Investigating the Connection between Relationship Attitudes and Perceived Health in College Students

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ABSTRACT. Previous literature has identified a strong link associating relationship health with physical and emotional health. However, very little information examines the link between attitudes toward various relationships (i.e., marriage and cohabitation) and perceived health in college student samples. Such examinations with college age students may be particularly important because emerging adulthood can be a time of amplified risk in terms of relationships and other areas of life. As emerging adult attitudes toward relationships and relationship practices change, ongoing investigations connecting relationship attitudes and health will also be important to more effective planning of educational and intervention endeavors on college campuses. This study uses a marital horizons lens to examine the link between various attitudes toward marriage and cohabitation with health in a sample of 288 college students. Results show that relationship attitudes uniquely predict perceived health above and beyond personal demographics and socio- economic factors. A discussion of implications for practitioners and researchers is provided.

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Previous research has shown that individuals who are part of healthy relationships benefit from greater physical health (Kiecolt-Glaser & Newton, 2001; Miller, Hollist, Olsten, & Law, 2013). Knowledge and information regarding the link between relationship health and physical health may be of particular importance for emerging adults before they form serious romantic relationships and make decisions about important relationship transitions such as cohabitation and marriage. Such decisions may have lasting implications for physical and emotional health. However, very little literature investigates how attitudes toward marriage and cohabitation impact physical health in emerging adults. Furthermore, as emerging adult attitudes about relationships and marriage continue to change, investigating the ongoing link between relationships, relationship perceptions, and health will be especially important. Using marital horizon theory (Carroll, Willoughby, Badger, Nelson, Barry, & Madsen, 2007) as a lens, we discuss how attitudes toward marriage and cohabitation uniquely impact perceived physical health in a sample of 288 emerging adult college students.

Relationships and Physical Health

Both men and women report better overall health effects when they c
onsider their romantic relationships satisfying (Carr & Springer, 2001; Ganong & Coleman, 1991). Men and women with lower levels of health complaints have higher levels of marital satisfaction; women in particular have reported better sleeping habits, fewer depressive symptoms, and fewer physician office visits (Ganong & Coleman, 1991; Prigerson, Maciejewski, & Rosencheck, 1999). By contrast, individuals who reported lower levels of marital quality showed lower levels of overall physical health (i.e., lack of sleep and less pain management; see Fisher, Nakell, Terry, & Ransom, 1992; Saarijäarvi, Rytöekoski, & Karppi, 1990). Extensive reviews (Carr & Springer, 2010; Kiecolt-Glaser & Newton, 2001) also cite evidence that marital interaction affects health through various factors such as depression, healthy habits, and immune functioning. Finally, in a 20-year longitudinal study, Miller and colleagues (2013) found that marital happiness and marital problems were associated with physical health for couples in early life and in midlife.

There is much less research on the connection between college student relationships and health. Researchers found that college students in healthy, committed relationships experienced fewer mental health issues and were less likely to be obese when compared to single college students (Braithwaite, Delevi, & Fincham, 2010). Research on cohabitation and health is also sparse, but cohabitation that incorporates certain aspects of a marital relationship (i.e., intimacy, joint household responsibilities, economic sharing), is often a predictor of overall health. Cohabitors have been found to have better overall health than do single individuals, while married individuals appear to enjoy the greatest positive effects on their health (Carr & Springer, 2010). Moreover, overall benefits of mental health in marriage are diminished if cohabitation occurred before marriage (Carr & Springer).

Emerging Adult Relationships and Risk-Taking Behaviors

Relationship trajectories may be influenced by decisions people make during or before emerging adulthood. Such decisions can impact health in the short and long term. Emerging adulthood (approximately age 18 to the mid-20s) has been defined as a developmental period that differs from adolescence or adulthood (Arnett, 2005; 2007), often characterized by ongoing individual discovery in terms of romantic relationship exploration (Arnett, 2004; Olmstead, Pasley, Standford, Fincham, & Delevi, 2011). Throughout emerging adulthood and particularly in college campus environments, substantial amounts of risk-taking behaviors can occur, such as "hooking up" (Fincham et al., 2011), "friends with benefits relationships" (Mongeau, Ramirez, & Vorell, 2003), and sexting (Benotsch, Snipes, Martin, & Bull, 2012). All these behaviors have been shown to have effects on mental and physical health, which include overall negative feelings (Owen, Rhoades, Stanley, & Fincham, 2010), less use of safe sex practices (Vanderdrift, Lehmiller, & Kelly, 2012), ongoing ambiguity in relationships, higher depressive symptoms, and greater risk of contracting sexually transmitted infections (STIs) (Bisson & Levine, 2009; Grello, Welsh, & Harper, 2006; Owen, Rhoades, Stanley, & Fincham, 2010).

