and Rollins, 1990; Gennetian, 2004; Thomson, Hanson & McLanahan, 1994). If this proves to be true, then fertility intentions within these

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University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

unions should be lower. The reasons for these union status differentials in fertility intentions also tie union instability to economic disadvantage and lack of social support.

Research finds that fertility intentions are a strong predictor of fertility behavior (Bongaarts, 2001; Quesnel – Vallee & Morgan, 2003; Davanzo et al, 2003; Barber & Axinn, 2005; Joyce et al., 2002). It is important to examine fertility intentions because in the U.S. childbearing and being in a marriage union have been increasingly separated (Pagnini & Rinduss, 1993; Abma et al., 1997). There has been a progressive retreat from marriage and the increased acceptance of other forms of non – marital unions such as cohabitation (Bumpass & Lu, 2000; Smock, 2004). In Jamaica, these non – marital unions are sometimes alternative family forms for childbearing. Fertility intentions to have children within non – marital unions result when there is an acceptance of these other forms of unions (Bumpass & Lu 2000). My research will help to further understand the differential contexts of childbearing that are ultimately influenced by fertility intentions.

In the general U.S. context, research indicates that cohabitation is an increasing family form for childbearing (Manning, 1993; Manning & Landale 1996; Bumpass & Lu, 2000). The percentage of births in cohabitation unions increased from 29% to 39% over the periods 1980–84 and 1990–94 (Bumpass & Lu, 2000). If cohabitation were not seen as an increasingly acceptable family form, then single women’s fertility intentions would not differ from the intentions of women in cohabiting unions (Manning, 1993). Although cohabitation is an increasing family form it still has not reached the acceptability as marriage (Manning, 1993). Planning status differences between cohabiting and married women suggest that cohabitation is not a preferred location for having children (Manning, 1995; Musick, 2002). However, the fact that cohabitation

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University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

and childbearing has been on the rise in the U.S. indicates that planning status differences between cohabiting and married women are becoming less distinct (Loomis & Landale, 1994).

Fertility intentions within the Jamaican union status may differ slightly from that of the United States. Blake (1961), states that among the lower class there are higher proportion of women in the 30 – 34 age group and men within the 35 – 39 age group that choose to live in a common law union rather than in a married union. The reason for Caribbean people not establishing the married union is due to their negative attitudes towards legal marriage and they are more acceptable of non-marital unions (Blake, 1961). Jamaicans more readily accept the common law union instead of marriage. Common Law unions are defined as having consensus where the man and the women are living together without being legally married (Lightbourne & Singh, 1982). However, a high proportion of the lower-class Jamaicans eventually marry but at later ages. The fertility intentions within these unions should not differ since the upbringing of children is unaffected and extended family members often offer to help (such as grandparents) in the upbringing of children.

The role of the father within the Caribbean context is usually seen as an economic provider. His role in the day-to-day care of children is not necessitated. Sharpe (1996) contends that Caribbean men have poor emotional relationships with their children. This makes single mother families, father absenteeism and visiting unions a common norm witnessed within the Caribbean. Thus, fertility intentions within other forms of unions will be acceptable providing the father remains the economic provider. Smith (1961) discusses further, the culture and ideology of the lower social class. In lower class black populations it is virtually the norm to find pregnancy and childbearing outside of marriage and these are treated without social disgrace.

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Department: Sociology
Email address: ngooden@bgsu.edu

Rodman (1963) further states that these values may be different across social classes. Lower class women will better adapt these alternate non-marital unions compared to middle class and upper class women (Rodman, 1963). These alternate non-marital unions are more accepted among lower class women within the Caribbean context and are not viewed as being ‘deviant patterns’ (Rodman, 1963; Rodman 1966). However, in the latter part of the twentieth century there has been a shifting belief of these attitudes where men are also playing a bigger part in their children’s upbringing other than financial support (Roopnarine et al. 1996).

These alternate family patterns are also evident within the middle class society. These women who are economically independent may opt to remain in a visiting union and intend to bear at least one child. According to Roberts and Sinclair (1978), such women prefer this status as it affords them more exclusive control over domestic labor that would be demanded by a resident male partner.

Henriques (1949), identifies four types of family structures in the Caribbean: Christian family, faithful concubinage, maternal or grandmother family, and keeper families. These structures are inherent in the society thus form some degrees of stability. However, they may also be regarded as disequilibrium within society. These family structures are a phenomenon coming out of the plantation – slavery society rather than being a West African tradition. Thus, these different family structures that have been seen to disadvantage children in other societies may not be a disadvantage to children within the Caribbean due the adaptability of these forms. Caribbean families adapt to the local economic conditions experienced (Handa, 1996).

In terms of family structures, the visiting relationship is unique within the Caribbean culture. The male contributes financial support to the female and her children and she in turns

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University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

give him companionship. If he maintains this relationship, the couple may decide to develop a common law union (which is the equivalent to cohabitation in the United States) and as time progress they may marry. If he is not suitable, the female may move to establish another visiting relationship union. The Caribbean women use these strategies in order to secure their children's welfare and are adapted especially among the lower-class families. The poor economic conditions and the high unemployment of males make it impractical for the woman to establish a relationship or allow the male partner to live within the same household with her. This would reduce her chances of obtaining a more financially secured mate. Only until she is certain that the mate is financially secured will she move from the visiting relationship to the common-law relationship.

This is important to discern since the African American community see other non – marital unions as alternatives to marriage and child bearing (Manning & Landale, 1996; Osborne et al. 2007); this is also seen in the Jamaican context (JRHS, 1997). Thus, by examining these two contexts will give a better understanding of reproductive health issues in Jamaica and the U.S.

