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Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and
Their Children in Three Low-Income Neighborhoods

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Culture and Dependency: Questions Abandoned, Found, and Reformulated

This paper addresses some of the questions concerning theories of welfare dependency raised in a recent paper by David Ellwood (1987). Ellwood's review of theories attempting to explain patterns of welfare dependency compares three different models, based on the concepts of choice, confidence, and culture respectively. Choice models derived from economic theory explain behavior in terms of individual decisions to maximize utility. Expectancy models derive from social psychology and explain behavior in terms of perceptions of efficacy learned from experience. Cultural models derived from sociology and anthropology explain behavior in terms of the collective norms and accepted ways of doing things learned within small local communities.

In evaluating the evidence for these three models, Ellwood finds that choice models best explain most of the existing data on such phenomena as durations of time on AFDC and patterns of exit from AFDC. In contrast, expectancy and cultural models offer far weaker determinate predictions of patterns of AFDC use. None of the models, however, explain very well some behaviors which have profound consequences for AFDC caseloads. He identifies teenage sexuality, fertility, and marriage decisions as particularly problematic for all these theories, specifically out-of-wedlock childbearing, which is increasingly likely to lead to long-term AFDC enrollment (Lerman 1987; Ellwood and Bane 1984).

Choice models do not explain very well why teenagers get pregnant and give birth out-of-wedlock or which teenagers are most likely to do so.

Expectancy and cultural theories have not offered good explanations of these phenomena yet either, but part of the problem is that these theories and the research associated with them are more difficult to interpret and to test empirically. This paper follows Ellwood's recommendation for further work in these areas.

The data on which this paper is based come from two sources, ethnographic fieldwork with young fathers in three low-income urban neighborhoods conducted between 1984 and 1987 and health records of abortions and births to teenaged females in these same areas from 1985 through 1987. These two closely related data sets are examined here in an effort to understand better the relationships of individual choice and culture in the social processes that lead to out-of-wedlock childbearing and AFDC enrollment among teenage females. Before presenting and analyzing the data, I offer some further discussion of the theoretical issues to be examined and the methodological concerns related to those issues.

This paper is particularly concerned with the usefulness of cultural analysis in understanding problems of AFDC dependency. Many problems have been associated with past attempts to link the notions of "culture" and "poverty," to such an extent that these attempts have been all but abandoned since about 1970 (Rainwater 1987). Yet, it is apparent that poverty is not distributed equally among different cultural groups in the United States. In addition, both the work to be presented here and some other recent work (Testa et al. 1989) show that members of different cultural groups tend to behave differently under conditions of poverty, especially in terms of marriage, family formation, and household organization. This paper examines phenomena of this kind in an attempt to reintegrate cultural analysis into theories of

poverty, without at the same time falling back into the mechanistic and discredited formulations of the "culture of poverty" school (Lewis 1966; Miller 1958; Banfield 1970).

Ellwood's comparison of the choice, expectancy, and cultural models attempts to isolate relatively "pure" forms of each. He justifies this procedure on the grounds that by combining variants of the three models an analyst could predict almost any outcome, thereby rendering all the theories practically useless for understanding poverty and dependency or for formulating policy responses. While this procedure is highly useful for organizing his review and evaluation of a wide range of literature, it quickly becomes limited when one begins to look for a more coherent and refined way of understanding the relationships between culture and poverty.

This becomes apparent when one moves from Ellwood's treatment of cultural theory to the more extensive review by Rainwater (1987) that Ellwood cites as his main resource on cultural theory and research. The Rainwater review makes quite clear that any attempt to isolate culture from choice in a systematic way is at odds with the way the culture concept has been employed by the sociological or anthropological ethnographers who have most usefully employed the culture concept in research on poverty. Rainwater notes that few ethnographers of poverty have subscribed to what he characterizes as the "hard" definition of culture as a set of self-perpetuating values transmitted without regard for choices people must make in the circumstances they face. Indeed, even Oscar Lewis' infamous conceptualization of the culture of poverty as something internalized by very young children stressed the adaptive nature of culture (Lewis 1966).

As soon as one admits the adaptive nature of culture, one has begun to confound the culture concept with the notion of choice. Yet, I do not think that this necessarily means either that the culture concept must be uselessly fuzzy or that the promiscuous intermingling of ideas about individual choices and ideas about ways of life that individuals share with other members of their communities must inevitably lead to theoretical indeterminacy. This paper compares both ethnographic data and health statistics on three specific communities in order to see how responses to teenage pregnancy reflect both individual choices and different ways of handling similar problems within the different communities.

The use of both comparative ethnographic data and health statistics aggregated at the local level represents a relatively untried methodological approach to these problems. Past ethnographic studies have generally focused on single communities (Stack 1974; Ladner 1971; Susser 1982) while few quantitative studies have even attempted to compare communities. The methodological approach used in this paper thus offers both a comparative dimension and a basis for generalization about cultural patterns that have not been possible in most previous studies.

The substantive concerns addressed here have to do with processes leading to out-of-wedlock childbearing and AFDC enrollment by teenage females and especially with the little understood roles of the males who father their children. The three communities, all located in Brooklyn, New York, differ by class and culture. They are referred to pseudonymously as La Barriada, Projectville, and Hamilton Park. La Barriada is predominantly Latino, Projectville predominantly black, and Hamilton Park predominantly non-Latino white (although, as will be seen, race/ethnic concentration is much more

pronounced for blacks in Projectville; some Latinos live in all three neighborhoods, though they only predominate in La Barriada). Both La Barriada and Projectville have very high concentrations of poverty: over 40% in La Barriada and over 50% in Projectville in 1980. Poverty levels in the mostly white central area of Hamilton Park in 1980 were slightly over 10% in 1980, much lower than in the minority areas but as high as could be found for predominantly white areas in New York City (Sullivan 1989B).

The data examined here deal very briefly with levels of teenage sexual activity and then more extensively with patterns of abortion, marriage, and AFDC enrollment. As will be seen, class differences, both within and between the neighborhoods, are highly associated with many aspects of these processes leading to out-of-wedlock childbearing and AFDC enrollment. In addition, there are differences between the local areas and between race/ethnic groups that are not accounted for by class differences. The aims of this paper are to describe these patterns and then to interpret them theoretically in a way which takes appropriate account of cultural differences while not separating culture absolutely from rational choice or opposing these two in inappropriate ways.