Alcohol abuse may also contribute to negative health and relational outcomes for the emerging adult population. These include higher instances of academic problems, unwanted sexual encounters, assault, and death (National Institute on Alcohol Abuse and Alcoholism, 2015). Results for each year show that approximately 97,000 emerging adults (ages 18–24) are victims of rape or sexual assault fueled by alcohol, 1,825 die from alcohol abuse, and more than 690,000 suffer from physical assaults resulting from binge drinking (National Institute on Alcohol Abuse and Alcoholism; Reid & Carey, 2015).

In terms of relationship behaviors and transitions, cohabitation has gradually become more common over the past three decades. Reports show that the percentage of women who have ever cohabited has doubled over the past 25 years; currently, close to two-thirds of women ages 19–44 have cohabited at some point in their lives. Cohabitation also remains a common pathway to marriage: 69% of women who first married over the past decade cohabited before marriage (Manning & Stykes, 2015). These trends are of note because findings show that when compared with married couples, cohabiting unions experience more permissive attitudes toward infidelity (see Blow & Hartnett, 2005), more infidelity (Treas & Giesen, 2000), and more domestic violence incidents (Johnson & Ferraro, 2000; Kline et al., 2004). Research has also shown that cohabitation increases the risk of future marital instability and is often associated with lower levels of commitment (Guzzo, 2014; Rhoades, Stanley, & Markman, 2012; Stanley, Whitton, & Markman, 2004). Yet many emerging adults (64%, according to one report: Eickmeyer, 2015) believe that cohabitation before marriage helps prevent divorce.

Many individuals start cohabiting without defined plans for their future (i.e., marriage) (Sassler, 2004; Manning & Smock, 2005). Cohabitation is thought to occur as more of a "gradual slide" rather than as both partners making an informed decision about their relationship transition (Lindsay, 2000; Manning & Smock, 2005; Vennum & Fincham, 2011). This may increase the risk of adverse relationship outcomes and create greater challenges to those who want to leave unhealthy relationships (Stanley, Rhoades, & Markman, 2006). Those who reported thoughtful decision-making processes also showed more dedication to their partners, higher satisfaction in their relationships, and fewer cheating behaviors (Owen, Rhoades, & Stanley, 2013).

Current Relationship Trends

The increase in the average age of first marriage (delay of marriage), primarily among emerging aults, has greatly changed the landscape of how relationships proceed. Yet recent polls show that approximately 61% of young adults who have never been married say they have a desire to marry in the future (Pew Research Center, 2014). The desire for higher educational attainment, building a successful career, perceiving oneself as too young to marry, or the inability to find a compatible partner all play roles in the timing of entering marriage relationships (Willoughby, Hall, & Goff, 2015; Pew Research Center).

The centrality of marriage, which is characterized as a shift in a person's focus from caring only for oneself to prioritizing the marital relationship, often shapes ideas on "proper" marital timing for emerging adults (Owen, Rhoades, Stanley, & Markman, 2011). Researchers found that men and women place high value on marriage and incorporate this value into their future identities (Kerpelman & Schvaneveldt, 1999). When compared to career and parenting ideas, emerging adults often ranked marriage high among future goals (Willoughby et al., 2015).

Marital Horizon Theory

Marital horizon theory suggests that various factors influence perceptions and attitudes about relationships and that such perceptions influence decisions about future relationships and relationship directions (Carroll et al., 2007). Changing trends in social acceptance of cohabitation, premarital sexual intercourse, and divorce have also shaped ideas about ideal marital timing, importance of marriage, and sexual experiences (Willoughby, 2011). Research using marital horizon theory has shown that desire to marry and the importance of marriage are associated with lowered participation in risk-taking activities in emerging adult populations. Willoughby and Dworkin (2009) found that females with the desire to marry report less substance abuse, fewer sexual experiences, and higher use of contraceptives. Similarly, men who reported desires to marry also showed lower rates of substance abuse and were more likely to use contraceptives (Willoughby & Dworkin).