Theoretical Background:

The Jamaican family contexts for bearing children can be partly explained by the African Retentionism theory postulated by Melville Herskovits (1966). His main argument is that slavery did not destroy the African culture and that in fact, African culture has survived in various forms in the Caribbean to the point where certain cultural phenomenon must be seen in the light of African cultural retention. Barrow (1996) also supports this by stating that approximately 80 – 90% of Caribbean families came from an African Background. Herskovits (1966) further admits

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

that although not erased, African cultural forms are changing while some are totally lost, however, he contends that the African cultural forms are still evident in parts of Caribbean cultural lives (also Rubenstein, 1980). He contends that African cultural forms survived in three main ways. First through what he calls *Survivals*- cultural forms that closely resemble the original African forms. For example, the practice of burying the umbilical chord of a child and planting a fruit tree over it. Secondly, African retention can be seen in *Syncretisms*, which is the practice of identifying elements in the new culture that parallels components of the old. An example is the practice of identifying Catholic saints with African deities (Herskovits, 1937).

Finally, it survives through what he terms *Reinterpretations*. This is seen where African culture is reinterpreted to suite the new environment. The cultural practice no longer necessarily looks like traditional retention on the surface but on closer examination, what appears to be a unique West Indian construct is in its essence African retention. An example of this is the reinterpretations of African polygamy as progressive monogamy. Herskovits (1966) argues that these three forms of survival can be seen as a continuum moving from behavior that closely resembles African culture (survival) to activities, which may not on the surface look like African retention. Thus, the acceptance of other forms of non-traditional families (the visiting relationship and the common law relationship) becomes acceptable alternatives for having children. Visiting unions are defined where couples do not live together but have a stable sexual relationship (Lightbourne & Singh, 1982). Fertility intentions should not be different among these unions (common law and visiting unions) compared to the married union.

The African Retentionism Theory postulated above can explain the theoretical background behind the Jamaican context of child bearing. For the U.S. context, the Second

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

Demographic Transition Theory may explain the context of child bearing. The second demographic Transition started around the year 1965. Its primary focus is on fertility declines below the replacement level of 2.1 births per woman (Van de Kaa, 1997). In the second demographic transition there are: reduction in marriage formations, increase in cohabitation unions, increases in childbearing within non-marital unions and an increase in divorce rates (Van de Kaa, 1997; Loomis & Landale, 1994).

The primary mechanism driving fertility change (fertility decline) in the second demographic transition is the drastic shift of societal norms, attitudes and morals (Dow et al, 1994). Dirk J. van de Kaa (1987) terms this shift in attitudes as moving from altruistic to more individualistic in nature. Cleland and Wilson (1987) term the shift in attitudes as being primarily focused on Coale's third precondition for the demographic transition to occur. Therefore, this theory explains the increase in non-marital forms for having children within the U.S. context. It also indicates that stress theory within less stable unions due to divorce, remarriage, relocation or unemployment redefine family roles. Social control theory postulates that different family structures lead to different behavioral outcomes of children.

Current Investigation:

The purpose of this study is to examine the extent to which union status differences affect fertility intentions (difference in prediction) for U.S. compared to Jamaican women. I expect that women in cohabiting unions will have higher fertility intentions than single women both in the U.S. and Jamaica after controlling for birth parity. I anticipate that women in married and cohabiting unions in Jamaica will share similar fertility intentions after controlling for birth parity since these are established stable unions for bearing children. In contrast, in the U.S., I

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

expect that women in married and cohabiting unions will not share similar fertility intentions after controlling for birth parity since cohabiting unions are a relatively new phenomenon in the U.S. compared to Jamaica.

Given the strong relationship between social class and fertility (Loomis & Landale, 1994; Manning & Landale, 1996; Osborne et al, 2004; Rodman, 1963), I expect the effect of union status to differ according to social class (a moderating effect). This paper will control for covariates typically found to be related to fertility intentions. Therefore, given the nature of social class and birth parity in affecting fertility intentions, both the Jamaican and the U.S. models shall be controlled by socio – economic status and birth parity. Controlling for birth parity is important since women in stable unions have already finished their childbearing intentions and therefore, will have a lower desire for children (Toulemon & Testa, 2005). Other control variables that are related to intentions will be: age, education and religiosity (church attendance). The link between fertility intentions and fertility behavior is strongly correlated with age, education and religiosity (Joyce et al. 2002; Toulemon & Testa, 2005) which makes it important to include these variables into the analysis.

Demographic risk factors associated with non-marital child bearing are: being raised in non-traditional family structures, poorer socioeconomic status, belonging to a minority race, having a parent who received public assistance (Guzzo & Furstenberg, 2007; Graefe & Lichter, 2007) and lower levels of education (Qain et al, 2005; Carlson & Furstenberg, 2006; Musick, 2002; Osborne, 2005; Goldscheider & Sassler, 2006). These risks are reduced with increased levels of education, increased levels of educational and occupational aspirations, higher levels of self-esteem and religiosity (Guzzo & Furstenberg, 2007; Carlson & Furstenberg, 2006).

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

Furthermore, fertility intentions are better realized by the highly educated over the uneducated, and unemployment reduces the desire to have children (Toulemon & Testa, 2005). Since non-marital child bearing are associated with specific demographic characteristics, their fertility intentions should also differ according to their marital status.