One further note about the theoretical approach of this paper concerns the operationalization of the culture concept. As should be clear, the cultural differences addressed here are those associated with race/ethnic categories. It should be stressed that this is only one of many dimensions of culture, although one that is of great importance in looking at patterns of poverty in the United States. The culture concept can be applied at various levels of social differentiation. One could speak of the culture of the United States as a whole and compare it to that of other nations as Jones et

al. have done in their cross-national study of teenage pregnancy (1986). Alternatively, one could speak of the culture of very specialized groups such as medical students (Becker 1961) or police officers (Reuss-Ianni 1983). All these are valid uses of the culture concept, none of which precludes the others. The much greater prevalence of poverty among African-Americans and Latino-Americans in the United States, however, makes the question of the relationship between race/ethnic cultures and poverty one of particular concern. That is the question pursued here. It should also be noted here that it is possible to talk of cultural differences within race/ethnic enclave neighborhoods, as in discussions of ghetto-specific versus mainstream lifestyles (Hannerz 1969). This question is also addressed to some extent.

The Data

The ethnographic data examined here were collected by the author and three field assistants. Most of our informants were young males who had fathered children by mothers in their teens. We also talked to a few non-fathers within each neighborhood as well as to some of the young women who were sexual partners to these males and mothers to their children and to some of the other friends and family members of the young males. The focus of our research, however, was on young fathers. We had multiple contacts with most of these young men, over the course of at least one year and in some cases several years. (This research project grew out of an earlier project which began in 1979 and dealt with some of the same individuals and families). The ethnographic descriptions that follow deal primarily with twelve young Puerto Rican males from La Barriada, 13 young black males from Projectville, and eleven young white, non-Latino males from Hamilton Park. We spoke with each of these young men about their patterns of sexual activity and use of

contraceptives, their responses to the pregnancies of their partners, their attitudes towards abortion and participation in decisions about abortion, their decisions for or against marriage and co-residence, and their participation in the care and support of their children.

It should be noted that our sample recruitment techniques probably tended to exclude fathers who had no involvement with their children at all, although we did contact at least one such individual. Despite this sampling bias, our samples did include considerable variation in the amount of contact between fathers and children.

The statistical data examined here consist of all birth and abortion records for females aged 19 and under in the health areas of these three neighborhoods for the years 1985, 1986, and 1987. Three years of data were combined in order to make sure that there would be enough cases for analysis in these relatively small areas. A total of 3639 cases were obtained. (This includes also 76 miscarriages. Since miscarriages do not reflect any decision concerning pregnancy outcome, these cases are excluded from the following analyses.) One important implication of this combining of three years' data into one data set must be born in mind: some individuals may be represented more than once. Since the data could not be released with individual identifiers, it is not possible to count exactly how many individuals are represented more than once. As a result, the units of analysis here are teenage pregnancies, not individual teenage females. Both birth and abortion certificates do contain information about prior pregnancies and their outcomes, however. Some analyses of patterns of decisions about not-first pregnancies based on this information are included here.

Although the data reported below are gathered from the health areas comprising these neighborhoods, they are compared in terms of race/ethnicity rather locality, for the following reasons. Although the families we studied in La Barriada were all Latino and the families we studied in Hamilton Park were all non-Latino whites, these two areas were actually fairly mixed, containing only a few non-Latino blacks, and substantial proportions of both non-Latino whites and Latinos, with these proportions varying from block to block. Health area statistics thus reflect considerable internal variation in race/ethnic composition. In contrast, the Projectville health areas were heavily non-Latino black with a few Latinos and very few whites. The particularly family and social networks we studied were spread through thirteen health areas, as shown in Table 1.

Yet, our ethnographic data indicated considerable separation in social networks between whites and Latinos in the areas in which they lived, with whites generally better off economically and residing in better housing and on more well-maintained blocks. We did find a small amount of interaction between non-Latino whites and Puerto Ricans in La Barriada. One member of the predominantly Puerto Rican street corner group from which several of our ethnographic sample members came was a non-Latino white. One of the sample members had also fathered a child by non-Latino white mother, although they were separated partially as a result of her family's dislike of her union with a Puerto Rican. In contrast, none of the Hamilton Park youths reported associating with the Latinos who lived in and around their neighborhood, except for purposes of buying and selling drugs.

For these reasons, and also to simplify the analyses, race/ethnic rather than neighborhood breakdowns are reported below. It should be noted, however,

that most of the whites in the ethnographic sample resided in health areas in which most teenaged pregnancies occur to Latinos. This does not necessarily mean that these are predominantly Latino areas, however, since whites tend to be older. A previous study looked at 1980 census data on these same areas and found that whites comprised almost ninety percent of the three main La Barriada health district areas but had a median age of 35 compared to a median age of about 20 for Latinos (Sullivan 1989B). Ethnographic observations through the 1980's do suggest considerable in-migration of Latinos into two of these areas during that time. How much the prominence of Latinos in the teen pregnancy data on these areas is due to in-migration and how much to lower median age is difficult to determine.

The race/ethnic distributions just described are presented in Table 1. "Whites," "blacks," and "Latinos" are mutually exclusive categories in these and subsequent tables. The areas designated "HP" are Hamilton Park. Those designated "Lat2" are a predominantly Latino area adjoining Hamilton Park and sometimes considered a different part of the same neighborhood. There is also considerable movement between La Barriada's health districts, designated "LaBarr" and these "Lat2" areas. One Puerto Rican sample member has lived in both places. The Projectville health areas are designated "Pvl."

Patterns of Sexual Activity, Abortion, Marriage, and AFDC Use

As noted above, rational choice theory does a much better job of explaining why people remain on AFDC than it does in explaining how they get on it in the first place, particularly why it is that some young women bear children out of wedlock when they cannot support them while others do not. Ellwood suggests that expectancy and culture theories are the logical

candidates for supplying such explanations, even though they also have not provided them very effectively to date.