Current Study

There is little information on how relationship attitudes are associated with overall health in emerging adult samples. The research cited in this review that addresses connections between relationships and health, relationship risk-taking (and other associated risk-taking during emerging adulthood), and how relationship perceptions are associated with risk-taking in emerging adults points to a need for a better understanding of how relationship perceptions connect with health. Such understanding is necessary to better serve emerging adult populations in locations such as college campuses. In an effort to begin filling this gap, this study investigates how perceptions of marriage and cohabitation are associated with overall self-reported health above and beyond demographics and measures of socio-economic status (SES).

Method

Sample Selection

Unmarried college students ages 25 and under were selected from a larger sample that assessed attitudes about various romantic relationships. This was done in accordance with the main focus of this study to assess how relationship attitudes are associated with perceived overall health in young adults, since relationship attitudes and behaviors have changed and are changing substantially among this group, especially during college years (Arnett, 2004, 2007; Olmstead, et al., 2011). Another factor is the influence of marital status (i.e., if one is married) on beliefs about marriage and other romantic relationships (Willoughby et al., 2015; Willoughby, 2011).

Therefore, only those young adults who were unmarried were selected for this study. Finally, a sample composed of unmarried young adults more directly aligns with marital horizons theory, which provides a framework for how this research examines relationship attitudes in young adults that affect other areas of their lives (Carroll et al., 2007), such as health. The final sample was composed of 288 unmarried individuals, ages 18-25. For further sample description, please see Table 1.

Procedure

After the study received institutional review board approval, participants completed online surveys created with Qualtrics survey software. The survey was distributed primarily across college and university campuses. Informed consent was obtained online. Participants could gain access to the survey only after giving consent. The survey consisted of questions pertaining to participant demographics and their attitudes toward various romantic relationships.

Measures

General demographics. General demographics such as age, sex, and ethnicity were obtained from survey results. Due to the large proportion of Caucasian participants, ethnicity was constructed as a dichotomous variable for analysis purposes (0 = all other, 1 = Caucasian). Age pertaining to those selected from the larger sample for this study was measured in 3 categories, where 1 = 18–20 (n = 135), 2 = 21–22 (n = 129), and 3 = 23–25 (n = 24). Sex was also used as a predictor variable (dichotomized 0 = male, 1 = female).

Background SES. Background SES was measured utilizing three items assessing household income of the family of origin (measured as follows: (1 = under $5,000, 2 = $5,001-$10,000, 3 = $10,001-$20,000, 4 = $20,001-$30,000, 5 = $30,001-$40,000, 6 = $40,001-$50,000, 7 = $50,001-$60,000, 8 = $60,001-$70,000, 9 = $70,001-$80,000, 10 = $80,001-$90,000, 11 = $90,001- $100,000, 12 = More than $100,000) and the highest educational level obtained by one's father and one's mother (measured as follows: 1 = Less than high school (0-11), 2 = High school graduate or GED equivalency, 3 = Some college, 4 = College graduate, 5 = Some post-graduate work, 6 = Post graduate degree). Internal consistency was fair (α = .60).

Current income. Current income was measured via a 12-point scale (measured as follows: 1 = under $5,000, 2 = $5,001-$10,000, 3 = $10,001-$20,000, 4 = $20,001-$30,000, 5 =$30,001-$40,000, 6 = $40,001-$50,000, 7 = $50,001-$60,000, 8 = $60,001-$70,000, 9 =

$70,001-$80,000, 10 = $80,001-$90,000, 11 = $90,001- $100,000, 12 = More than $100,000).

Relationship attitudes. Relationship attitudes were measured via four separate items: *Marriage is an old-fashioned concept*; *Marriage is a long-term goal you have for your life*; *Many people today do not take marriage seriously*; *It is a good idea for couples to live together before getting married to try things out*. Each item was measured on a 10-point Likert scale with 1 = Strongly Disagree to 10 = Strongly Agree.

Overall health. Participants rated their overall health on a 5-point scale (measured as follows: 1 = Very poor, 2 = Poor, 3 = Average, 4 = Good, 5 = Very good).

Descriptive Analyses

A descriptive table (Table 1) providing information on the study sample was created. This table shows that the sample was primarily female, Caucasian, single, and between the ages of 18 and 22. Descriptive statistics and correlations among study variables were also examined before further analysis. The bivariate correlations results show that the Background SES variable and the Relationship Attitude variables were significantly correlated with Overall Health. Additionally, bivariate correlations overall do not show significant correlations among other study variables (please see Table 2 for all correlations statistics).

