

## Why Extension Needs Relationship Education

With an expanded audience and a more holistic understanding of what constitutes healthy living, Extension agents should consider including relationship education (RE) programs in their plans to promote health in the communities they serve. RE is defined as efforts to provide educational programming that enhances the ability of individuals and couples to have stable, healthy relationships (Markman & Rhoades, 2012).

Although it may be a new type of programming within some Extension systems, RE could easily be integrated into existing topics of Extension education. For example, Family and Consumer Sciences programs could integrate RE in the areas of health, safety, and financial wellness. 4-H programs could integrate RE into Healthy Living programming, which is a national priority.

RE programming is a relevant and evidence-based method of supporting Extension's goal of promoting community health and wellness. A variety of evidence-based curricula are available, along with funding opportunities to support implementation. Funding opportunities include small-scale grants from county councils to locally prevent domestic violence as well as large (\$1 million+) grants from federal agencies such as the Department of Health and Human Services for statewide projects.

Extension systems are often intertwined with the audiences that would benefit most from RE programming. By adopting RE programming, Extension faculty are poised to have a meaningful impact in an under-addressed area of health for many individuals in their communities.



To help Extension educators integrate RE into their existing programming areas, this factsheet provides an overview of research linking relationship health to physical and mental health and financial security. This report also includes evidence of the effectiveness of RE programs and details the suitability of integrating RE relationship education into 4-H Youth Development and Family and Consumer Sciences (FCS) programs.

### Research Connects Relationship Stability to Mental and Physical Health

Research linking relationship stability (i.e., whether a couple stays together or breaks up) to both mental and physical health outcomes is plentiful. For example, among middle-aged adult populations, both divorced and unmarried couples tend to have poorer mental and physical health outcomes compared to their married counterparts (Whisman, 2008). Continuously married mothers report better mental and physical health than those who have recently exited a relationship (Meadows,

McLanahan, & Brooks-Gunn, 2008).

Younger, unmarried college students also experience benefits from being in committed romantic relationships (Braithwaite, Delevi, & Fincham, 2010). In a sample of African-American emerging adults, being in a high-quality relationship was associated with fewer depressive symptoms than being single or in a low-quality relationship (Barr, Culatta, & Simons, 2013). Furthermore, Barr and colleagues found that declines over time in relationship quality were associated with declining self-reported physical health.

Relationship quality also has an impact on adolescent health. Involvement in unhealthy relationships and their break ups is associated with elevated levels of depression, especially among female adolescents (Joyner & Udry, 2000). A meta-analytic study found that although the overall effects of relationship quality on physical health are small, they are significant enough to deserve continued focus from researchers and practitioners (Robles, Slatcher, Trombello, & McGinn. 2014).

Beyond empirical studies linking relationship characteristics to mental and physical health, intimate partner violence presents a unique issue of safety. The Centers for Disease Control (Smith et al., 2018) report that one in five women experienced attempted or completed rape during their lifetime, and one in ten men also reported some form of intimate partner violence.

Intimate partner violence is a highly complex topic, with prevention efforts requiring many levels of service. Suggested services range from individual intervention to strengthening economic supports for families at the societal level (Niolon et al., 2017).

Although RE is only one component of the solution, teaching safe and healthy relationship skills is included among other services in a comprehensive prevention approach. Taken together, the existing empirical research and public health data suggest that relational health is a significant contributing factor to individuals' physical health, mental health, and safety.

### **Healthy, Stable Relationships are Intertwined with Financial Security**

Prior studies have documented links between relationship quality and financial management (Archuleta, Britt, Tonn & Grable, 2011; Kerkman, Lee, Lown, & Allgood, 2000).

Addressing the extent to which couples share goals and values can significantly affect couples' reports of marital satisfaction (Archuleta, 2013). Relationship education curricula frequently address the notion of selecting a partner with shared values, with some curricula devoting entire lessons to illustrating the importance of value alignment (e.g., *Relationship Smarts Plus*).