Both expectancy and culture theories have converged in much of the recent discussion of the so-called "underclass." In these discussions, the notion of concentrated poverty has been the theoretical glue that has been used to patch together the observations that members of cultural minority groups tend more than non-minority members to live in neighborhoods of concentrated poverty and to have rates of certain deviant behaviors (Wilson 1987). These behaviors are said to characterize an "underclass" and include crime, low labor market participation, school-leaving, reliance on public welfare and, prominently, out-of-wedlock childbearing (Ricketts and Sawhill 1988).

The data examined here provide a useful basis for examining these purported connections among minority status, concentrated poverty, and out-of-wedlock childbearing leading to AFDC enrollment since they allow for comparisons of individuals and groups differing in race/ethnicity and residence in areas of concentrated poverty.

There are a number of steps involved when a young female bears a child out of wedlock and enrolls for AFDC. First, she must become sexually active. She must refrain from making effective use of contraception, she must refrain from obtaining an abortion, and she must apply for and be accepted for AFDC. The decisions of males are clearly crucial at many steps along the way. Males must also participate in sex but not effective contraception; they must not convince their pregnant partners to seek abortions; they must refrain from marriage; and they must refrain from providing child support in amounts that would disqualify their partners and children for AFDC.

The data examined below examine each of these stages to some extent. The health statistics on these neighborhoods provide information on patterns of abortion and marriage. The ethnographic data also provide information on abortion and marriage as well as information on sexuality, contraception, and AFDC use, all from the generally undocumented point of view of males. Obviously, these data do not provide all the information that would be needed to assess patterns of AFDC use in these neighborhoods, even AFDC use by families headed by unmarried young mothers. More information on the young females would be needed, as well as more quantitative data on patterns of sexuality, contraception, and AFDC use and much more information on males and females in these areas who do not become parents while still young and unable to support children. Still, the data examined here do provide a number of pieces of the puzzle. Each step of the processes leading to AFDC enrollment is examined sequentially below with the data available.

Sexuality and Contraception

Only the ethnographic data for small samples of males provides any information on patterns of sexuality and contraception in these neighborhoods which might help to account for patterns of AFDC use. These data generally do not indicate patterned differences in age of initiation of sexual activity or use of contraception which would account for differences in out-of-wedlock childbearing to be described below. Most of the young males we interviewed in all three neighborhoods reported first engaging in sexual intercourse around the age of fourteen. Most also reported not using effective contraception on a regular basis, although most did report regular or sporadic use of withdrawal to prevent pregnancy. We did interview some non-fathers in each neighborhood, however, and several of them did report more effective use of

contraception. Although the numbers in our sample were small, no clear pattern emerges in differences between neighborhoods or race/ethnic groups, although there does seem to be some differentiation within neighborhood groups.

Lacking survey data on sexual activity and contraception in these areas, the only available data with which to contextualize the ethnographic findings are citywide calculations, national surveys, and other small-scale studies. These studies all find higher rates of both sexual activity and pregnancy among black teens than among white teens (Sonenstein 1986; Furstenberg 1987). Those that include Latinos generally do not distinguish them as a mutually exclusive group, but rather as a category that overlaps with racial categories. In these studies, Latinos' rates of teenage sexual intercourse and pregnancy tend to be somewhat higher than those of whites but lower than those of blacks (Hofferth and Hayes 1987, p. 368). Calculations of pregnancy rates for New York City based on 1980 census data and 1984 health statistics found pregnancy rates for females aged 15-17 of 33 per 1000 for whites, 144 per 1000 for blacks, and 95 per 1000 for Latinos (Adolescent Pregnancy Interagency Council 1986, Table 4).

How much these differences reflect differences in sexual activity or differences in contraceptive use can not be determined, though the national studies mentioned above suggest that both earlier initiation of sexual intercourse and less frequent use of effective contraception play a part, at least in differences between blacks and whites.

The relative lack of difference between race/ethnic categories in age of initiation of sexual intercourse and in use of effective contraception apparent in our ethnographic data may be due to a number of factors, besides

simply the small sample sizes. First, we deliberately sought out young fathers, for the most part. Therefore, we did not recruit even out small samples randomly. Second, the non-Latino whites in the areas we studied are not representative of whites citywide or nationwide since they live in the poorest white areas of the city.

One pattern, however, is quite common across all three neighborhoods. Only four of these 36 young fathers, three from Hamilton Park and one from La Barriada, intended for their partners to become pregnant. Three were employed at the time and were able to support families. The fourth, from Hamilton Park, was unemployed and heavily involved with drugs. The others became involved in unintended pregnancies and then faced with their female partners decisions about abortion and marriage.

When we begin to look at abortion and marriage decisions, however, there are substantial differences between the neighborhoods evident both in our ethnographic data and in the health statistics. The patterns of these differences are quite complex and are examined in some detail below. Before turning to these data, however, it is useful to pose some specific issues concerning the ways in which both class and cultural processes associated with race/ethnicity affect decisions about abortion and marriage.

In research on teen pregnancy, much recent work has relied on the notion of "life options" as major determinants of teen fertility (Dryfoos 1985). Higher rates of pregnancy and childbearing among teenagers who are poor and members of disadvantaged minority groups have been attributed to their lack of a sense that postponing childbearing will make much difference in their chances for educational and occupational success.

Yet, the "life options" model clearly fails to explain differences among race/ethnic groups at similar levels of poverty. Marriage rates of poor, non-Latino blacks are lower than those of poor non-blacks. In addition, marriage rates are also lower for blacks at higher income levels than for others at those same income levels (Lerman 1986). The same kinds of questions can be asked about abortion rates among different cultural groups at similar income levels. In looking at marriage and abortion patterns in the neighborhood data presented here, this paper will inquire systematically what these data show about the effects of economic status and culture on attitudes towards postponing childbearing and about what to do when early childbearing does occur.

Abortion. Whether or not prior willingness to engage in sexual intercourse without use of effective contraception contributed to differences between individuals and groups in pregnancy rates, the ready availability of legal abortion in New York City presented those already pregnant with a choice of whether to carry their pregnancies to term. Health statistics on these neighborhoods allow us to compare their responses to this choice. The ethnographic data on young males provide another source of information, although one that is not readily comparable to the health statistics since we recruited a sample primarily of young fathers, thus excluding cases in which abortion was chosen.