This study contributes to prior work because it examines how women in different cultural contexts behave in their birth intentions. I rely on the Reproductive Health Survey 2002 for the analysis of the Jamaican women aged 15 – 44 years and the National Survey of Family Growth 2002 for the analysis of the American women aged 15 – 44 years. This study will contribute to the understanding of fertility behavior. Most Jamaican research is descriptive focusing on trends and patterns and this work will move beyond the descriptive by establishing a more comprehensive understanding of fertility. Understanding birth intentions will further explain the reasons behind fertility patterns.

Seltzer et al (2005) affirms that there needs to be grounded theory in the explanation of different types of family formations and their childbearing intentions. They state that while studying union formation and dissolution, childbearing and childrearing, and family's effect on the next generation should be examined. Hence the significance to further investigate this topic will explain the contexts of childbearing that are ultimately influenced by fertility intentions.

Data:

This study relies on two datasets: the 2002 Jamaican Reproductive (JRHS) Health Survey and the U.S. 2002 National Survey of Family Growth (NSFG). The JRHS survey is a Jamaican female sample between the ages of 15 – 49 years. This survey consists of 10,764 Jamaican women sampled from the 14 parishes. The data use the design adopted for the Continuous Social

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

and Demographic Surveys conducted by the Statistical Institute of Jamaica. This design is based on a two – stage stratified sample in which the first stage is a selection of geographic areas and the second stage is a selection of dwellings. The mode of administration used in this survey is face-to-face interviews with interviewers recording responses. These data are appropriate because of detailed questions about union status and fertility practices and behaviour. Moreover, the 2002 Jamaican Reproductive Health Survey is one of the few most recent nationally representative datasets that examine fertility.

The National Survey of Family Growth 2002 is conducted by the National Center for Health Statistics. The survey interviews both males and females but only the female survey is analyzed. The female sample ranges from 15 – 44 years and it is an area probability representative weights sample of the United States population. There are approximately 7,643 females sampled in the survey. This dataset is appropriate because it reflects recent patterns and includes measures of fertility intentions as well as union status. The questions asked in relation to fertility intentions are also comparable to the Jamaica Reproductive Health Survey questions.

The analytic sample for both data samples are adult women 18 – 44 years (N = 7,278 NSFG; N= 8,726 JRHS). These samples are limited to women who provide valid marital status data (N=6,969 NSFG; N=7,735 JRHS). These samples are further limited to women who provide valid fertility intentions data (N=6,963 NSFG; N=7,735 JRHS). Finally, the U.S. sample is limited to the White, Hispanic and African American respondents (N=6,637 NSFG). The final analytic sample is based on 7,735 women in the JRHS and 6,637 women in the NSFG who provide valid responses at the time of the interview.

Measures:

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

The dependent variable, fertility intentions, in the Jamaican survey is worded: ‘Do you want any more children?’. This question has four responses: ‘yes’, ‘no’, ‘God’s will’ and ‘not sure’. The ‘yes’ responses are coded as ‘1’ and the ‘no’ responses are coded as ‘0’; all other responses are excluded from the creation of the computed fertility intentions variable (N=6,388). This question excludes those women who answered ‘yes’ to question 514: Respondent or husband / partner currently sterilized. The ‘yes’ responses on question 514 are coded as ‘0’ to reflect no fertility intentions on the dependent variable. The combination of these two variables increases the sample size to 7,145 women. Question 520: ‘Would you like to become pregnant now?’ is also incorporated in the fertility intentions measure. Those who answered yes to this question are coded as ‘1’ on the dependent variable and those who answered no are coded as ‘0’ on the dependent variable. The combination of these three variables increases the sample size to 7,726 women. As a check, question 543 ‘how many (more) children would you like to have (after this pregnancy)?’ is also included in the dependent variable. Those who intended one or more children are coded as ‘1’ on the dependent variable while those who intended zero are coded as ‘0’ on the dependent variable. This increases the sample size to 7,735 women with valid responses to the computed fertility intentions variable.

The dependent variable that measures fertility intentions in the American survey is a composite variable that first combines two variables: ‘Do you and your husband /cohabiting partner intend to have a/nother baby at some time (after this pregnancy / in the future)?’ (N=1,712) and ‘Looking to the future, do you intend to have a/nother baby at some time (after this pregnancy)?’ (N=2,334). These two questions are combined since the first question is only asked to those women who have a husband / cohabiting partner while the second question is only

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

asked of those women who do not have a husband / cohabiting partner. By combining these questions, fertility intentions are obtained for all women who report a union status (N=4,046). The combined question has two responses: 'yes' coded as '1' and 'no' coded as '0'. Also, the question: 'Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and (NAME OF CURRENT HUSBAND OR COHABITING PARTNER), what is the largest number of (additional) babies you and he expect to have (after this pregnancy is over)?' is added to the dependent variable to measure fertility intentions. This variable ranges from 0 – 5 additional children (N=56). Those women who intend '0' additional children are coded as '0' on the dependent variable while those women intending 1 – 5 children are coded as '1' on the dependent variable. The combined three variables include 4,105 women. The question: 'Many people aren't sure, but still have some idea about the future. As you expect things to work out for you, what is the largest number of (additional) babies you, yourself, expect to have (after this pregnancy is over)?' is also added to the dependent variable. This variable ranges from 0 – 8 additional children (N=53). Those women who intend '0' additional children are coded as '0' on the dependent variable while those women intending 1 – 8 children are coded as '1' on the dependent variable. The combined four variables include 4,151 women. The question 'Do you think you probably want or probably do not want/If it were possible do you think you would probably want or probably not want) to have (a/nother) baby at some time (after this pregnancy is over/in the future)?' is also incorporated in the dependent variable (N=117). Those who say they probably wanted another baby are coded as '1' and those who probably do not want another baby are coded as '0' on the dependent variable. The combined five variables include 4,162 women. Lastly, the question 'Looking to the future, do/If it were possible would)

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University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

you, yourself, want to have (a/nother) baby at some time (after this pregnancy is over/in the future)?' is also incorporated into the dependent variable (N=6,491). Those who say yes are coded as '1' and those who say no are coded as '0' on the dependent variable. The combined six variables incorporated the analytical sample of 6,637 women.

