Why Marriage and Relationship Education Matters to Safety-Net Service Providers

By: Brian Higginbotham, Associate Professor and Extension Specialist, Utah State University

What is Healthy Marriage and Relationship Education?

Healthy marriage and relationship education encompasses a broad array of educational services designed to help adults and children experience healthy relationships. Most healthy marriage and relationship education programs focus on enhancing relationship skills such as communication, conflict resolution, and financial management.

What healthy marriage and relationship education is not about:

- Coercing anyone to marry or remain in unhealthy relationships.
- Withdrawing supports from single parents, or diminishing, either directly or indirectly, the important work of single parents.
- Stigmatizing those who choose divorce.
- Limiting access to divorce.
- Running a dating service.
- Promoting the initiative as a panacea for achieving positive outcomes for child and family well-being.
- An immediate solution to lifting all families out of poverty.

Why Does Healthy Marriage and Relationship Education Matter to Safety-Net Service Providers?

Safety-net service providers are entities, governments, and social service agencies such as workforce services, child welfare, domestic violence prevention, Head Start, child support, Tribal services, HUD, education, and their community partners that provide an array of important services such as programs that promote family resiliency, safety, stability, and self-sufficiency. Because of their resources and community presence, there are several reasons why supporting and integrating healthy marriage education skills should matter to safety-net service providers.

Child and adult welfare

Children in stable, committed, two-parent households have fewer emotional and behavioral problems. They also do better in school. In addition, these children are less likely, on average, to use drugs, engage in delinquent behaviors, or participate in risky sexual activities. They are also less likely to have sleep or health problems.

Adults in positive committed relationships also tend to be better off physically, socially, and emotionally. On average, married adults are healthier, live longer, and experience lower levels of stress and incidence of mental health issues.

The research literature indicates the quality of the parental couple relationship is not isolated from the parent-child relationship. Aspects of the couple relationship can spill over into the
Why Marriage and Relationship Education Matters to Safety-Net Service Providers

parent-child relationship, which then affects children’s outcomes. For example, couples who are violent towards each other are more likely to be violent and abusive toward their children. Children who have experienced high levels of parental conflict tend to have more internalizing and externalizing behavior problems (e.g., aggression, depression, lower academic achievement).

Workforce and community welfare

The costs of unhealthy, unstable relationships are “real” and “quantifiable.” Businesses lose billions of dollars because of employees’ relationship issues. This includes absenteeism, reduction in productivity, and increased healthcare costs. On the other hand, adults in healthy relationships have lower rates of absenteeism and job turnover, fewer accidents, and higher levels of productivity. Not only are adults in healthy marriages better employees, they tend to be more engaged in their communities. They volunteer more of their time, are more likely to be homeowners, and are more financially stable.

Relationship distress and work:

- Work loss associated with marital problems converts into a cost of approximately $6.8 billion per year.
- Higher marital conflict on one day strongly predicts lower levels of work productivity the next day.

Costs of divorce and family fragmentation

The United States is estimated to spend $112 billion dollars per year on the costs of family breakdown. This figure includes the direct and indirect costs associated with taxpayer expenditures for anti-poverty, safety-net provider services, courts, and through lower levels of taxes. These estimates, and others, suggest that although relationships are private decisions, their outcomes have public consequences.

Figure 1: Estimated Costs of Family Fragmentation for U.S. Taxpayers


Do Healthy Marriage and Relationship Education Services Work and Are They Wanted?

Meta-analytic studies highlight the efficacy of healthy marriage and relationship education programs on two common outcomes: relationship quality and communication skills. The results are similar for lower-income, higher-risk couples and for middle-income families. The findings are also comparable to studies of other family-support educational programs. Those who advocate for more wide spread implementation of healthy marriage and relationship education make the point that even small increases in stable marriage rates would result in large returns to taxpayers. According to one report, a one percent reduction in rates of
family fragmentation would save taxpayers $1.12 billion annually. The Federal government, recognizing the significant benefits of healthy marriage and relationship education, has appropriated millions of dollars for healthy marriage and responsible fatherhood programs through legislative action. Additionally, the four purposes of Temporary Assistance for Needy Families (TANF) block grants are allied with the purposes of healthy marriage and relationship education programs:

- assisting needy families so that children can be cared for in their own homes;
- reducing the dependency of needy parents by promoting job preparation, work and marriage;
- preventing out-of-wedlock pregnancies; and
- encouraging the formation and maintenance of two-parent families.