Nonetheless, the sample of young fathers (and a few non-fathers) does provide some quite interesting information on abortion patterns in these neighborhoods. We questioned these young males on their attitudes and experiences with abortion, not only in their relationships with the young females but more generally, including their prior relationships with other

females and the experiences of their friends and of other members of their families. Several of them told us stories of abortions or contemplated abortions experienced either by them or by others in their social networks. Some behavioral and attitudinal patterns are thus suggested even in these small samples of young fathers. These patterns are discussed below and then compared to the health statistics on these neighborhoods.

In the ethnographic data, the most negative attitudes were evident among the Latino youths in La Barriada. They generally referred to abortion as either "murder" or "a sin." Several of the black youths from Projectville also said that they considered abortion to be "murder," yet they expressed more ambivalence about abortion. One said that he had not wanted his girlfriend to have abortion, but that he thought that his mother would want his sister to get an abortion if she got pregnant because his sister planned to go to college. The white youths in Hamilton Park appeared more tolerant of abortion than their minority peers. Even though they had become fathers, they did not as often express the total condemnation of abortion that we heard from their minority peers, especially from the Latinos.

Some differences in attitudes and behavior concerning abortion are also evident within the personal histories of these samples of young fathers. None of the Latino youths reported involvement in earlier pregnancies that had terminated in abortions. In contrast, two of the young fathers from Projectville and two from Hamilton Park had had such experiences. Both the Projectville youths and one of the Hamilton Park youths who reported these earlier abortions had subsequently terminated their relationships with the females involved. One of the Hamilton Park youths, however, had maintained his relationship. The two of them had decided to abort the first pregnancy.

By the time of the second pregnancy, they were still together, they had finished high school, and were in their late teens. The male was employed at a relatively good job. They decided to go ahead and have the baby and married before the birth.

Comparisons of the experiences with abortion of these young fathers also shows some differences following on the birth of a first child. Although the Latino youths were fairly uniform in their negative attitudes towards abortion, their attitudes and behavior began to be pulled apart on the event of a second pregnancy following a birth. Two of the young men from La Barriada first became fathers and then were involved in subsequent pregnancies within a few months after the birth. In both these cases, their female partners obtained abortions, with the knowledge and encouragement of the young males. Their explanation in these cases was that they still did not believe in abortion but that they simply could not afford a second child at this time. One of the Projectville youths had the same experience and reported the same attitudes.

Of course, the abortion decision itself did not always reflect the male's wishes in the matter, especially if he was not living with or married to the pregnant female, as most were not. The Projectville data in particular suggest differences between males and females in attitudes towards abortions, with females obtaining abortions even when their male partners were opposed to the idea.

These ethnographic data, though based on small samples recruited among young fathers, do suggest some patterned ways in which culture and class affect pattern of abortion. "Life options" theory would predict that the working-class whites in this sample would have higher abortion rates than

their minority peers. Since the ethnographic data were collected from a sample recruited among young fathers, they do not bear on this question directly. The differences in attitudes suggested in these data, however, do seem to fit this pattern.

Further, the sequences of decisions in cases of multiple pregnancies suggest some interesting interactions between economic prospects and culture. Two of the young Latino fathers and one young black father changed their minds about abortion when confronted with a second pregnancy. In these cases, economic reality forced rational choices overriding what appear to be cultural preferences against abortion. All three of these young men still had access only to sporadic employment, even though they were in their late teens and no longer attending school. In contrast, one of the young white fathers also reported a reversal of abortion preferences. In this case, the reversal was also related to economic opportunities but the change was in the opposite direction. A prior decision for abortion was followed by a subsequent decision to carry the birth to term, in light of the facts that the couple had both finished school and the prospective father had a decent job.

The health statistics from these neighborhoods provide valuable context for judging the generalizability of these patterns in the ethnographic data. Birth and abortion records contain information on race/ethnic identity and also a crude but useful indicator of economic status, whether or not the procedure was paid for by Medicaid. This information is analyzed and compared to the ethnographic data below.

The following tables show the effects of both race/ethnicity and Medicaid status on whether teen pregnancies terminate in births or abortions. Medicaid is provided for people who are either on AFDC, have just left the

AFDC rolls, or otherwise have very low incomes. Thus, Medicaid status in the following tables indicates poor people. Non-Medicaid status indicates those not so poor.

Table 2 shows dramatic differences in birth/abortion outcomes associated with the Medicaid indicator. Nearly three quarters of those receiving Medicaid choose not to have abortions, while more than three quarters of those not on Medicaid choose abortion.¹

Table 3 shows that birth/abortion decisions are also related to race/ethnicity. Whites appear most likely to choose abortion, followed rather closely by blacks. Latinos are far less likely to choose abortion than either of the other two groups. Race/ethnicity does not appear to be as powerful predictor of pregnancy outcome as Medicaid status, however, on the basis of these bivariate analyses.

Table 4 shows the relationship between age and pregnancy outcome. Compared to the effects of Medicaid status and race/ethnicity, this effect is weak, within this age range. Very young pregnant females are very likely to choose abortion, and nineteen-year-olds somewhat less likely than younger teenagers. Those aged fifteen through eighteen, however, vary only by a few

¹Methodological note: Chi-squares for this table and most of those that follow are statistically significant, but are not necessarily of substantive significance since the sample size is large. Cramer's V is also reported in order to give some further indication of the strength of the effects. The other measures included, lambdas, are generally more useful since they indicate proportionate reduction in error. In some cases that follow, however, the lambdas are zero even when inspection of the percentaged tables indicates a relationship. This can occur when values on one of the variables are highly skewed (Reynolds 1984; Loether and McTavish 1988). Because of these problems in interpreting measures of association for nominal variables, the main weight of interpretation in these discussion will be placed on inspection of the percentaged tables.

percentage points. It is of course likely that if older pregnant females were included in the analysis that a more significant relationship would emerge, showing declining rates of abortion throughout the twenties.

Since the effects of age on pregnancy outcome in this sample are much weaker than those of Medicaid status and race/ethnicity, the following analyses will concentrate on the relationships among poverty (as indicated by Medicaid status), race/ethnicity, and pregnancy outcome. The bivariate analyses indicate that Medicaid status has much more substantial effects than race/ethnicity, but do not tell anything about the inter-relationship of these two variables in their effects on pregnancy outcome. Since blacks and Latinos are generally poorer than whites, the effects of race/ethnicity may be partly attributable to poverty and vice versa. The following analyses address these questions through the technique of elaboration.