The focal independent variable in the American survey that measures union status include six categories: 'married', 'not married but living with a partner of the opposite sex', 'widowed', 'divorced', 'separated because you and your spouse was not getting along' and 'never been married'. This variable is recoded into three groups: 'married', 'cohabiting' (those who are not married but living with a partner of the opposite sex) and 'single' (incorporating widowed, divorced and never been married).

The focal independent variable that measure union status in the Jamaican survey has four categories: 'no relationship', 'married relationship', 'common law relationship', 'visiting relationship'. This variable incorporates the following four questions: questions 201, 202, 203 and 204: 'Are you legally married?', 'Are you and your husband living together as man and wife now?', 'Are you living with a common law partner with whom you have sexual relations?' and 'Do you have a visiting partner, that is, a more or less steady partner with whom you have sexual relations?'. These questions have only yes and no responses. All the 'no' responses to these questions are coded as '0' into no union. The 'yeses' on questions 201 and 202 are coded as '1' into married union. The 'yeses' on question 203 are coded as '2' into common law union and the 'yeses' on question 204 are coded as '3' into visiting union.

In the Jamaican sample, education is measured by, 'How many years did you attend school?'. This variable is coded into five categories: less than 10 years of school (less than high

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University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

school), 11 years of school (high school graduate), 12 – 13 years of schooling (pre university), 14 – 15 years of schooling (some college) and 16 or more years of schooling (college graduate).

In the U.S. sample education is measured by the number of years of schooling. This variable is coded into four categories: less than 12 years of schooling (less than high school), 12 years of schooling (high school graduate), 13 – 15 years of schooling (some college) and 16 or more years of schooling (college graduate).

In the Jamaican sample, frequency of church attendance is measured by: ‘With what frequency do you attend religious services?’. The responses range from 1 to 5: Doesn’t attend at all is coded as ‘1’, only for special occasions ‘2’, less than once a month ‘3’, at least once a month ‘4’ and at least once ‘5’. The no response and missing values for this question are replaced with the mean response (n = 97).

In the U.S. sample, frequency of church attendance is measured by the question asking the frequency the respondent attend religious services. Five responses are coded as follows: never is coded as ‘1’, less than once a month ‘2’, 1- 3 times per month ‘3’, once a week as ‘4’ and more than once a week as ‘5’. The respondents that refuse or do not know the frequency of their church attendance are replaced with the mean response (n = 11).

In the Jamaican sample, birth parity measures the number of live births. Those women who have 0 live births are coded as ‘0’ into no children. Those women who have one child are coded as ‘1’ and those women who have two or more live births are coded as ‘2’.

In the U.S. sample, birth parity is measured as the total # of live births. Women who have 0 live births are coded as ‘0’, one child is coded as ‘1’ and two or more live births are coded as ‘2’.

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 Email address: ngooden@bgsu.edu

In the Jamaican sample, area of residence is measured by three locations: the Kingston Metropolitan Area (KMA), other towns and rural areas. Dummy variables are used in the analysis with the KMA as the reference group. Age of the respondent is measured as a continuous variable. Employment Status is coded as '1' for employed and '0' for unemployed.

In the U.S. sample, area of residence is measured by three locations: MSA, Central City, MSA other and not MSA. Dummy variables are used in the analysis with MSA, Central City as the reference group. Age of the respondent is measured as a continuous variable. Employment status is coded as '1' for employed and '0' for unemployed.

For the U.S. sample, race of the respondent is included in the analysis. This variable incorporates respondent's race and ethnicity. The categories include non Hispanic white, non Hispanic black and Hispanic. Some analyses are limited to black respondents (N=1405).

Logistic regression models are used to analyze both the American and the Jamaican datasets. There are three samples used: Jamaica, U.S. full and U.S. African Americans. The first model is a simple linear regression model that regresses union status on fertility intentions. The second regression model adds parity and age. The third regression model controls for all the other covariates: age, parity, area of residence, education, employment status and frequency of church attendance. The third regression model for the U.S. full sample also controls for the race of the respondent. The U.S. full sample has a fourth regression model that adds interaction effects between union status and race.

Results:

Table 1
Fertility Intentions of Jamaican Women 18 – 44 years, Demographic and Economic Characteristics, 2002: Descriptive Statistics (N = 7735)

Variables	<i>% / Mean</i>	<i>SD</i>
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Author: Natalee Gooden
 University: Bowling Green State University
 Department: Sociology
 Email address: ngooden@bgsu.edu

Fertility Intentions (yes = 1)	46.76%	
Union Status		
Married	19.24%	
Common law	22.33%	
Visiting	32.55%	
Single	25.88%	
Age (18 – 44 years)	30.26	18
Area of Residence		
Other towns	33.40%	
Rural	44.32%	
Kingston Metro Area	22.28%	
Education		
High School drop outs	12.25%	
High School Graduate	11.68%	
Pre University	33.58%	
Some College	31.16%	
College Graduate	11.33%	
Employment Status (employed = 1)	41.05%	
Frequency of church attendance (1 – 5)	3.52	1.38
Birth Parity (0 – 11)	2.02	1.85
No children	24.20%	
One Child	22.52%	
Two or more children	53.28%	
N = 7735		

Approximately half of the Jamaican sample intended on having a birth (i.e. 46.76%).