Further Analyses

Following descriptive analyses, hierarchical regression analyses were utilized to assess the unique prediction of personal demographics (i.e., age, sex, and ethnicity), SES factors (i.e., current and background SES), and relationship attitudes on health in three separate steps. All regression models were examined for collinearity. Results of the variance inflation factor (all less than 1.25), and collinearity tolerance (ranging from .82–.99) suggest that the estimated βs are well established in the regression models. For all hierarchical regression results please see Tables 3 through 6.

Results

Results for the "Marriage is an Old-Fashioned Concept" Model

The results of step one indicated that the variance accounted for (R^2) with the first three independent variables (age, sex, and ethnicity) equaled .009 (adjusted R^2 = .002), which was not significantly different from zero ($F(3, 274) = .84$, $p > .05$). In step two, current and background SES were entered into the regression equation. The change in variance accounted for (ΔR^2) was equal to .05, which was significantly different from zero ($F(2, 272) = 7.53$, $p < .001$). Background SES ($\beta = .22$, $p < .001$) was the only statistically significant independent variable in this step. In step three, the marriage is an old-fashioned concept item was entered. The change in variance accounted for (ΔR^2) was equal to .01, which was significantly different from zero ($F(1, 271) = 6.65$, $p < .01$). Background SES ($\beta = .22$, $p < .001$) and the marriage is an old-fashioned concept item ($\beta = -.15$, $p < .01$) were the statistically significant independent variables in the final model.

Results for the "Marriage is a Long-term Goal You Have for Yourself" Model

The results of step one indicated that the variance accounted for (R^2) with the first three independent variables (age, sex, and ethnicity) equaled .009 (adjusted R^2 = .002), which was not significantly different from zero ($F(3, 273) = .80$, $p > .05$). In step two, current and background SES were entered into the regression equation. The change in variance accounted for (ΔR^2) was equal to .05, which was significantly different from zero ($F(2, 271) = 7.53$, $p < .001$). Background SES ($\beta = .23$, $p < .0001$) was the only statistically significant independent variable in this step. In step three, the marriage is a long-term goal you have for yourself item was entered. The change in variance accounted for (ΔR^2) was equal to .02, which was significantly different from zero ($F(1, 270) = 4.32$, $p < .05$). Background SES ($\beta = .22$, $p < .001$) and the marriage is a long-term goal you have for yourself item ($\beta = .12$, $p < .05$) were the statistically significant independent variables in the final model.

Results for the "Many People Today do not Take Marriage Seriously" Model

The results of step one indicated that the variance accounted for (R^2) with the first three independent variables (age, sex, and ethnicity) equaled .01 (adjusted R^2 = .001), which was not significantly different from zero ($F(3, 271) = .94$, $p > .05$). In step two, current and background SES were entered into the regression equation. The change in variance accounted for (ΔR^2) was equal to .05, which was significantly different from zero ($F(2, 269) = 6.67$, $p < .001$). Background SES ($\beta = .21$, $p < .001$) was the only statistically significant independent variable in this step. In step three, the many people today do not take marriage seriously item was entered. The change in variance accounted for (ΔR^2) was equal to .04, which was significantly different from zero ($F(1, 268) = 11.74$, $p < .05$). Background SES ($\beta = .22$, $p < .001$) and the many people today do not take marriage seriously item ($\beta = .20$, $p < .001$) were the statistically significant independent variables in the final model.

Results for the "It is a Good Idea for Couples to Live Together Before Getting Married to Try Things Out" Model

The results of step one indicated that the variance accounted for (R^2) with the first three independent variables (age, sex, and ethnicity) equaled .01 (adjusted R^2 = .003), which was not significantly different from zero ($F(3, 273) = .71$, $p > .05$). In step two, current and background SES were entered into the regression equation. The change in variance accounted for (ΔR^2) was equal to .05, which was significantly different from zero ($F(2, 271) = 7.0$, $p < .001$). Background SES ($\beta = .22$, $p < .001$) was the only statistically significant independent variable in this step. In step three, the it is a good idea for couples to live together before getting married to try things out item was entered. The change in variance accounted for (ΔR^2) was equal to .05, which was significantly different from zero ($F(1, 270) = 15.73$, $p < .0001$). Background SES ($\beta = .20$, $p < .001$) and the *it is a good idea for couples to live together before getting married to try things out* item ($\beta = -.23$, $p < .0001$) were the statistically significant independent variables in the final model.

Discussion

Advancing our understanding of how relationship attitudes and behaviors influence health in emerging adults is an important step to developing effective prevention and intervention efforts for locations high in emerging adult populations, such as college campuses. This is the first known study to assess the connection between various attitudes toward marriage and cohabitation with health. Substantive patterns in the study findings are highlighted below.