Before introducing a control variable into the bivariate analyses, it is necessary to ask about the direct relationship between poverty and race/ethnicity. Table 5 shows that whites in this sample are indeed less poor on average than blacks or Latinos. Only about one in three whites receives Medicaid, compared to about fifty percent of blacks and 60 percent Latinos. These ordinal relationships are similar to those found for all of New York City in the 1980 census. It should also be noted, however, that all these poverty rates are higher than those for these groups in the Standard Metropolitan Statistical Area. In 1980, 7.9% of white families, 25.9% of black families, and 33.3% of families of Hispanic origin fell below the Federal poverty line (U.S. Bureau of the Census 1980). The study neighborhoods are all inner city areas in which very few people have middle class incomes. It is likely that many or most of those in this sample who are

not designated as "poor" according to the Medicaid indicator are only slightly above the poverty level and could appropriately be designated as either the "working poor" or at best "blue-collar."²

Table 6 shows the effects of race/ethnicity on pregnancy outcome controlling for Medicaid status. The effects of poverty on pregnancy outcomes shown earlier are reproduced. Those on Medicaid are far more likely not to choose abortion than those not on Medicaid, whatever their race/ethnic category. The ordinal relationships between the race/ethnic categories and pregnancy outcomes, however, do not stay the same.

As before, Latinos have lower abortion rates than blacks or whites, whether comparing those on Medicaid or those not on Medicaid. The relationships between blacks and whites, however, are reversed. Table 3 shows that, in the aggregate, whites are more likely than blacks to choose abortions. After separating blacks and whites according to poverty (Medicaid) status, however, poor blacks are more likely to choose abortion than poor whites while not-so-poor blacks are also more likely to choose abortions than not-so-poor whites. The Medicaid indicator acts as a suppressor variable changing the relationship between two other variables when introduced into the analysis (Rosenberg 1968. Appendix B).

These patterns of birth/abortion decisions in relation to race/ethnicity can be compared to statistics for the city as a whole during

²Medicaid status and the census's poverty line are not necessarily congruent poverty indicators. Also, the census does not separate blacks, whites, and Hispanics into mutually exclusive groups as I have done in this paper. In the census, one set of racial categories -- "black," "white," and "other" includes persons of Hispanic origin while the "Hispanic origin" category includes those who identify themselves separately as "black" "white" or "other". In this paper, in contrast, I have separated Latinos out of the "white" and "black" groups.

1984 (Adolescent Pregnancy Interagency Council 1986, Table 4). Excluding miscarriages, the citywide teen abortion rates during that year were 71.6% for whites, compared to 64.2% in the neighborhood sample; 57.3% for blacks, compared to 59% in the neighborhood sample; and 46.2% for Latinos, compared to 36.9% in the neighborhood sample.

These rates are not strictly comparable both because the neighborhood data are from 1985 through 1987 and because the citywide calculations count Latinos twice, as a separate category and also along with blacks and whites. Since more Latinos identify themselves as "white" than as "black," the inclusion of Latinos in the citywide calculations of abortion rates for whites and blacks probably lowers the abortion rate totals for whites more than blacks.

With these qualifications, the citywide rates appear to confirm the lower abortion rates for Latinos but show different relationships between white and black rates than the neighborhood data. The citywide data shows whites as considerably more likely than blacks to obtain abortions while the neighborhood data show blacks as either slightly less likely or more likely than whites to obtain abortions, depending on whether the Medicaid control variable is included in the analysis. Given the facts that other data show that poverty status (as reflected in Medicaid eligibility) has strong effects on the likelihood of teen pregnancies not terminating in abortion and that we also know that the whites in the neighborhood sample are poorer than other whites in New York City, it seems likely that the lower discrepancy between black and white abortion rates in the neighborhood sample results from the fact that this sample is restricted to relatively poor whites.

The health statistics thus confirm the ethnographic data with respect to the differences between Latinos and non-Latinos in birth/abortion decisions. The health statistics do not, however, show consistent patterns of higher abortion rates among the whites in the neighborhood sample in comparison to blacks in the neighborhood sample, as is suggested in the ethnographic data.

In order to investigate this situation further, we looked to see if differences between black and white abortion rates were related to the different sequential decisions concerning multiple pregnancies to the same female. The ethnographic data suggest that black teens may be terminating more repeat pregnancies than white teens, at least in these neighborhoods. If this is the case, then that might explain the apparent discrepancy between attitudes and behavior among blacks in relationship to abortion. That is, their attitudes about abortion might be contradicted by their behavior when confronted with a second pregnancy. Having decided against abortion the first time, they may change their minds after first-hand experience of the difficulties of raising children in poverty.

Both birth and abortion certificates contain information about past pregnancies, allowing us to test this hypothesis. Table 7 shows the outcomes of pregnancies occurring to teenage females who have had prior births. The pregnancy outcome variables in these analyses are to be read as follows: "B-PB-NPA" means "Birth-Prior Birth-No Prior Abortion;" "A-PB-NPA" means "Abortion-Prior Birth-No Prior Abortion." These tables, controlling for Medicaid status, appear to confirm the hypothesis.

Comparing these tables to Table 6 shows that individuals from all race/ethnic and economic categories are more likely to choose abortion after

they have experienced a prior birth. Poor blacks appear more likely than poor whites to abort pregnancies following prior births. Not-poor blacks also appear more likely than not-poor whites to abort pregnancies following births. Further, the black/white differences are much more pronounced for teen pregnancies following prior births than they are for all teen pregnancies.

It should be noted that, despite these interesting and somewhat complicated patterns of relationships between race/ethnic categories and teen pregnancy outcomes, the Medicaid variable appears to be a much more powerful predictor of pregnancy outcomes than race/ethnicity. The poverty status indicated by Medicaid eligibility predicts the carrying of teen births to term within race/ethnic categories and also accounts for much of the difference between race/ethnic categories. These findings strongly confirm the "life options" theory of teenage pregnancy and childbearing, but they also indicate that membership in cultural groups has an effect. Race/ethnicity's effect on pregnancy outcomes, in both the ethnographic data and in the health statistics, is most pronounced in comparing Latinos to non-Latinos.

