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Marriage Promotion and Missing Men: African American Women in a Demographic Double Bind

Since 1996, state legislators, members of the U.S. Congress, and more recently President George W. Bush, have called for the protection of monogamous, heterosexual marriage and the promotion of marriage among poor women. The thrust of this policy making is directed at African American families, among which female headship doubled between 1965 and 1990. This doubling is temporally associated with enacting the legislation directed toward the War on Drugs, which resulted in a tripling of the African American prison population. In Syracuse, New York, the swelling African American population behind bars has resulted in a skewed sex ratio, in which women significantly outnumber men. The authors use national, state, and local epidemiological, environmental, and ethnographic data

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to argue that the proliferation of marriage-promotion policies is heterosexist and blames African American women for demographic realities over which they have little control. [African American women, sex ratios, marriage, social policy, maternal and child health]

> It's hard because men have it easy. They have two to three women per man, so it's very easy for him to not stay committed. A woman like me is looking for commitment and will try almost anything just to keep that commitment going . . . I'm gonna accept this BS he's giving me because . . . without him . . . it's gonna be hard for me to find someone else to [be with] . . . seeing it as, "if I let him go, this [other] woman's gonna have him." . . . I don't want to be alone. [African American woman, Syracuse, New York, 2003]

Introduction

African American women face a classic double bind, as described by Gregory Bateson and his colleagues (Bateson et al. 1956:251). Faced with an increasing proportion of single African American mothers, social policy discourse has grown more strident in trying to create incentives that will lead these women to wed, as if their single status was a personal preference that could be changed by social policy bringing forth the right combination of carrots and sticks. Yet, the mathematical fact is that there are fewer African American men than African American women. Two factors account for the dearth of men of color: incarceration and death. By assuming single motherhood to be an idiosyncratic behavioral pattern and ignoring the disproportionate premature death and incarceration, contemporary marriage promotion policies obscure the pattern of racism constraining African American women's reproductive choices.

This article uses structural violence (Galtung 1969; Weigert 1999) as a heuristic framework to examine the interconnections among demographic facts, such as population dynamics, the effects of punitive social policies, and unequal access to resources, all of which are shaped by institutional and ecological racism (Rubinstein and Lane 2002). Similarly, Farmer (1999, 2004), in his study of the unequal distribution of tuberculosis, HIV, and other infections in Haiti, identifies poverty, gender inequality, and inadequate public health services as key elements of structural violence promoting disease. Steven Steinberg argues that racism is "imbedded in major institutions" and that "liberal" analysts have ignored the less visible, but more pernicious, racism built into the social fabric of society (1995:75). This article illustrates how such imbedded inequalities wreck havoc on African American families, while blaming them for the resulting disruption.

We begin by addressing the contemporary proliferation of heterosexual marriage promotion policies and recent social science work on African American family concerns, after which we present data from a study on racial and ethnic disparities in maternal and child health in Syracuse, New York. This multilevel study includes epidemiological, environmental, and ethnographic data. Epidemiological data tally the skewed sex ratios resulting largely because of the overwhelming inequality in arrest and imprisonment of males of color, which forms the context in which women must piece together reproductive and family goals. Further quantitative analyses demonstrate that these missing men are often fathers whose

infants have a much greater risk of dying in their first year of life. An environmental assessment shows that in neighborhoods where fathers are missing, single motherhood, grandparents caring for their grandchildren, and criminal arrests are widespread. It is our contention that these neighborhood factors do not occur in isolation from one another but are interrelated outcomes of structural violence. Finally, through ethnographic methods, we compiled women's narratives, which describe the experience of birth when the baby's father is incarcerated and the struggle to make relationships work when there are too few men.

Marriage-Promotion Policies

U.S. policy makers are concerned about marriage. Since 1996, state legislators, members of the U.S. Congress, and more recently President George W. Bush have called for the protection of monogamous, heterosexual marriage, and the promotion of marriage among women receiving public assistance. For example, the 1996 Defense of Marriage Act, stipulated "that a marriage is the legal union of a man and a woman as husband and wife." In his speech at the Fourth National Summit on Fatherhood in July 2001, President Bush claimed that "fatherlessness has emerged as one of our greatest social problems" and called for $315 million over five years to promote two-parent married families. The funding to promote marriage would be drawn from the savings that resulted from the implementation of Temporary Assistance to Needy Families, created in 1996 to replace Aid to Families with Dependent Children, otherwise referred to as "welfare." The Welfare Renewal Bill passed the House of Representatives in May 2002 and contained a proposed $300 million for state programs to "strengthen marriage," including funding for premarital counseling to teach anger management and conflict resolution (Fields 2002; Santorum 2002). A second bill, also containing funding for marriage promotion under the title "Healthy Marriage Initiative," stalled in the U.S. Senate as a result of contentious debate, before being dropped from consideration in March 2004. Advocates of these bills base their support on studies that show that children growing up in two-parent homes experience lower rates of poverty and have greater educational achievement.

President Bush declared October 12–18, 2003, to be "Marriage Protection Week," during which he called for the "protection" of the "sacred institution" of heterosexual marriage by the funding of the "healthy marriage initiative" (White House 2003). According to the *New York Times* in January 2004, members of the Bush administration ratcheted up their proposed spending, to $1.5 billion, for social marketing promoting marriage and educational programs to teach low-income persons life skills related to successful marriage (Pear and Kirkpatrick 2004). In response to President Bush's advocacy for a constitutional amendment prohibiting gay marriage, the American Anthropological Association released a Statement on Marriage and the Family, which emphasized that, "[a] vast array of family types, including families built upon same-sex partnerships, can contribute to stable and humane societies" (American Anthropological Association 2004). Although the policy makers are careful not to mention race in their discussions of marriage promotion, President Bush's fatherhood speech in 2001 signaled the underlying concern with African American families in his statement, "The intellectual roots of the fatherhood movement reach back to one exceptional public servant who spoke

about the importance of fathers earlier, more often and more eloquently than any other public figure—former United States Senator Daniel Patrick Moynihan of New York" (Bush 2001).