Research shows that relationship dissolution (whether from a cohabiting union or marriage) has negative impacts on an individual's financial security, particularly for women (Avellar & Smock, 2005; Gadalla, 2008). Although many women increase their labor force participation following divorce, the degree to which they are able to make enough income to offset the financial impact (lower income, attorney costs, etc.) of divorce has been diminishing since the 1970's (Tamborini, Couch, & Reznik, 2015).

Relationships during the teen years may also have implications for future economic prospects. Giordano, Phelps, Manning, and Longmore (2008) found that teens' academic achievement was associated with their romantic partners' grades. This association was significant even after accounting for parents' involvement and the teens' friends' attitudes about academic achievement.

As with intimate partner violence, myriad factors contribute to economic insecurity. However, research suggests that promoting stability in relationships is one part of a comprehensive approach to promoting financial wellness.

### **Research- and Theory-informed RE Curricula Focus on Adults and Teens at Various Stages of Relationship Development**

The PREPARE/ENRICH (Olson & Olson, 1999) curriculum, for example, is designed to assess and provide strengthening activities for premarital adult couples. The ELEVATE curriculum (Futris et al., 2014) is used for both pre-marital and married adult couples. *Relationship Smarts Plus* (Pearson, 2018) targets the early-middle teen years, with versions developed for either general youth audiences or specifically targeted to sexual risk avoidance. Though not the specific focus of this fact sheet, there are also curricula that specifically address fathers and co-parents (i.e., parents who have separated/divorced).

Funding opportunities to support the development of RE programming exist at multiple levels of government. For example, some county governments may have grant funds that address domestic violence prevention (e.g., Prince George’s County Council, 2020). For almost two decades, the federal government has offered a variety of competitive grants for large-scale, statewide projects involving relationship education (Grant Opportunity Forecast, 2020).

### Research Supports the Efficacy of Relationship Education Programs

There is well over a decade of research and evaluation regarding the efficacy of relationship education among adults and youth. Studies focused on adult populations show that couples who are experiencing a variety of risk factors can benefit from RE programs. For example, Halford, Sanders, and Behrens (2001) found that couples with a family history of divorce and / or violence improved their communication skills and relationship satisfaction after participating in RE. (e.g., Amato, 2014; Halford, Sanders, & Behrens, 2001; McGill et al., 2016).

Amato (2014) found that relationship education can significantly mitigate the effects of economic stressors on the relationship health of couples. In his study, economically disadvantaged couples who participated in RE interventions suffered less severe declines in relationship quality than those who did not participate in RE. In addition, McGill and colleagues (2016) found that women who report recent thoughts of divorce or separation tended to report the greatest improvements in relationship quality and stability after participating in RE.

Among youth, studies tend to show short- and longer-term benefits in relationship skills and violence reduction, even in settings like public schools where attendance is mandatory (Halpern-Meekin, 2011; Kerpelman et al., 2010). A meta-analysis of studies of youth RE found that one of the most consistently significant outcomes is a reduction in faulty relationship beliefs (McElwain, McGill, & Savasuk-Luxton, 2017). Faulty relationship beliefs may include the idea that “love is enough” or that there is a “one and only” perfect romantic partner. More research is necessary to determine long-term effects of RE. The short term benefits of skill

enhancement and violence reduction, especially among youth participants, warrant further application and testing of RE curricula (Hawkins, 2018).

### Extension can Provide Relationship Education

The mission of land-grant universities’ cooperative extension systems includes the promotion of human health. In particular, 4-H and Family and Consumer Sciences programs are best situated to begin implementing RE programs. Both of these program areas tend to promote a holistic model of health. For example, the 4-H Life Skills Wheel focuses on communication, conflict resolution, empathy, and nurturing relationships. Family and Consumer Sciences offerings are often directly related to health and financial security, which research shows are both influenced by relationship health.

In addition to having program goals that are in line with implementing RE programming, Family and Consumer Sciences educators are often connected to health departments, women’s shelters, and other economically vulnerable populations. Furthermore, 4-H educators are well-connected within local school systems. Extant research provides support for the efficacy of RE programs in these settings.

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