The results show that relationship attitudes added uniquely to the prediction of perceived health above and beyond age, sex, ethnicity, and SES factors. Background SES also emerged as an important predictor. The association of background SES with health was significant and positive in all models. For relationship attitude variables, more positive attitudes toward marriage were significantly and positively associated with health, more negative attitudes toward marriage were negatively associated with health, while a more positive attitude toward cohabitation was significantly and negatively associated with health.

Positive associations between background SES and health can be explained largely through various advantages that accompany higher SES: greater access to adequate healthcare, resources for using healthcare, greater access to healthy foods and activities, safer living conditions, etc. Behaviors and practices from family of origin are frequently adopted into the behaviors of emerging adults. These include regular physician visits, healthy eating, adherence to medication regimens, etc. Such established behaviors often translate into better health during the transitional time of emerging adulthood.

Due to the previously unexamined nature of the connection between marital attitudes and health in young adults, any comments on causation among these factors remain speculative. Nonetheless, there are some frames of reference for examining this idea. As noted in the literature review, the positive association between marriage and health has been well researched. One explanation for this positive association is the *social selection* perspective, which theorizes that healthy people are more likely to marry and stay married when compared to unhealthy individuals (Carr & Springer, 2010). According to this framework, it is reasonable to assume that healthy young adults see marriage as an achievable goal and therefore view marriage favorably.

The finding that positive attitudes toward cohabitation are negatively associated with health provides an interesting contrast to benefits of having positive attitudes toward marriage. According to marital horizons theory, young adults with "closer" marital horizons (i.e., viewing marriage as desirable during young adulthood) were less likely to participate in riskier behaviors of substance abuse, sexual promiscuity, etc. (Carroll et al., 2007). Positive attitudes toward marriage may prevent health risks that can accompany these behaviors (e.g., STIs, drug-related infections and physical ailments, etc.), while positive attitudes toward cohabitation may accompany exposure to these health risks.

Implications for Researchers and Practitioners

Since all emerging adults in this sample were not married, we know that marriage itself did not provide greater health benefits. Instead, *attitudes* toward marriage and cohabitation were salient predictors. This finding creates more questions about established connection between marriage and health. If positive attitudes toward marriage provide positive health benefits, even in the absence of health itself, further research can examine hypotheses as to why these

associations exist. As to positive attitudes toward cohabitation, some research suggests that a culturally normative view of cohabitation reduces differences in health between married individuals and cohabiting individuals (Joutsenniemi et al., 2006). Identifying effects of cultural attitudes on marital and cohabitation attitudes and health should also be the subject of future research.

Physicians and mental health practitioners can use these findings in their practices. Inquiring about attitudes toward marriage and cohabitation can inform assessments and evaluations of emerging adults' health. Family therapists and couples' educators can direct clients and students to findings such as these to inform young adults of potential health benefits—and risks—involved in their marital, relational, and cohabitation attitudes. Moreover, understanding the connection between marital attitudes and health can provide new avenues to increasing the physical and mental health of young adults with whom these professionals work.

Those who work with student or campus life programs on college campuses could also use these findings to inform campus programs on sexual and relationship health. Recent literature underscores the important role of university health centers and other university services in creating programs aimed at reducing incidents of sexual and relationship violence and promoting healthy practices, relational or otherwise (Buchholz, 2015).

Limitations and Conclusion

This study contains some limitations of which readers should be aware. The research uses a correlational design; as such, results do not imply causality. The sample is primarily female and of limited racial/ethnic diversity. Study findings may not generalize to more diverse populations of emerging adult college students. Future investigation should seek to verify these results working with samples that are more diverse.

Despite these limitations, the study provides a starting point for further research into health and relationship attitudes among emerging adults. One hallmark of emerging adulthood is exploration (and, at times, formation) of significant and more serious long-term relationships. As this research and similar studies continue examining these connections, we hope to shed greater light not only on how young adults view their relationships, but also on the effects their attitudes have on their mental and physical health. As our understanding of these associations grows, the body of research regarding marriage, other relationships, and health will expand and deepen, benefitting emerging, middle-aged, and older adults.