Moynihan's 1965 report, *The Negro Family: The Case for Action*, identified "the deterioration of the fabric of Negro society" as being caused by a breakdown in family structure. Moynihan's evidence for this "fundamental cause of weakness" was a rise in female-headed households, which, at that time, comprised about one-fourth of all African American households. Moynihan linked female-headed African American households with the increase in welfare dependency. An infamous section in the report titled, "The Tangle of Pathology," diagnosed "a matriarchal family" as a root cause of African American disadvantage, which was viewed by many as racist and led to the widespread discrediting of the report (see, e.g., Davis 1981). In a dramatic reframing, the speakers at a 1999 conference, held at Morehouse College on "Father Absence in Black America" and attended by a broad spectrum of African American political and community leaders, identified fatherlessness as one of the major crises facing the contemporary African American community (*Turning the Corner on Father Absence in Black America* 2002).

African American marriage rates and unwed motherhood have been the focus of a large and contentious body of social science work (Mullings 2001; Goode and Maskovsky 2001). William Julius Wilson described a ratio of employed males to available women, controlling for male death and incarceration, which he called the "male marriageability pool index" (1987:83). Wilson concluded that increasing African American male unemployment and consequent inability to support a family were the key factors in the rise of single motherhood. Others are critical of what they view as attempts to privilege heterosexual, formally sanctioned unions as the ideal family form. Adolph Reed questions what he calls a "misty-eyed" focus on marriage and intact families, instead of access to education, health care, employment, and safe neighborhoods (2000:114–115). Legette (1999) similarly castigates the proliferation of social programs, focusing on what she terms the "crisis-of-the-black-male," in isolation of the communities in which they reside and apart from the problems facing the women who are their mothers, sisters, and partners. Judith Stacey calls attention to a "neo-family values" agenda of "conservative family politics," through which "the Bush Administration has already begun to undermine the sexual and family rights of all but married heterosexuals and their children" (2001:1).

The data that we present in this article further Wilson's demographic analysis by linking the doubling of African American single motherhood to the rise in disproportionate incarceration of males of color following the inception of the Rockefeller drug laws in New York State. Rather than a concern with marriageability, our data point to the importance of the financial and social support that involved fathers can provide. When this support is lacking, we found that rates of infant mortality are higher. We do not suggest that this support must be accomplished by married, heterosexual parents. Indeed, evaluations of homosexual parenting have found that children of lesbian and gay parents are not significantly different from those of heterosexual parents (Gold et al. 1994; Patterson 1992). Nor does our analysis denigrate single mothers, the majority of whom work tirelessly to provide for their children's emotional and financial needs. But female-headed

households in Onondaga County have 12 times the poverty rate of two-parent households. As the data presented in this article show, the dramatic increase in single motherhood is part of a pattern of structural violence and institutional racism in Syracuse. Too many African American men experience shortened survival and vastly disproportionate incarceration, which constrain their ability to be involved, supportive fathers to their children. Funding for programs that promote marriage will not solve these problems.

Methodology

This work is part of a larger study on "Innovative Models to Analyze and Address Racial, Ethnic, and Geographic Disparities in Maternal and Child Health Outcomes," funded by the Health Resources and Services Administration and the Program on the Analysis and Resolution of Conflicts of Syracuse University. The goal of this larger study was to use population-level data and program data to identify areas for further analysis in the area of racial and ethnic health disparities.[1] This work integrates epidemiological, environmental, and ethnographic methods in a study conducted in Syracuse, New York, supplemented with publicly available demographic data for Onondaga County and comparative data from New York State and the United States. This multileveled study follows the approach set out by Rubinstein and his colleagues (Rubinstein, Laughlin, and McManus 1984; Rubinstein, Scimshaw, and Morrissey 2000).

Epidemiological Data

The epidemiological analyses use a database that linked births, infant deaths, and case management screening assessments on pregnant women residing in the City of Syracuse (2000–2001), which was drawn from:

- The Central New York Perinatal Data System (PDS), a population-based birth registry that captures all birth certificate information and additional quality improvement data items for use by maternal and child administrators, planners, and evaluators.
- New York State Vital Registration data in the Electronic Birth certificate database.
- Infant mortality information from New York State Vital Records data. Race/ethnicity of the infants who died are based on the mother's race/ethnicity.
- Case management data from Syracuse Healthy Start, the Salvation Army, and public health home visitors of the Onondaga County Health Department were linked with the birth database.

This database contains 4,506 birth records, of which 54 percent are of white, 35 percent African American, 3.2 percent Latino, 5 percent Asian, and 3 percent Native American ancestry. To control for the potential bias of low birth weight or infant death resulting from twin, triplet, or higher-order births, the analysis is based on singleton births only ($n = 4,343$), in which only one baby resulted from a pregnancy. Terminations were also excluded from this analysis. While the project focuses broadly on health disparities among the several communities of color in

the Syracuse area, the epidemiological analyses presented in this article compare African American and white residents, because the other groups lack sufficient numbers for statistical analysis. In addition to the birth data, we compiled publicly available epidemiological and demographic data on incarceration by race and ethnicity from the U.S. Department of Justice; sexually transmitted diseases and HIV/AIDS by race, ethnicity, and gender from the Onondaga County Health Department; and mortality by race, age, and gender from the New York State Vital Records. These aggregate data on incarceration, STDs, HIV/AIDS, and mortality were only available for Onondaga County. Therefore, several of the analyses present data for Onondaga County rather than for the City of Syracuse specifically.

Environmental Data

Neighborhood-level information was compiled at the level of the census tract, on the 57 City of Syracuse census tracts, using data from 2000 to 2001. The census tract-level environmental database contains information on health measures (elevated blood lead levels in children, sexually transmitted infections), pregnancy outcome measures (low birth weight, infant mortality, births to mothers under age 18), household composition (single-mother and single-father households, grandparents caring for children), housing, poverty and economic measures, arrests for various crimes (assault, homicide, rape, robbery, arson, etc.), racial/ethnic backgrounds of residents, educational level of residents by gender and age, and proportion of births in which the father was not listed on the birth certificate. All data were calculated in the form of a rate, using variables from the 2000 census as population denominators.