In the sample, approximately 1/5 of the women are married, a little over 1/5 are in common law unions, approximately 1/3 of the women are in visiting unions while approximately 1/4 are single. The average age in the sample is 30.26 years and most of the sample resided in rural areas (i.e. 44.32%). Most of the sample completed high school and approximately 41% of them are employed. A little over half of the Jamaican sample reported having two or more children.

Table 2

Fertility Intentions of U.S. Women 18 – 44 years, Demographic and Economic Characteristics, 2002: Descriptive Statistics weighted means and percentages

Variables	<i>U.S. (all races)</i>		African American	
	<i>% / Mean</i>	<i>SD</i>	<i>% / Mean</i>	<i>S.D.</i>
Fertility Intentions (yes = 1)	49.73%		48.87%	

Author: Natalee Gooden
 University: Bowling Green State University
 Department: Sociology
 Email address: ngooden@bgsu.edu

Union Status				
Married	50.76%		29.36%	
Cohabiting	9.87%		10.42%	
Single	39.37%		60.22%	
Race				
White	70.22%			
Black	14.84%			
Hispanic	14.94%			
Age (18 – 44)	31.51	7.90	31.09	7.87
Area of Residence				
MSA, Central City	49.20%		53.75%	
MSA other	33.43%		7.81%	
Not MSA	17.36%		38.44%	
Education				
High School drop out	18.87%		20.57%	
High School Graduate	25.84%		31.08%	
Some College	30.25%		30.17%	
College Graduate and higher	25.04%		18.18%	
Employment Status (employed = 1)	70.70%		69.84%	
Frequency of church attendance (1 – 5)	2.74	1.32	3.15	1.30
Birth Parity (0 – 22)	1.42	1.42		
Birth Parity (0 – 16)			1.62	1.55
No Children	35.47%		29.73%	
One Child	19.63%		23.06%	
Two or more children	44.90%		47.21%	
Unweighted N	6637		1405	

Approximately half of the U.S. (all races) sample intended on having a birth (i.e. 49.73%). In the sample, approximately half of the women are married, 10% are in cohabiting unions, while approximately 40% are single. The average age in the sample is 31.51 years and most of the sample resided in MSA, central cities (i.e. 49.2%). Most of the sample completed at least some college level of education and approximately 71% of them are employed. A little under half of the U.S. (all races) sample reported having two or more children.

Approximately half of the African American sample intended on having a birth (i.e. 48.87%). In the sample, approximately 30% of the women are married, 10% are in cohabiting

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

unions, while approximately 60% are single. The average age in the sample is 31.09 years and most of the sample resided in MSA, central cities (i.e. 53.75%). Most of the sample completed at least some college level of education and approximately 70% of them are employed. A little under half of the African American sample reported having two or more children.

Author: Natalee Gooden
 University: Bowling Green State University
 Department: Sociology
 Email address: ngooden@bgsu.edu

Table 3

Summary of Logistic Regression Analysis for Variables Predicting Fertility Intentions of Jamaican Women 18 – 44 years, Demographic and Economic Characteristics, 2002 (N = 7735).

Predictors ^a	Model 1			Model 2			Model 3		
	B	SE B	e ^B	B	SE B	e ^B	B	SE B	e ^B
Union Status (Single)									
Married ^{bc}	-1.196**	0.073	0.302	0.253*	0.101	1.288	0.217*	0.105	1.243
Common law ^d	-0.634**	0.067	0.530	0.378**	0.094	1.460	0.423**	0.095	1.526
Visiting	0.006	0.060	1.006	0.325**	0.087	1.384	0.345**	0.088	1.412
Age				-0.099**	0.005	0.906	-0.113**	0.005	0.893
Birth Parity (No Children)									
One Child				-1.642**	0.107	0.194	-1.620**	0.109	0.198
Two or more Children				-3.445	0.106	0.032	-3.346**	0.109	0.035
Area of Residence (Urban)									
Other towns							-0.112	0.086	0.894
Rural							-0.205*	0.084	0.814
Education (Less than high school)									
High school Graduate							0.459**	0.130	1.583
Pre University							0.200 ⁺	0.108	1.222
Some College							0.226*	0.112	1.254
College Graduate							0.158	0.139	1.171
Employment Status (Unemployed = 0)							0.579**	0.068	1.785
Frequency of church attendance							0.060*	0.025	1.062

Author: Natalee Gooden
 University: Bowling Green State University
 Department: Sociology
 Email address: ngooden@bgsu.edu

Constant	0.226**	4.88**	4.694**
χ^2	409.636**	4141.034**	4248.735**
Df	3	6	14
R^2_G	0.052	0.415	0.423
R^2_{gsc}	0.069	0.554	0.564

* $p < .10$ ** $p < .05$ *** $p < .01$.

^aReference groups are parenthesized. ^bThere is no significant difference between married and visiting in the full model. ^cThere is a significant difference between married and common law in the full model. ^dThere is no significant difference between common law and visiting in the full model.

For model 1 in table 3, not taking into account any factors, there is a significant 69.8% drop in the odds of intending a birth for those that are married when compared to those that are single¹. Therefore, single Jamaican women are more likely to intend a birth when compared to married women in the baseline model. There is a significant 47% drop in the odds of intending a birth for those in a common law union when compared to those that are single². Therefore, single Jamaican women are more likely to intend a birth when compared to women in common law unions in the baseline model. There is no significant difference of intending a birth between those that are single when compared to those in visiting unions in the baseline model.