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Table 1

Description of sample

Category	Percentage
Gender	
Male	14.7
Female	85.3
Age	
18-20	46.9
21-22	44.8
23-25	8.3
Race/Ethnicity	
Asian or Pacific Islander	0.3
African-American	17.4
Hispanic	8.0
Native American or Alaskan Native	0.3
Caucasian	70.7
Middle Eastern or Arab	0.7
Other	2.3
Income	
$0-$10,000	78.0
$10,001-$20,000	24.1
$20,001-$30,000	4.2
$30,001-$40,000	2.4
$40,001-$50,000	1.0
Above $50,000	2.7
Education	
Current college student	100%
Relationship Status	
Living with romantic partner	8.7
Single	52.1
Committed relationship, not living together	39.2

Table 2

Variable means, standard deviations, and bivariate correlations

Variable	Mean	SD	Range	1	2	3	4	5	6	7	8	9
1-Health	4.14	.82	3									
2- Age	1.61	.64	2	-.01								
3- Sex	-	-	-	-.02	-.14*							
4- Ethnicity	-	-	-	.09	-.10	-.04						
5- Background SES	16.40	4.89	21	.23**	-.06	-.2	.42**					
6- Current Income	1.98	1.99	11	.09	.11	.01	.03	.04				
7- Marriage Old-Fashioned	2.71	2.44	9	-.13*	-.05	-.02	-.02	-.02	-.01			
8- Marriage Goal	8.33	2.49	9	.14*	-.05	.05	-.02	.10	-.01	-.22**		
9-Not Take Marr. Seriously	8.47	1.98	9	.21**	.05	.03	-.04	-.02	.06	-.09	.18**	
10- Cohab. Good	4.59	3.30	9	-.24**	.02	-.02	-.05	-.11	.02	.34	-.25**	-.14*

Note. *p<.05, **p<.01

Table 3

Hierarchical regression results: Marriage is an old-fashioned concept (n =288)

	Model 1			Model 2			Model 3		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Age	-.01	.37	-.00	-.01	.01	-.10	-.02	.08	-.01
Sex	-.07	.14	-.00	-.03	.14	-.01	-.04	.14	-.02
Ethnicity	.17	.11	-.08	-.00	.12	-.00	.00	.12	.00
Current Income				.03	.02	.09	.04	.02	.09
Background SES				.04	.01	.22**	.04	.01	.22**
Marriage Old-fashioned							-.05	.02	-.15**
R^2		.01			.06			.08	
F for change in R^2		1.84			7.18***			6.65**	

*Note: ** p < .01, *** p < .001*
*$p < .05, **$p < .01$

Table 4

Hierarchical regression results: Marriage is a long-term goal (n =288)

	Model 1			Model 2			Model 3		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Age	-.01	.08	-.07	-.02	.08	-.01	-.01	.08	-.01
Sex	-.01	.14	-.01	-.04	.14	-.02	-.05	.14	-.03
Ethnicity	.16	.11	.09	-.01	.12	-.01	-.01	.12	-.01
Current Income				.04	.02	.09	.04	.02	.09
Background SES				.04	.01	.23***	.04	.01	.22**
Marriage Goal							.04	.02	.12*
R^2		.01			.06			.08	
F for change in R^2		.80			7.52**			4.32*	

*Note: * p < .05, ** p < .01*

Table 5

Hierarchical regression results: Many people today do not take marriage seriously (n =288)

	Model 1			Model 2			Model 3		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Age	.00	.08	.00	-.01	.08	-.01	-.02	.08	-.02
Sex	-.01	.14	-.00	-.03	.14	-.01	-.05	.13	-.02
Ethnicity	.18	.11	.10	.02	.12	.01	.03	.12	.02
Current Income				.04	.02	.09	.03	.02	.08
Background SES				.04	.01	.21***	.04	.01	.22***
Not Take Marr. Serious							.08	.02	.20***
R^2		.01			.06			.10	
F for change in R^2		.94			6.66***			11.74***	

*Note: ** p < .01; *** p < .001*

Table 6

Hierarchical regression results: It is a good idea for couples to live together before getting married to try things out (n =288)

	Model 1			Model 2			Model 3		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Age	.01	.08	.01	-.00	.08	-.00	.00	.08	.00
Sex	-.01	.14	.00	-.03	.14	-.01	-.04	.13	-.02
Ethnicity	.16	.11	.09	-.01	.12	-.01	-.01	.12	-.01
Current Income				.04	.02	.09	.04	.02	.09
Background SES				.04	.01	.22***	.03	.01	.20*
Cohab. Good Idea							-.06	.01	-.23**
R^2		.01			.06			.11	
F for change in R^2		.71			6.98***			15.73***	

*Note: ** p < .01, *** p <*