Ethnographic Data

Ethnographic information was collected through four strategies:

1. *Participant observation* was used to identify the research questions. The senior author (SL) served as director of an infant mortality reduction project—Syracuse Healthy Start—from 1997 to 2002 (see Lane et al. [2001] for a full description of this project). During that time, she and other project staff worked closely with pregnant women and families of infants; many of the research questions concerning racial and ethnic issues in subsequent analyses, including those in this article, emerged from these interactions.
2. *Ten in-depth case studies of families with young children* who reside in one of the census tracts that the environmental analysis described above showed to contain the highest level of risk factors. The families, who were identified by community-based agencies, had infants who were born during the years 2000–2002. In eight families, the mother was interviewed; in two cases, nonresidential but involved fathers were interviewed. Interviews were conducted with six African American families and four white families and the interviewers matched the family members interviewed in racial background and gender. These case studies addressed the social and environmental concerns that emerged from the epidemiological and environmental analyses. The issues included housing, neighborhood safety

and violence, father involvement, lead poisoning, vacant housing, drugs, grocery markets, schools and education, and access to health care.

3. *Five focus groups*, each with six to eight front-line staff members of health care and community-based agencies caring for pregnant women and children in Syracuse, addressed the respondents' ideas of the root causes and other relevant factors influencing health disparities. The focus group participants were overwhelmingly adult women (aged 21 to 50), about half of whom were women of color. Focus group facilitators provided a brief overview of the Syracuse area statistics on infant and family health for each racial and ethnic group, including a description of the unbalanced sex ratio, and asked participants their opinions about the problems facing families of color. The focus group discussions covered a wide range of topics, of which only the portion that addressed single motherhood, the difficulty in maintaining a relationship, and the dearth of available African American men are presented here.
4. *Over ten presentations of our findings* were made to community stakeholders, including groups of clergy, staff of agencies serving the Syracuse area communities of color, neighborhood action committees, and other community coalitions, from which we received extensive feedback. In doing these presentations we not only let the community know about the findings of our study, we also gained greater ethnographic understanding of the statistical results. This deeper ethnographic insight informs the interpretation throughout this article.

Syracuse, New York

Demographic Measures, Poverty, and Education

Syracuse, the Onondaga County seat, is the fifth-largest city in New York, with a 2000 population of 147,306, which is comprised of 25.3 percent African Americans, 5.3 percent Latino, 3.4 percent Asian, 1.1 percent Native American, 3.4 percent of two or more racial ancestries, and 61.5 percent white residents. Once a thriving economic center on the Erie Canal, the collapse of industry without sufficient development of alternative sources of economic growth has resulted in substantial poverty. The per capita income for Syracuse in the 2000 census was $15,168, compared with the per capita income in the United States of $29,468. The 2000 Syracuse median family income was $33,026, compared with the median United States family income of $50,890. Among African Americans in Syracuse, 40 percent live below the federal poverty level, compared with 22 percent in the Unites States as a whole. Nearly 39 percent of Syracuse children under age five live in poverty; the poverty rate for African American children (64 percent) is more than double that for white children (25 percent). Syracuse has New York State's third-highest child poverty level following Buffalo and Rochester, and the second-highest Latino child poverty rate in the United States (Children's Defense Fund 2004). In the City of Syracuse, about 14 percent of residents lacked health insurance in 1995 and only 50 percent of Syracuse-area employers offer health insurance.

Syracuse was one of nine school districts statewide in a 1998 class action lawsuit characterized by the American Civil Liberties Union as failing to deliver

Table 1
Percent of female-headed households with children.

	1990 African American	2000 African American	1990 White	2000 White
United States	50%	47%	15.8%	16.8%
New York	52.7%	53.8%	16.4%	16.1%
Onondaga County	61.8%	64.4%	17.5%	20.1%

Source: U.S. Census data (2000); calculations by authors.

on the constitutional promise of a sound education because of inadequate funding. Only 70 percent of all Syracusans age 25 years and older are high school graduates, which is lower than the comparable rate for Onondaga County (81 percent) and New York State (75 percent). The percentage of high school graduates varies considerably by race and ethnicity; 74 percent of white Syracusans age 25 or older are high school graduates, compared with 59 percent for African Americans, 47 percent for other nonwhite races, and 53 percent for Latinos. More than 22 percent of Syracuse women age 20 years or more who gave birth during 1996–98 had less than 12 years of education, and over 3 percent had less than a ninth-grade education. Nonwhite and Latina women are more likely to have insufficient education; 29 percent of childbearing African American women (age 20+ years) in 1996–98 had not completed high school, and the rates for other nonwhites and Latinos were 31 percent and 42 percent, respectively. In contrast, the comparable rate for New York State was 15 percent during the same period.

In 1985–87, the infant mortality rate for African Americans in Syracuse reached 30.8 per 1,000 live births during 1985–87, the highest of any of 47 U.S. cities reporting comparable data. The county has received federal Healthy Start funding (from the Health Resources and Services Administration) since 1997, during which time the total infant mortality rate initially decreased by 25 percent, and the African American rate went from 22.7 per 1,000 (1995–97) to 14.5 per 1,000 live births (1998–2000). Since 2001, coinciding with the decrease in the availability of public health funding, the rate has begun to climb.

African American Family Formation

During the first half of the 20th century, female-headed households were in the minority among African American families; a large majority of African American households were composed of two parents and their children. Gutman (1976) reported that in 1905 and 1925 only 15 percent and 17 percent respectively of African American families in Manhattan were headed by the mother. Hacker (1992) reported the 1950 nationwide proportion of African American female-headship to be 17.2 percent. In 1965, Moynihan documented 25 percent of African American households as female headed.

Table 1 compares the rates of female household headship for African American and white families for the United States, New York State, and Onondaga County in 1990 and 2000.