Marriage. Both the ethnographic data and the health statistics are useful for the analysis of marriage decisions among teenagers in the study neighborhoods. The fact that the ethnographic samples were recruited primarily among fathers does not distort the data's usefulness for looking at marriage decisions to the same extent as it did when looking at birth/abortion decisions. Those who have already become fathers obviously do not represent those involved in pregnancies that terminated in abortions. The ethnographic samples from all three neighborhoods, however, contain individuals who did and did not get married. Many of the same patterns are evident in both the ethnographic data and the health statistics. Comparing the two data sets also

contributes to a richer understanding of each. The ethnographic data are presented first, followed by the health statistics.

By the end of our fieldwork, marriages had taken place for seven of eleven young white fathers in Hamilton Park; seven of twelve young Latino fathers in La Barriada; and three of thirteen young black fathers in Projectville. Those from Projectville were obviously much less inclined to marry than those from either of the other two neighborhoods.

Although the marriage rates appear similar between Hamilton Park and La Barriada, this eventual marriage pattern belies very different processes leading to marriage. Six of the seven married fathers from Hamilton Park had married after the pregnancy and before the birth. The other had married before the pregnancy. In contrast, only one of the young fathers from La Barriada had married between the pregnancy and the birth. One other had married before the pregnancy. Five had married after the birth. Of the three married fathers in Projectville, one had married before the birth and the other two after the birth.

These are strikingly different patterns of marriage. Within these small samples, the modal pattern in Projectville is non-marriage; the modal pattern in Hamilton Park is marriage between pregnancy and birth; the modal pattern in La Barriada is marriage, usually occurring after birth.

We also inquired about paternity establishment outside of marriage. Here again some striking patterns emerge. In Hamilton Park, three of the four unmarried fathers did not establish legal paternity. In La Barriada, both unmarried fathers established paternity. In Projectville, five of ten unmarried fathers established paternity.

Viewed in light of the rest of the ethnographic data, especially data on the employment and earnings of these young men, these marriage patterns can be readily interpreted. Both Hispanic culture and the ability to support families are strongly associated with marriage. Both inability to support a family and being black are strongly associated with non-marriage, although the association between being black and not supporting children is not nearly as strong as the association with non-marriage.

The differences between married and not-married fathers in the ethnographic data on Hamilton Park is strongly associated with being employed and not strung out on drugs. Three of the non-married fathers were still in their mid-teens, sporadically employed, and heavy drug-users at the time their children were born. Those who got married were generally in their late teens and employed at jobs paying better than the minimum wage or in the military. Those who got married set up their own households. Both jobs and apartments were usually obtained through family and neighborhood-based networks. These early, precipitous marriages were fragile and several eventually resulted in separations. Still, the family formation pattern in the neighborhood resulting from early pregnancy tended to be one in which the young couple got married, got an apartment, and were supported by the young male.

If the young male was in no position to support a family, either because of age, unemployability, drug use, or some combination thereof, there was little pressure for marriage. In fact, the families of the young females involved with such young men generally applied pressure to keep the young men away. This meant not pressing for either marriage or for paternity establishment. In Hamilton Park, young fathers who were able to support

children were expected to marry. If they were not so able, they were considered poor candidates for either marriage or official paternity.

In Projectville, in contrast, there was little pressure for marriage for either the more mainstream or the more deviant young fathers. Few young men were in any position to support a family. Some were weakly attached to the labor market and involved with using or selling drugs. It might seem that the drug sellers would have plenty of money, but this was rarely the case. Their periods of lucrative gains tended to be quite short and followed by incarceration, injury, or being driven out of the neighborhood during disputes with other drug sellers.

Not all of the Projectville sample members were involved in deviant lifestyles, however. Five had minimal involvement with drugs and crime and one other eventually quit selling drugs, joined the military, and radically changed his lifestyle. Yet, these young men also tended not to marry. They continued to live with their parents and the mothers of their children continued to live with theirs. Despite their lack of involvement in drugs and crime, these young men still had access only to sporadic and relatively low-wage employment. They also had little access to housing. This was a public-housing project environment in which waiting lists for apartments take years and many apartments go to female-headed families on AFDC.

The lack of marriage in Projectville, however, was not associated with lack of legal paternity to the same extent as in Hamilton Park. Several of these young men were present at the birth of their children and declared paternity at that time. Others did so soon after. Five of the ten unmarried fathers in this group eventually did establish legal paternity, four of them outside of marriage. Paternity recognition outside of marriage appeared to be

quite common in the neighborhood. The recognition of paternity also was frequently associated with regular contact with the child and contributions of care and support. These patterns have been discussed more fully in previous papers (Sullivan 1985, 1986, 1989A).

In La Barriada, economic circumstances were also extremely unfavorable for most of the young fathers. Few had the ability to support their children. As in the Hamilton Park, those who did not marry tended to be weakly attached to the labor market and involved with drugs and crime. As in Projectville, however, those who were more strongly attached to the labor market still had access only to sporadic and low-paying work. They were unable to support families, but they married anyway. In these cases, cultural influences overrode economic considerations. Community pressure to marry and to acknowledge official paternity was quite strong. Four of the five who did not marry eventually established legal paternity. For those who did marry, however, marriage did not happen immediately. The event of the pregnancy tended to throw both families in turmoil. Relationships remained strained for some time, until eventually pressure for marriage began to build.

A related pattern in La Barriada concerned co-residence. These young couples were also unable to set up their own homes, yet they were expected to live together. They thus had to live together in one of their parental homes, usually that of the father. These were quite stressful and volatile situations, however, and often involved frequent shifts of residence occurring as a result of conflicts between the young couple or between one of the young couple and members of the other's family.

Some cautions must be offered before the ethnographic data on marriage and paternity are compared to the health statistics for these neighborhoods.

Birth records in New York City are coded for "legitimacy" rather than marriage of the mother. Interpreting this information is somewhat problematic since there is no printed space on the birth certificate form for this information. Officials in the health department claim that the medical personnel and social workers who supervise the filling out of the forms write in by hand whether or not the birth is legitimate. Exactly how this works in practice at the many different kinds of facilities where children are born is not exactly clear. It is not clear whether or not cases in which the mother is not married but the father attends the birth and declares paternity are coded as "legitimate".