For model 2, in table 3, accounting for age and birth parity, there is a significant 28.8% increase in the odds of intending a birth for married Jamaican women, a 46% increase in the odds for Jamaican women in common law unions and a 38.4% increase in the

¹ $100 (.302 - 1) = -69.8\%$.

² $100 (.530 - 1) = -47\%$.

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

odds of intending a birth for women in visiting unions when compared to single Jamaican women. For the Jamaican model, there is a significant difference between married women with two children (having lower odds) and visiting with one child (having lower odds) than single women with no children. Single Jamaican women with children have lower intentions to have another child when compared to women with children that are in unions (i.e. married, common law and visiting unions). Furthermore, older women are less likely to intend a birth if single versus being in a union (i.e. married, common law and visiting unions).

For model 3, in table 3, accounting for age, birth parity, area of residence, education level and employment status, there is a significant 24.3% increase in the odds of intending a birth for married Jamaican women, a 52.6% increase in the odds for Jamaican women in common law unions and a 41.2% increase in the odds of intending a birth for women in visiting unions when compared to single Jamaican women. Single Jamaican women with children have lower intentions to have another child when compared to women with children that are in unions (i.e. married, common law and visiting unions). Furthermore, older women are less likely to intend a birth if single versus being in a union (i.e. married, common law and visiting unions). Jamaican women in rural areas are less likely to intend a birth when compared to women in urban areas. Jamaican women who have obtained up to some college level of education are more likely to intend a birth when compared to those who have less than high school level of education. Jamaican women who are employed are more likely to intend a birth when compared to those that are unemployed.

Also, in the interaction model (not shown), women in married and visiting unions have higher odds of intending a birth when compared to single women. With the interaction term there is no difference between common law unions and single unions. At parity

Author: Natalee Gooden
 University: Bowling Green State University
 Department: Sociology
 Email address: ngooden@bgsu.edu

of 0 there is no significant difference of intending a birth between married and single women, between common law and single women and between visiting and single women. At parity of 1 there is a significant difference between married and single women, common law and single women. There is marginal significance between visiting and single women. Married, visiting and cohabiting women all had higher odds of intending a birth when compared to single women. At parity of 2, there is no significant difference of intending a birth for married women when compared to single women. Women in common law and visiting unions have higher odds of intending a birth when compared to single women.

Table 4

Summary of Logistic Regression Analysis for Variables Predicting Fertility Intentions of U.S. Women 18 – 44 years, Demographic and Economic Characteristics, 2002 (un - weighted N = 6637):

Predictors ^a	Model 1			Model 2			Model 3			Model 4		
	B	SE B	e ^B	B	SE B	e ^B	B	SE B	e ^B	B	SE B	e ^B
Union Status (Single)												
Married ^b	-0.556**	0.052	0.573	0.370**	0.066	1.447	0.336**	0.071	1.399	0.300**	0.091	1.350
Cohabiting	0.016	0.085	1.016	0.064	0.103	1.066	0.081	0.104	1.084	-0.039	0.147	0.961
Race (White)												
Black							0.092	0.082	1.097	0.072	0.108	1.075
Hispanic							0.361**	0.082	1.435	0.226*	0.130	1.254
Age				-0.129**	0.004	0.879	-0.130**	0.005	0.878	-0.130**	0.005	0.878
Birth Parity (No Children)												
One child				-0.784**	0.080	0.457	-0.815**	0.083	0.443	-0.816**	0.084	0.442
Two or more children				-1.643**	0.072	0.193	-1.754**	0.080	0.173	-1.757**	0.081	0.173

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

For model 1 in table 4, not taking into account any factors, there is a significant 42.7% drop in the odds of intending a birth for those that are married when compared to those that are single³. Therefore, single American women are more likely to intend a birth when compared to married women in the baseline model. There is no significant difference of intending a birth between those that are single when compared to those that are cohabiting in the baseline model.

For model 2, in table 4, accounting for age and birth parity, there is a significant 44.7% increase in the odds of intending a birth for married American women when compared to single American women. There is no significant difference of intending a birth between those that are single when compared to those that are cohabiting. Single American women with children have lower intentions to have another child when compared to married women with children. Furthermore, older women are less likely to intend a birth if single versus being married.

For model 3 and 4, in table 4, accounting for age, birth parity, race, area of residence, education level and employment status, there is a significant increase in the odds of intending a birth for married American women when compared to single women. There is no significant difference of intending a birth between those that are single when compared to those that are cohabiting. Single American women with children have lower intentions to have another child when compared to married women with children. Older women are less likely to intend a birth if single versus being married. There is no difference in intending a birth between whites and blacks, however Hispanics have greater fertility intentions when compared to whites. High school graduates have lower intentions of

³ $100 (.573 - 1) = -42.7\%$.

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

intending a birth when compared to those who have less than high school level of education. American women who attend church more frequently have greater fertility intentions than those who attend less frequently.

In general, for the U.S. full model at zero parity there is a significant difference between married and single women but no difference between cohabiters and single women. Married women have higher odds of intending a birth when compared to single women. This is consistent with an interaction model⁴. At parity of one, there is a significant difference between married from single women where married women have higher odds of intending a birth. There is no significant difference between cohabiters and single women. At parity of two or more, there is no significant difference between intending a birth (that is, there is no difference between married and single women nor there is a difference between cohabiters and single women).