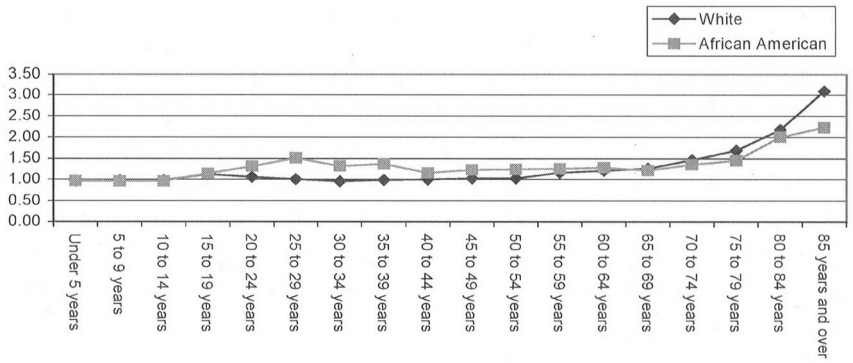


Figure 1
Sex ratio (women per men) by race, Syracuse, 2000 census.

Clearly, African American families have changed dramatically during the 20th century. Rather than being "matriarchal" as Moynihan argued, the majority began the 20th century as two-parent units. Single motherhood began to rise in the second half of the century—reaching one-fourth of African American families by 1965. The biggest jump was between 1965 and 1990, when the proportion of female-headed families doubled.

As discussed earlier, many policy makers claim that these alarming changes are due to personal choices on the part of African American men and women. David Popenoe, co-director of the National Marriage Project at Rutgers University, illustrates this perspective by stating that "Large segments of the population have come to regard pure 'self-fulfillment' as their dominant life goal, pushing aside such traditional 'Victorian' values as self-sacrifice, commitment to others, and institutional obligation" (Rhodes 2000:1). Although there are many reasons why a woman might become a single mother—such as teen pregnancy, sexual orientation, personal preference—it is our contention that an important and nearly completely ignored cause is the unbalanced sex ratio, due in large measure to the disproportionate incarceration of African American men.

Missing African American Men

> I feel that we don't have enough males around here . . . there [are] not too many boys around here because [they're] locking everyone up. [African American woman 2004]

Skewed Sex Ratio

So, how many men are missing? To answer that question, we calculated the sex ratios of the white and African American populations in Syracuse (presented in Figure 1), which illustrates the number of women per men enumerated in the 2000 census for each group from birth to 85 years and over.

Between the ages of 20 and 59, for every five African American women there are four African American men, whereas the proportion of white females and males in that age range is nearly equal. This finding has important implications for the promotion of marriage. Generally, women choose partners from members

of their own ethnic/racial group. In Syracuse in 2000 among the births in which the father was named, 93 percent the fathers of babies born to African American women were themselves African American. Correspondingly, 87 percent of the fathers of babies born to white women were themselves white. As illustrated in Figure 1, the male–female sex ratio disparity is highest between the ages of 25 to 29, when for every two African American men there are nearly three African American women. Heterosexual, monogamous marriage is thus an arithmetical impossibility for one-third of African American women in this age group, if they want marital partners near their age and of their race. If the African American group had the same female-to-male sex ratio as their white counterparts, there would be approximately 1,114 more African American men in Syracuse between the ages of 20 and 59. (This estimate is based on the Syracuse African American male population, enumerated by the 2000 census for the ages 20–59.) The missing men, who would otherwise be present if the African American population had the same sex ratio as the white population, would represent an additional 12 percent of the total male population in these prime adult years.

What happened to these missing men? Population changes take place through three pathways: birth, death, and migration. In all populations, slightly more male babies are born than female babies, but males generally have higher death rates than females at each age, with the result that male life expectancy is about seven years shorter than female life expectancy in most populations (Lane and Cibula 2000). As Figure 1 makes clear, the African American and white sex ratios in Syracuse do not differ greatly until age 20, so we can discount an unusual sex ratio at birth as a cause. The second potential pathway—disproportionate and prematurely early male death—does appear to contribute to the gender imbalance.

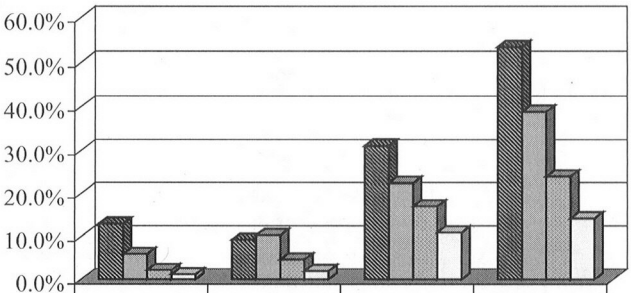
Vital statistics records for Onondaga County show that African American males and females die earlier than their white counterparts, but the disparity in survival affects African American males most profoundly. As Figure 2 illustrates, during 2000 in Onondaga County 53.4 percent of African American male deaths occurred before age 65, compared with only 23.9 percent of white male deaths.

Migration is the third potential pathway leading to disproportionately fewer men. We could find no evidence that African American males leave Syracuse more than African American females for work, school, or to reside in other localities, nor is there disproportionate male out-migration for military service. The most frequent type of nonvoluntary migration, disproportionately affecting African American males, is incarceration.

> [My baby's father] went to jail for about a year, when he came home he was out for a few months and then he went back for seven to eight months, and then he got out and did a month and a half. So since I've known him [he's been incarcerated for] about two years. [African American woman 2004]

Disproportionate Incarceration

Nationally, African Americans make up almost 13 percent of the population, yet they represent 30 percent of the people arrested and 49 percent of the people in prison (Fellner 2000). In 1995, one in three African American men between the ages of 20 and 29 was either in jail or prison, on parole, or on probation (Mauer and



	age 0-24	age 25-44	age 45-64	Total deaths before age 65
African Am male	13.0%	9.3%	31.1%	53.4%
African Am female	6.0%	10.4%	22.4%	38.8%
white male	2.2%	4.7%	17.0%	23.9%
white female	1.2%	2.0%	11.0%	14.2%

Source of data: New York State Vital Records (2000); statistical analysis by authors.