Several states have created healthy marriage initiatives and appropriated funds to strengthen marriages, promote healthy relationships, and reduce divorce. Efforts to promote healthy relationships include services for incarcerated parents, military families, adoptive and foster parents, stepfamilies, and parents who are not married. A summary of the U.S. Department of Health and Human Services, Administration for Children and Families’ Healthy Marriage Initiatives, available funding opportunities, and associated programs around the country are available at [http://www.acf.hhs.gov/healthymarriage/](http://www.acf.hhs.gov/healthymarriage/).

Public interest in programs that teach healthy marriage and relationship skills is well documented. In statewide research, survey after survey, respondents reported interest in and support of healthy marriage and relationship education. For example, in one national study, 86% of respondents agreed with the statement, “All couples considering marriage should be encouraged to get premarital counseling before they marry.” In most studies, the majority of respondents indicated they (a) would use relationship education, such as workshops or classes, to strengthen relationships and (b) considered it a good or very good idea for government to develop programs to strengthen marriage and reduce divorce. The support for healthy marriage and relationship education is elevated in groups of low-income and government-assisted respondents.

Safety-net service providers also reported a need for and interest in healthy marriage and relationship education.

**Figure 2: Support for Healthy Marriage and Relationship Education**

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Statewide Samples</th>
<th>Government Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FL</td>
<td>OK</td>
</tr>
<tr>
<td>Would consider using relationship education, such as workshops or classes, to strengthen relationship</td>
<td>79</td>
<td>64</td>
</tr>
<tr>
<td>Considers it a good or very good idea for government to develop programs to strengthen marriage and reduce divorce</td>
<td>67</td>
<td>85</td>
</tr>
</tbody>
</table>

*Not reported
relationship education programs. Studies of child welfare professionals indicated agreement with the following statements:

- It is appropriate for child welfare professionals to help clients develop skills needed to have healthy relationships/marriages (91%).
- Clients can benefit from participating in programs that focus on enhancing marital/couple relationships (83%).
- Participation in such programs can help reduce incidences of child abuse and neglect (77%).
- Strong marital/couple relationships lead to successful parenting (72%).
- Training on recognizing characteristics of healthy marital/couple relationships will strengthen assessment and case planning skills to reduce abuse and neglect (75%).
- A state-wide initiative to support healthy relationships and marriages is a good or very good idea (93%).

According to Rhoades and Stanley (2009), “…integrating individual-oriented relationship education into existing systems is likely the most effective way to reach potential participants.”

## Conclusion

Childbearing, relationships, marriage, and divorce are personal and private decisions. However, family dissolution has consequences that ripple through communities. Community safety-net service providers offer a vast array of services to families and individuals in need. As a preventative tool, they can also provide healthy marriage and relationship education services in an effort to promote safety, stability, and self-sufficiency.
Why Marriage and Relationship Education Matters to Safety-Net Service Providers


19 See note 7 above.

20 See note 11 above.


25 See note 21 above.


34 See note 12 above.

35 See note 12 above.

36 See note 28 above.

37 See note 29 above.

38 See note 30 above.

39 See note 31 above.

40 See note 1 above; quotation, 52.
Used our Product?

Please tell us how. Email:
info@HealthyMarriageandFamilies.org
Reference Product #030
www.HealthyMarriageandFamilies.org

This product was produced by ICF International with funding provided by the United States Department of Health and Human Services, Administration for Children and Families, Grant: 90FH0002. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the United States Department of Health and Human Services, Administration for Children and Families.