⁴ Results not shown

Author: Natalee Gooden
 University: Bowling Green State University
 Department: Sociology
 Email address: ngooden@bgsu.edu

Table 5

Summary of Logistic Regression Analysis for Variables Predicting Fertility Intentions of African American Women 18 – 44 years, Demographic and Economic Characteristics, 20002 (un - weighted N = 1405):

Predictors ^a	Model 1			Model 2			Model 3		
	B	SE B	e ^B	B	SE B	e ^B	B	SE B	e ^B
Union Status (Single)									
Married ^b	-0.343**	0.125	0.709	0.390**	0.145	1.477	0.293*	0.150	1.340
Cohabiting	-0.295 ⁺	0.184	0.745	-0.245	0.214	0.783	-0.244	0.217	0.784
Age				-0.105**	0.009	0.900	-0.111**	0.009	0.895
Birth Parity (No Children)									
One Child				-1.188**	0.174	0.305	-1.121**	0.177	0.326
Two or more children				-1.741**	0.157	0.175	-1.664**	0.164	0.189
Area of Residence (MSA, Central City)									
MSA other							-0.218 ⁺	0.134	0.804
Not MSA							0.171	0.262	1.187
Education (Less than high school)									
High school graduate							-0.307 ⁺	0.179	0.736
Some College							0.205	0.186	1.228
College graduate and above							0.203	0.223	1.225
Employment Status (Unemployed = 0)							0.032	0.143	1.033
Frequency of church attendance							0.039	0.048	1.039
Constant	0.062			4.288**			4.400**		
χ^2	8.795**			374.311**			392.940**		
Df	2			5			12		
R ² _G	0.006			0.234			0.244		
R ² _{GSC}	0.008			0.312			0.325		

⁺ $p < .10$ * $p < .05$. ** $p < .01$.

^aReference groups are parenthesized. ^bThere is a significant difference between married and cohabitation in the full model.

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

For model 1 in table 5, not taking into account any factors, there is a significant 29.1% drop in the odds of intending a birth for those that are married when compared to those that are single⁵. Therefore, single African American women are more likely to intend a birth when compared to married women in the baseline model. There is no significant difference of intending a birth between those that are single when compared to those that are cohabiting in the baseline model.

For model 2 and 3, in table 5, accounting for age and birth parity, there is a significant 47.7% increase in the odds of intending a birth for married African American women when compared to single American women. There is no significant difference of intending a birth between those that are single when compared to those that are cohabiting. Single African American women with children have lower intentions to have another child when compared to married women with children. Furthermore, older women are less likely to intend a birth if single versus being married.

In general, for the African American sample, at parity of 0 there is no significant difference of intending a birth between married and single women as well as cohabiters and single women. This is consistent with an interaction model⁶. However, at parity of one, married women have higher odds of intending a birth when compared to single women and there is no significant difference between cohabiters and single women. At parity of 2, there is no significant difference of intending a birth between married and single women as well as cohabiters and single women.

⁵ $100(0.709 - 1) = -29.1\%$.

⁶ Results not shown

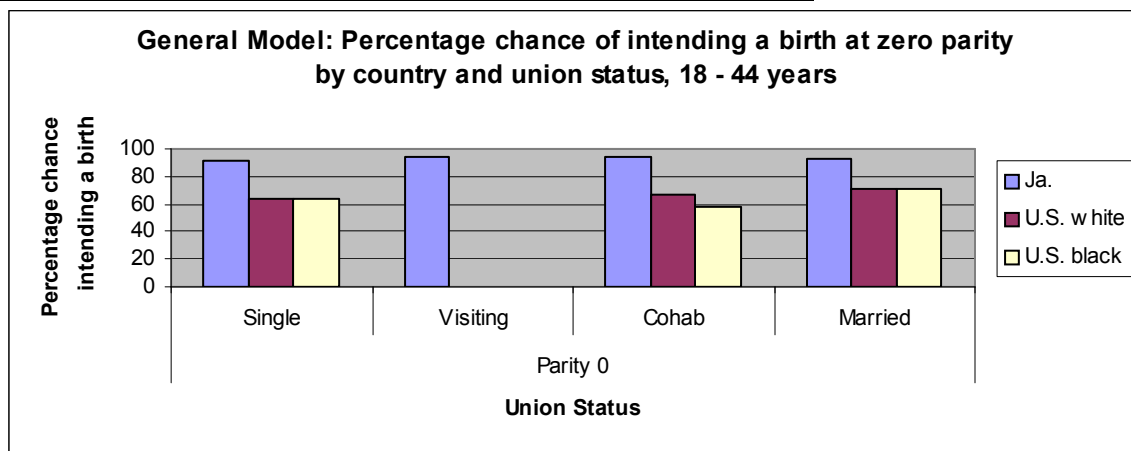
Table 6a - c

General Predicted Probability Models: average age, church attendance, reside in MSA other, employed and high school graduate, 18 – 44 years.

6a: Percentage chance of intending a birth at zero parity by country and union status

	Parity 0			
	Single	Visiting	Cohab	Married
Ja.	96.42	96.92	97.26	96.77
U.S. white	84.56		85.26	89.38
U.S. black	83.79		83.35	87.84