Figure 2
Age at death by race and gender, Onondaga County, 2000.

Huling 1995). Nationwide, African American men are incarcerated 9.6 times more than are white men (Fellner 2000). In New York, African Americans make up 16 percent of the population, but constitute 43 percent of the arrests and 51 percent of the incarcerations (New York State Uniform Crime Report and New York State Department of Correctional Services, cited in Rosenthal 2001).

Due in large part to the War on Drugs and lengthier mandatory sentences, the national incarceration rates have tripled during the past two decades (Feldman, Schiraldi, and Ziedenberg 2001). The Rockefeller Drug Laws, enacted in New York in 1973, were ratcheted up in 1988, when, in response to the social harm caused by crack cocaine, the state legislature mandated lengthy sentences for the possession or sale of small amounts of the drug (Fellner 1997; Wilson 2000). According to Human Rights Watch, "Sentences for drug offenders in New York State are among the most punitive in the country" (Fellner 1997:1), and people of color make up the largest proportion of this expanded prison population.

Analysis of a three-year period from 1997 to 1999 of data from the Onondaga County Department of Corrections showed that although African Americans make up only 9.4 percent of the population in Onondaga County, they make up 52 percent of the inmates incarcerated in the local correctional facility and 61 percent of the inmates incarcerated in the state prison (Rosenthal 2001). (The statistical analyses below for Onondaga County were conducted by the authors, with data reported by Rosenthal 2001.) Among those individuals arrested, African American residents were nearly four times more likely to be sentenced to jail or prison than white residents who were more likely to receive probation or a fine (odds ratio 3.92, 95% CI 3.43–4.47). During 1999, 655 white (0.2 percent of the white population) and 980 African American (2.3 percent of the African American population) Onondaga

County residents were sentenced to jail or prison (Rosenthal 2001). If African Americans were sentenced on the same per capita basis as white Onondaga County residents, only 73 would have been sentenced that year. Correcting for the fact that about 94 percent of prisoners are male and 87 percent of African Americans live in Syracuse, we estimate that the disproportion in African American men from Syracuse being sentenced in 2000 to jail or prison totaled 740 men. This calculation provides indirect evidence that about two-thirds of the unbalanced sex ratio in Syracuse is due to disproportionate incarceration. Furthermore, the deficit of African American males occurs not because the men are permanently removed from the Syracuse population, but rather because the men cycle through correctional facilities, for a period, on average, of two to three years before release. Recidivism rates (i.e., the return to jail or prison) draw over one-half of the men back to incarceration at some time.

Disproportionate arrest and incarceration affects adolescent males as early as age 16. A local social worker recalls working in the Onondaga County Jail, officially called the Justice Center, one evening in 1999. A total of 21 newly arrested males were brought into the facility, of whom 19 were African American and 18 were between 16 and 19 years old. Among the African American youth arrestees, a large majority was charged with violation-level offenses, such as being outdoors without identification (loitering), playing loud music, having open containers of alcoholic beverages, and being in a park after sunset. These youth spent the night in jail, not having been allowed to make a telephone call until many hours had passed after their arrival at the facility. On three other occasions, the social worker saw 16-year-old African American males arrested for similar violations on their 16th birthdays, as if the arresting officers knew that on that very day the youth became subject to the adult criminal justice system. In one of these cases, the youth reported to the social worker that during the previous week the police officer had asked the youth the date of his birthday. The social worker, who worked in the jail for about one year, reported that she never saw white youth arrested for similar violations.

Men make up 94 percent of prisoners in both New York and United States. About two-thirds of these men are fathers, the majority of whom have children under the age of 18 (Brenner 2003; Western and McLanahan 2000). A total of 1.5 million children nationwide, and 7 percent of all African American children, have one of their parents in correctional facilities (Brenner 2003; Weissman 2000). We do not know, for Onondaga County, how many incarcerated men or women are parents. We have an indirect estimate of the proportion of children fathered by incarcerated men, from the Onondaga County Title X–funded Family Planning Program, which assists women with positive pregnancy tests to apply for Medicaid. The Family Planning Program staff estimates that in about 15 percent of new pregnancies, in which the woman's financial resources are sufficiently limited to qualify her for Medicaid, the baby's father is incarcerated. Pregnancy tests usually take place early in the pregnancy, so the expectant father most likely would have become incarcerated just subsequent to the beginning of the pregnancy. Thus, the figure of 15 percent may be the tip of an iceberg of unknown size.

Research from the Fragile Families Project (2002) of Princeton University found that men with a history of incarceration were less likely to reside with the mother of their children and less likely to be employed. In contrast to nonincarcerated men, formerly incarcerated men are reported by their female partners to

be less likely to compromise in decision making, express affection, or speak encouragingly, and are more likely to criticize, be violent, or abuse substances. Of course, these cross-sectional correlation results do not indicate whether the period of incarceration contributed to the men's behavior or if the behavior predated the incarceration.

Missing Fathers and Infant Mortality

> I got to take care of my baby [by myself]. I brought her into the world so she basically depends on me to take care of her until she gets older and be able to do for herself. [African American woman 2004]

To assess the impact of father involvement on pregnancy outcome and infant survival, we used an indirect measure of father involvement, which is whether the father's name and demographic information is entered on the birth certificate at the time of the birth or within 48 hours thereafter (see Phipps, Sowers, and DeMonner [2002] and Gaudino, Jenkins, and Rochat [1999] who also use the presence of paternal information on the birth certificate as a measure). The protocol for entering the father's name on the birth certificate is as follows: for births in which the mother is married, her husband's name is automatically entered on the birth certificate, unless either parent objects. If the mother is unmarried, the father must sign a Declaration of Paternity. This document is given to the mother by a vital records staff member on the morning following her delivery and left at her bedside during her hospitalization, which in Syracuse averages about two days following the birth. The father's information, along with numerous other details of the pregnancy and birth, are entered into the Perinatal Data System (PDS) database by hospital staff on the mother's discharge.[2]

Focus group participants and the family case study respondents were asked the reasons that a father may not be listed on the birth certificate. Their responses included: (1) The mother may have separated from the father and not want him involved. (2) The father may request that the mother not list him if she is receiving public assistance, because he may not be able to afford the mandated child support payments, especially if he already has other children. (3) The father may request not to be listed by a teen mother if he is much older, because he may fear being charged with sexual assault. (4) The father may be incarcerated or otherwise not able to be present to enter his name on the birth certificate.