Despite these ambiguities in the recording of health statistics, it is interesting to note that they indicate the same general patterns of legitimacy in relation to economic circumstances and race/ethnicity as the ethnographic data. We noted in the ethnographic data that the economic circumstances of the father appeared to affect the likelihood that he would marry, especially in Hamilton Park and La Barriada. Table 8 shows that the income status of the mother has similar effects. As noted earlier, teenagers who give birth are increasingly likely not to marry throughout society. This is true in this sample as well: 76% of the births in this sample were illegitimate at the time of the birth. Legitimacy rates were much higher for those not Medicaid, however, 44.6% as compared to only 17.6% of those on Medicaid. As the ethnographic data and previous studies of teen pregnancy indicate, a significant number of births to teenagers are likely to be legitimated after the birth (Furstenberg, Brooks-Gunn and Morgan 1987).

Table 9 compares legitimacy rates by race/ethnicity categories. The same ordinal relationships appear that are evident in the small ethnographic samples: whites have the highest legitimacy rate, followed by Latinos. Births

to black teenagers are overwhelmingly coded as not legitimate. In the ethnographic sample, four of ten unmarried black fathers reported declaring paternity at the time of the birth or shortly thereafter. This pattern is not reflected in the health statistics. If births are coded in the health statistics as "illegitimate" even when such declarations are made, however, the two data sets would match rather closely. Table 10 show that these ordinal relationships between race/ethnic categories remain the same when the Medicaid variable is introduced as a control. The congruence of the race/ethnic patterns in the ethnographic data and in the health statistics both with and without the control for Medicaid status indicates that cultural influences on marriage decisions appear to be strong.

It should be remembered that lack of marriage at the time of birth does not mean that the birth will never be legitimated. The ethnographic data suggests that there will be a number of such legitimations, but that they will occur in different ways. In the ethnographic samples, blacks are more likely to legitimate births after the fact by declaring paternity without marrying. Latinos are most likely to marry after the birth.

Patterns of AFDC Enrollment.

The foregoing material on patterns of sexuality, abortion, and marriage has been presented as necessary background for understanding patterns of AFDC use in these neighborhoods. Because of the known strong association between a mother's being an AFDC recipient and her having never been married, the circumstances leading up to the event of out-of-wedlock childbearing in these neighborhoods has been examined in some detail. Health statistics have been used to compare patterns of abortion and marriage. Ethnographic data have supplied some information about sexuality and contraception and much more

information on young males' roles with regard to abortion and marriage decisions.

These analyses have shown that both poverty status and race/ethnicity are associated with a much higher likelihood of out-of-wedlock childbearing. Poorer people are more likely not to resolve early pregnancies through abortions and not to legitimate births through marriage. Latinos are more likely than non-Latinos to reject abortion and they are more likely than non-Latino blacks to get married. Blacks are comparable to the working-class whites in this sample choosing abortion, but far less likely to marry than either whites or Latinos in these neighborhoods. These results have shown complex yet patterned ways in which class and culture interact in their effects on the likelihood of out-of-wedlock childbearing.

Direct examination of patterns of AFDC use in these neighborhoods will be confined to the ethnographic data here. Birth and abortion records do have spaces on them for indicating whether or not the mother is an AFDC recipient, but this information has been examined previously by the NYC Health Department and found to be highly unreliable. This information is simply omitted on a great number of forms. Another approach that might be tried would be to look at AFDC levels in these neighborhoods as recorded in the 1980 census. As noted earlier, these levels were found to be around 50% for the two minority neighborhoods and about 10% for Hamilton Park for households in census tracts that partially overlapped with the health areas examined in the current paper (Sullivan 1989B). The remainder of this paper presents and analyzes the data on AFDC use by families formed by the young fathers in the ethnographic sample.

The patterns in the ethnographic sample generally resemble those in the 1980 census data, with much higher rates of AFDC enrollment in the two minority neighborhoods but also several cases of non-AFDC use even in these poor neighborhoods. The mothers of the children of two of the eleven young fathers from Hamilton Park enrolled for AFDC, one for brief period, the other on a long-term basis. In Projectville, eight of thirteen mothers of the children of the young fathers enrolled for AFDC. Two of these women were short-term recipients (less than two years) and one of them was married and enrolled in AFDC-U. The rest either were observed to or seemed likely to be on the rolls for more than two years. In La Barriada, six of twelve of the young mothers enrolled for AFDC, one for only a few months, the rest for periods that either were observed or seemed likely to last for more than two years. One of the long-term enrollees was married and received AFDC-U with her husband (even though this is not easy to do).

The congruence of these patterns with the 1980 census data only establishes some idea of the distribution of AFDC use in these neighborhoods. The ethnographic data provide a great deal more information on the differences between those who did and did not use AFDC, the role of the young fathers in households receiving and not receiving AFDC, the relationship of AFDC to court-ordered child support enforcement, how these families actually survived economically, and how they dealt with the welfare bureaucracy. These patterns are described for each neighborhood below.

The low rates of AFDC enrollment in Hamilton Park were clearly related the ability of most young men to find jobs paying above minimum wage and apartments to house their families. As has been described in previous reports, their ability to find jobs has little to do with educational

achievement. Several of these young males did not finish high school and those who did generally just scraped by (Sullivan 1989 A and B). They found jobs not on the basis of school credentials but through family and neighborhood-based social networks. They located apartments in the same way.

There were four of these young men who did not marry, however, and the mothers of the children of two of these did enroll for AFDC. Three of these young men were heavily involved with drugs at the time of the pregnancies and not considered good candidates for husbands and fathers. Two of them are brothers. One brother had a very brief sexual relationship with the young mother and never even knew until years later that her child was his. That fact is still not publicly acknowledged between them, although he has now heard it from several third parties. He has had continuing drug problems and is currently enrolled in a methadone maintenance program. He works steadily but in minimum-wage jobs. The mother of his child enrolled for AFDC for a short period and subsequently married another man, by whom she has had two other children. The other brother dropped out of school when his child was born and went to work at a minimum wage job. He was seventeen at the time. He gave money for support of the child for several months, but relationships between him and the grandmother of his child became increasingly strained. Child support proceedings had been initiated but were terminated when his relationship with his child and the mother's family was terminated. He has subsequently had irregular contact with the child. The child and the mother were enrolled for AFDC after the termination of the relationship with the father and have been on AFDC for several years.