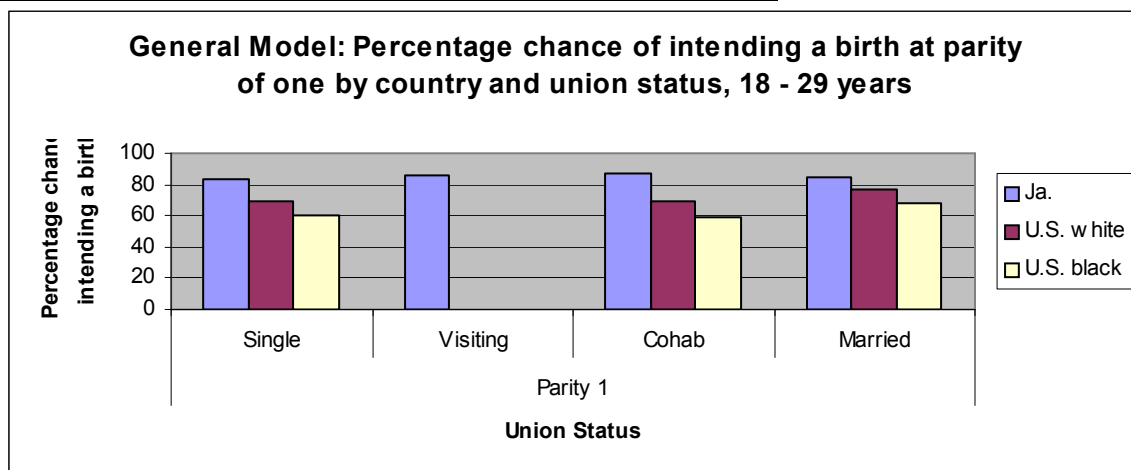
Figure 1: Percentage change of intending a birth at zero parity



6b: Percentage chance of intending a birth at parity of one by country and union status

	Parity 1			
	Single	Visiting	Cohab	Married
Ja.	68.85	75.71	77.12	73.30
U.S. white	44.30		46.30	52.67
U.S. black	36.79		31.32	43.80

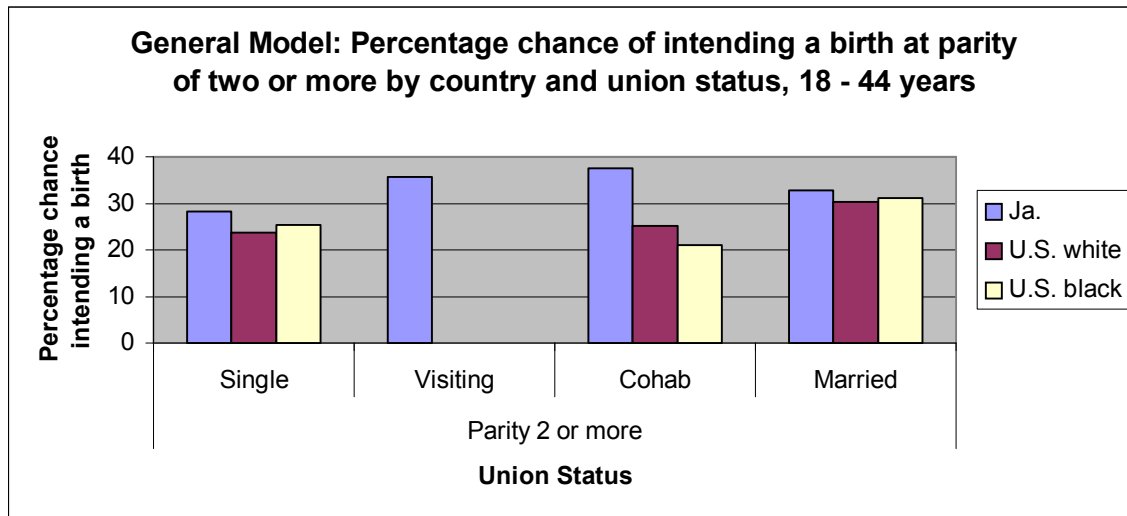
Figure 2: Percentage chance of intending a birth at 1st parity



6c: Percentage chance of intending a birth at parity of 2+ by country and union status

	Parity 2 or more			
	Single	Visiting	Cohab	Married
Ja.	28.23	35.68	37.52	32.83
U.S. white	23.72		25.22	30.30
U.S. black	25.27		20.94	31.17

Figure 3: Percentage change of intending a birth at 2+ parity



The predicted probabilities show that as parity increased, intentions to have another birth decreased for all women across the various sub populations. At zero parity, Jamaican women have higher fertility intentions than U.S. white and U.S. black women for all union statuses. At zero parity, fertility intentions are greatest in cohabitation for Jamaican women while it is greatest in marriage unions for the U.S. white and U.S. black women.

At parity of one, Jamaican women have higher fertility intentions than U.S. white and U.S. black women for all union statuses. However, fertility intentions are lowest for single women when compared to the other union formations. At parity of one, fertility intentions are greatest in cohabitation for Jamaican women while it is greatest in marriage unions for the U.S. white and U.S. black women.

Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

At parity of two or more, Jamaican women have higher fertility intentions than U.S. white and U.S. black women for all union statuses. However, fertility intentions are lowest for single Jamaican and U.S. white women while it is lowest in cohabitation for the U.S. black women. At parity of two or more, fertility intentions are greatest in cohabitation for Jamaican women while it is greatest in marriage unions for the U.S. white and U.S. black women.

Conclusion:

It seems that both Jamaican and American women when faced with similar characteristics, intentions to have a birth becomes similar. In general, single women intentions are greatest to have a child when they have no children. However, as women have children, there intentions to have another child is greater within a union when compared to being single. In contrast, Jamaican women with similar characteristics have greater intentions to have children when compared to American women. This may be explained by the difference in the cultural contexts of bearing children within unions. In Jamaica, after controlling for demographic and socio economic factors, women in all types of unions differ in their fertility intentions when compared to single women. On the other hand, in the U.S., after controlling for demographic and socio economic factors, women in married unions differ in their fertility intentions when compared to single women while cohabiters show no difference in their fertility intentions when compared to single women.

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Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

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University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

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Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

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University: Bowling Green State University
Department: Sociology
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Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

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Author: Natalee Gooden
University: Bowling Green State University
Department: Sociology
Email address: ngooden@bgsu.edu

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