Despite the imprecision inherent in the multiple reasons that fathers may not be listed on the birth certificate, the reasons cited above indirectly imply a reduction in the amount of paternal financial and social support available to the woman and her baby at the time of the birth. The advantage of using the father's name on the birth certificate, despite its limitations, is that it is a population-based measure of paternal involvement.

Table 2 compares the demographic factors, risk factors, birth weight, and infant mortality in which the father is listed, or is not listed, on the birth certificate. As this table illustrates, among the births in which the father is not listed on the birth certificate, the mother is much less likely to have completed high school, more likely to receive public assistance, more likely to abuse substances including tobacco, and more likely to have an infant who died. In this analysis, we separated

Table 2
Percent of risk and outcome variables in two groups, compared with father on birth certificate.

	Father on Birth Certificate	No Father on Birth Certificate
Total births of singletons ($n = 4,343$)	69.6%	30.4%
African American ($n = 1,512$)	54%	46%
White ($n = 2,358$)	78%	22%
1st trimester entry into prenatal care ($n = 2,783$)	70.8%	48.6%
Less than 12 years education, age 20+ ($n = 906$)	18.9%	41.3%
Medicaid ($n = 1,872$)	51%	65%
Public Assistance ($n = 438$)	6.6%	18%
Alcohol ($n = 81$)	1%	3.9%
Cocaine ($n = 54$)	0.5%	3%
Marijuana ($n = 186$)	2.6%	8.2%
Tobacco ($n = 1,204$)	22.6%	39.5%
STD diagnosis during pregnancy ($n = 623$)	13%	17.8%
Maternal age less than 20 ($n = 706$)	51%	49%
Low birth weight (<2,500) gm) ($n = 367$)	7.7%	10.1%
Very low birth weight (<1,500 gm) ($n = 82$)	1.6%	2.7%
Neonatal death ($n = 33$)	0.6%	1.1%
Post neonatal death ($n = 21$)	0.3%	1%
Infant death ($n = 54$)	0.9%	2%

neonatal mortality (death in the first 28 days of life) from postneonatal mortality (death after 28 days and before the first birthday), because they have generally different causes. Neonatal death more frequently involves complications following premature delivery and severe congenital anomalies; postneonatal mortality is more commonly associated with sudden infant death syndrome, suffocation on unsafe bedding, and various types of infectious diseases.

Because the father's not being listed on the birth certificate is associated with African American ancestry, teen birth, and receipt of public assistance and/or Medicaid, we conducted logistic regression analyses that controlled for these variables. We conducted separate logistic regression analyses with low birth weight, neonatal death, and postneonatal death as the outcome variables, with the presence or absence of the fathers' information as the risk factor or exposure variable. Postneonatal mortality was the only birth outcome significantly associated with the absence of the father's information. Babies whose fathers' information was lacking from the birth certificate had almost four times the postneonatal death, compared with babies whose fathers were listed. Many of the risk factors for postneonatal death have a common thread involving inadequate parental care and attention. Thus, the association between father absence from the birth certificate and postneonatal death may be an indirect result of a reduction of paternal support (see Table 3).

As mentioned above, the father is not listed on the birth certificate twice as frequently among births to African American mothers, compared with white

Table 3
Logistic regression. Exposure variable: father missing from birth certificate Controlling for maternal race, maternal age (teen vs. age 20 and older), receipt of public assistance, and Medicaid insurance.

Outcome Variables	Logistic Regression Odds Ratio (95% confidence interval) for Father's Name Missing from Birth Certificate	Additional Variables in the Logistic Regression Model that Are Associated with the Outcome
Low birth weight (<2,500 gm)	Not significant	African American race
Very low birth weight (<1,500 gm)	Not significant	None
Neonatal infant mortality (infant death in the first 28 days of life)	Not significant	None
Postneonatal mortality (infant death after 28 days and before the first birthday)	3.841 (1.305–11.294) $p < 0.014$	None

mothers in our sample. The singleton postneonatal mortality rate for African American infants in this analysis was 6.4 deaths per 1,000 live births, compared with 3.7 postneonatal deaths per 1,000 births for infants born to white mothers. When the attributable fraction of postneonatal mortality associated with the father's not being listed on the birth certificate for each group is subtracted, the racial disparity in postneonatal death is nearly eliminated. The singleton postneonatal death rates for each group, minus the attributable portion associated with father absence, is 2.5 per 1,000 live births for white and 2.7 for African American infants.

The Neighborhood Context

> Well, basically I would say the neighborhood I live in is nothing but drugs, guns, violence, or whatever and it affects me because I can't really do nothing . . . but now I have a baby and things getting harder, there's a lot of trouble out here. . . . My grandmother brought me up but my grandmother couldn't bring me up the way my mother would bring me up. I never had no real confident parenting so I can give it my son. [African American woman 2004]

> It's just basically a community where I don't want to raise my child because it's the ghetto. And when I say the ghetto, I say people living hard, during hard times, and you got to worry about your baby when they outside. [African American woman 2004]

Using data compiled as rates at the level of the census tract, we conducted an environmental analysis for the 57 Syracuse census tracts. Of course, aggregate data for neighborhoods can only illustrate the context in which residents live; it

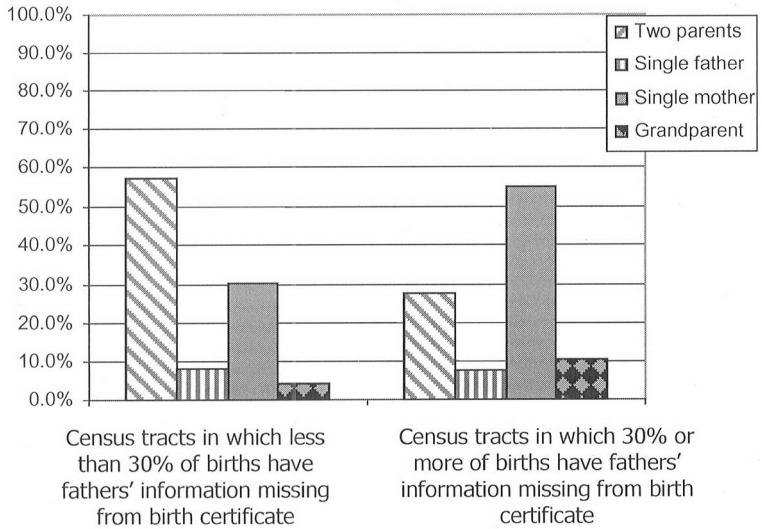


Figure 3
Census tract analysis: Who cares for children <18 years?

does not provide information about individual lives in that neighborhood. This analysis used the following variables as rates at the level of the census tract: births lacking the father's name on the birth certificate in 2000–2001; families in which children under 18 were primarily cared for by two parents, single mothers, single fathers, or grandparents caring for their own grandchildren; and arrests (assault, drugs, homicide, rape, arson, burglary, robbery, and prostitution) provided by the Syracuse Police Department for the years 2000–2001.

Figure 3 divides Syracuse census tracts into two groups: those in which less than 30 percent of the birth certificates lacked fathers' information and those in which 30 percent or more of the birth certificates lacked fathers' information. Within each of these two groups, the graph shows who takes the primary responsibility for children under age 18, whether both parents, single mothers, single fathers, or grandparents. In the census tracts with the higher proportion of fathers listed on the birth certificates, well over half of the families have two parents; two-parent families are almost double single-mother families, and less than 5 percent of children are cared for primarily by grandparents. In the census tracts with the higher numbers of fathers not listed on the birth certificate, in contrast, single mothers outnumber two parent families by nearly two to one and grandparent primary caretakers are more than doubled. This group of census tracts with the higher proportion of fathers missing from the birth certificates also had nearly six times the per capita rate of criminal arrests. It is our contention that these findings are not isolated, unrelated phenomena. Female-headed families and grandparents caring for their grandchildren are likely the same families that began with fathers who were less involved at the time of the children's birth. The data suggest, moreover, that arrest and incarceration comprise daily realities for many of the families in these census tracts.

Women's Voices

Narratives from the Family Case Studies

In four of the ten families interviewed, the baby's father had been incarcerated during the pregnancy or birth, or the mother specifically mentioned incarceration as a factor influencing relationships; in three of these families, the father did not sign the birth certificate. The unpredictability, and fear, of having their baby's father taken away is haunting in these narratives.

> My baby's father went to jail when I was pregnant. I told him I was pregnant when I was two or three weeks, then two months after that he went to jail, over something, basically trespassing, hanging out on a corner. He was in there for almost two months, and it had me stressing because I thought he was going to have to do time, and then I was thinking my baby wasn't going to have no father and I'd have to do everything on my own. [Case study #1]

> The police broke down the door of my apartment when they came to arrest him. . . . My baby's father called collect call from the county jail and said, "Please don't terminate my baby." . . . He called again from prison, while I was in labor. . . . Neither he, or his family, gave me any financial help . . . but the love and support I get through his phone calls, and when I visit him in prison, have kept him involved as a father to my child. [Case study #2]

> My baby's father left me when I was four and a half months pregnant, for two or three other girls that he got a another baby on the way [with] . . . and it's just, it's hard out here because all the boys [are] in jail. [There is] always violence between females . . . over girls messing with somebody else's boyfriend. . . . All the males I grew up with are incarcerated now. So now, there is really nobody. I feel that it is wrong that everybody is in jail because there is no one out here, there is no money out here, nobody left. [Case study #3]

> I met him [when] I was still in high school. He had been in jail like maybe once before when we just started dating. . . . He had just went to jail [and] I found out I was pregnant maybe two weeks into him being in jail, and then I went through the whole pregnancy by myself and he just wasn't there to sign the birth certificate. [Case study #4]

Narratives from the Focus Groups of Front-Line Staff Members

The missing men issue struck a chord with many of the focus group participants. Rather than being only a problem that their clients faced, the participants responded to this question in personal terms. Nearly all of the women were mothers, but not one of them expressed a preference for single motherhood. Like the women interviewed for the family case studies, the importance of having a strong relationship with a man, and the difficulty of doing so, were among the topics on which the focus group participants expressed their most passionate opinions. An important point made by both family case study and focus group participants is that the difficulty in establishing and maintaining relationships influences women to put up with more negative male behavior than they would accept if the sex ratio were different, as exemplified by the following: "So many women are fighting

over men for stability . . . who wants to be a woman going into old age alone? Who wants to be alone for the rest of their life? Either you have a man or you are alone."

Several women explained how in some cases motherhood might be a strategy to solidify a shaky relationship:

> That's where it comes in . . . trying to tie a man down. Because that's the man you want, so you start having kids by this man. [Focus group participant #1]
>
> [Women think that] if they are pregnant they will . . . keep the man. [Focus group participant #2]
>
> [If] I have a baby by this person, this person's never going away from my life. He's always going to have to deal with me and that's that. [Focus group participant #3]
>
> Some of these young girls go and get themselves pregnant because they think that man will stay with them. They're scared to death that they'll end up like their mother and have no man in their life. [Focus group participant #4]

In some cases, the skewed sex ratio results in two women being concurrently pregnant by the same man. One focus group member stressed that,

> You see one man in a house with a woman and a baby.... I go to another house [as a home visitor] and I see that same man in the other woman's house with another baby and you know that man doesn't even blink an eye, and I knew he remembered me from the other day coming to that other house. [Focus group participant #5]
>
> Two women were pregnant by the same man and each wanted to give birth first, so that she could name her baby after that man. [Focus group participant #6]

In contrast to the family case study respondents, the focus group participants did not specifically comment on disproportionate incarceration as a cause of the skewed sex ratio. When the issue was brought up in one focus group by the facilitator, the women agreed that it made sense, but said that they had not previously thought about the connection.

Structural Violence and Racism in Social Policies

Social policy creates categories through which public goods are distributed. People who do not conform to these categories are considered deviant, abnormal, or stigmatized. Arturo Escobar (1994), drawing on Michel Foucault's analysis of the role of hegemonic discourse defining normal and deviant, described a similar situation, in the context of international development namely, "Development proceeded by creating 'abnormalities,' . . . which it would later treat and reform." Marriage-promoting policies construct the monogamous, male–female marriage as the normal family, and attempt to advance marriage by stigmatizing women who are deviant in relation to this category. Yet, a demographic double bind is created by draconian drug laws that decrease the potential for marriage by removing eligible men from the community.

Guttentag and Secord (1983) argue that sex ratios with an abundance of women and a paucity of men influence women to have a subjective sense of powerlessness and feel personally devalued by society. The authors label this form

of powerlessness a limitation of dyadic power. Guttentag and Secord (1983), as well as Wilson (2000), provide evidence to show that sex ratios with too few men increase female-headed families markedly and decrease the proportion of women with committed male partners throughout their childbearing years. As a result, men have the opportunities to move successively from woman to woman or to maintain multiple relationships with different women. In turn, some women might double their efforts to attract or keep a man by making sacrifices and going out of their way to please their male partner. In other societies, anthropologists have observed a low male sex ratio to be associated with polygyny (White and Burton 1988).

While the four family case study participants were directly affected by incarceration, the focus group participants, as mentioned earlier, did not readily connect the issue of missing men with disproportionate incarceration. The senior author, in discussions with a wide number of physicians and public health officials in Onondaga County, similarly found that not one of the health professionals was previously aware of the potential impact of incarceration on racial health disparities. Although the rates of incarceration and premature death are staggeringly unequal between white and African American residents, many community members viewed them as individual tragedies and public policy makers failed to consider them as relevant to the analysis of poverty, single motherhood, or infant death.

Conclusion

As the policy analysis and the epidemiological, environmental, and ethnographic data make clear, there is a disconnect between the policy makers' assumptions and the structural violence that forms the context in which women of color live and make decisions about marriage, intimate partnerships, and reproduction. The marriage-promotion policies ignore the unbalanced African American sex ratio and assume that the dramatic rise in African American single motherhood is a capricious choice.

Female-headed families were the minority among African American families in the first half of the 20th century, yet doubled between 1965 and 1990. This doubling is temporally associated with enacting the legislation directed toward the War on Drugs, which tripled the African American prison population. About two-thirds of the missing men in the African American population in Syracuse are incarcerated. The missing men are thus not permanently removed but rather are cycled for multiple-year periods through correctional facilities. This cycling further impacts families in that formerly incarcerated men have greater difficulty in establishing secure relationships, maintaining employment, and behaving in ways that nurture intimate relationships. Arguably, the brutality of incarceration itself may be at least partly responsible for the men's less nurturing and less stable behavior.

In Syracuse, the disproportionate African American male incarceration begins at age 16, which indicates that it is a likely risk factor for subsequent low educational attainment and future unemployment. Moreover, once arrested, African Americans are nearly four times more likely to be sentenced to jail or prison, whereas their white counterparts receive probation or fines.

Disproportionate incarceration may be a key factor in decreasing paternal involvement and may be an indirect factor in the white–African American infant

mortality gap. In about 15 percent of pregnancies for which a woman has sought a pregnancy test from the county family planning program, the expectant father is incarcerated at the time of the test. In census tracts with higher proportions of births in which the father is not listed, there are also higher rates of female-headed households with children, grandparents caring for grandchildren, and arrests. Among births in which the father's information is absent—which are two times more frequent among African Americans than white residents of Syracuse—babies are almost four times more likely to die in the postneonatal period.

In contrast to the policy makers' assumptions that single motherhood is an individual preference, the African American women interviewed in Syracuse wanted to be in stable, nurturing, intimate relationships. They indicate that the dearth of African American men has led them and other women to accept male behavior that they otherwise would not accept if they had other options. According to these women, this struggle to maintain relationships appears to have led some women to adopt a strategy of having a baby to "tie" the man, resulting in single motherhood when the strategy failed. Perhaps most stigmatizing and demoralizing for the women is that, in some cases, an individual man fathers babies of two women concurrently, without the women's knowledge. Clearly, a low male sex ratio robs women of their so-called bargaining power in relationships. As men become scarcer, each relationship becomes much harder to achieve. In her effort to hold onto the relationship, a woman may accept conditions to which she would not agree if her range of potential partners were wider.

Marriage promotion policies do not take account of these painful realities. The policy makers assume that by advertising marriage, with slick social marketing, or educating the poor about how to succeed in the marital relationship, they will coax reluctant African American brides down the isle. They further assume that encouraging the "sacred" bond of heterosexual matrimony will solve the problems of poverty and social disruption in communities of color. In Syracuse, as the sex ratio data make clear, for all adult African Americans to marry an opposite sex individual of their racial background, the government would have to legalize polygyny. As one focus group participant put it, there are simply not enough African American men to go around.

NOTES

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1. Approval for the project was awarded by the SUNY Upstate Medical University IRB. Partial funding for ethnographic data collection and analysis was also provided by the Program on the Analysis and Resolution of Conflicts at the Maxwell School of Syracuse University. IRB approval for this portion of the study was awarded by the Syracuse University IRB.

2. Subsequent to the mother and baby's discharge from the hospital, the father may sign the Declaration of Paternity in the county vital records office or may be legally required to take a paternity test to establish paternity for mandatory child support. This further documentation of paternal information would not, however, be recorded in the PDS database. The presence or absence of the father's information from the PDS is therefore a record of whether an unmarried father came to the hospital at the time of or within 48 hours following his infant's birth and chose to sign the Declaration of Paternity.

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