The children of the other two unmarried fathers in this group live with their mothers' families and do not receive AFDC. One of these young fathers

is a heroin addict and involved in crime. He occasionally has contact with the child and brings gifts, but he is also out of touch for long periods of time. The remaining young father works steadily, has regular contact with his child, and makes regular financial contributions, in the amount of seventy dollars per week during the fieldwork period. This contribution is not legally mandated.

The only case of court-ordered child support in any of the neighborhood ethnographic samples involves one of the young married fathers from this neighborhood. He has separated from his wife and child and they have since moved out of the neighborhood.

In Projectville, the practice of remaining unmarried but retaining contact with the child and making financial contributions appears to far more common than in Hamilton Park. This pattern is found both among those who are strongly attached to the legitimate labor market and among those who are more involved in drugs and crime. It also occurs both among those whose children and their mothers receive AFDC and among those who do not. Those young men who were heavily involved in drug use or sales generally were the least involved with their children. One reason was that they were frequently in jail or prison. When not incarcerated, most of these individuals did have some contact with their children, although it tended to be sporadic. (As noted earlier, it is likely that our sample recruitment techniques did not pick those with no involvement.)

The lack of marriage did make it more convenient for some of these young men to make financial contributions to families receiving AFDC that could supplement meager AFDC budgets without being deducted from the payments. These arrangements tended to be highly unstable, however. Only one case

involved a couple that lived together while she received AFDC and he worked fairly regularly. In the other cases, the couple lived apart and the young male's attachment to the family and related contributions were in danger of decaying over time. One couple was married and received AFDC-U for over a year, until the young father became involved in drugs and was forced to leave the household.

In five of thirteen cases in Projectville, the young mothers and their children never received AFDC. In all of these cases, the young mothers and the children were supported by wages from a variety of sources: the young mother, the young father, and the young mother's own parents. The young fathers' families were less likely to contribute cash to the household in which the young mother was living but did provide child care, including keeping the grandchildren for weekends or longer periods of time.

The two other marriages that took place among this group, in addition to the case of the young couple that had received AFDC-U, occurred about two years after the birth of the children. During those two years, the young fathers had made financial contributions and continued their relationships with the mothers of their children. Their children never received AFDC. One got married after he joined the military. At this point, he married because he felt he could support his child and provide benefits. The other individual still had employment problems, even though he constantly sought steady work at a decent wage. He married during a spell of employment, but he and his wife were subsequently forced to rely on help from her family during periods when he was unemployed.

AFDC patterns in La Barriada resembled those in Projectville in several respects. Most of the young fathers were not able to work steadily at decent

wages, even though several were quite assiduous in trying to find and maintain employment. As in the other neighborhoods, there were some individuals involved with drugs and crime who were not very good candidates for husbands and fathers. They provided the least support for their children. Other young families managed to stay off AFDC through the combined wages and efforts of the young mother, the young father, and their families. The father's families were more likely to take in their son's children and the mothers of their children than in either of the other two neighborhoods.

The combination of high levels of poverty and strong cultural emphasis on marriage and legal paternity presented some unique problems in this neighborhood. Because of their poverty and lack of access to employment, many people in this neighborhood needed AFDC. As is often the case, they needed more than AFDC even to reach the poverty threshold. Yet, because of their tendency to marry, they were not as able as their Projectville peers to devise solutions in which the young mother and child received an AFDC and the young father made contributions from sporadic, low-wage employment. New York State did provide an AFDC-U program which officially should serve families in this situation, and one couple was enrolled in that program.

For a number of reasons, however, AFDC-U is difficult to gain acceptance to and it also involves many more intrusions into and controls on the family, including regular mandates to apply for certain jobs, even if those jobs are completely impractical for the individuals matched to them. Also, the sporadic nature of many young, minority males' employment makes AFDC-U enrollment an administrative nightmare, necessitating constant readjustments of the household budget. For these reasons, most of the young families that needed AFDC-U did not apply for it. They devised other solutions instead.

The most common of these was to acknowledge the name of the father and the fact of the marriage but to disclaim knowledge of his whereabouts.

There were other solutions. One was not to marry officially but to make claims of "common-law marriage" within the local community. These claims are in fact widely accepted within the community. Unlike the young couples in Projectville, three unmarried young couples in La Barriada referred to themselves as "husband" and "wife" in common-law marriages. When asked about this situation, one of these common-law husbands freely said that he would get legally married but could not "because of welfare." This was a stable union we have followed for several years. He works sporadically and also participates in crime occasionally. He has served jail time, though not heavy prison time. His wife receives AFDC steadily.

Another of the unmarried fathers in this group brought his wife to live with him in his mother's house. His mother then took her to apply for AFDC. Both claimed that they did not know the whereabouts of the father, and failed to mention that she was giving as her address the apartment of the father's mother. This was an unstable situation, however. Conflict within the household soon drove her out. The young father's financial contributions fluctuated a great deal according to the state of the young couple's stormy relationship.

The ethnographic data also contain data on attitudes towards AFDC in these neighborhoods. Consistent with actual patterns of AFDC use, there is a much stronger stigma associated with AFDC here than in the two poorer, minority neighborhoods. Many Hamilton Park residents, especially males, have strongly racist attitudes and their remarks about blacks and Latinos are frequently peppered with assertions about their high rates of AFDC use. We

recorded one particularly pungent remark by one of the young fathers who railed against a friend of his whose girlfriend was pregnant and planning to enroll for AFDC. He remarked: "So what are they gonna do, have a bunch of kinky-headed kids on welfare, like Puerto Ricans?" Yet the individual who made this remark was himself the unmarried father who had not even been told that he was a father and whose own child had received AFDC for a short period.

The very racism of Hamilton Park residents is itself associated with fears that their way of life is disappearing along with the good blue-collar jobs that traditionally supported this neighborhood. Their neighborhood is surrounded by minority neighborhoods and many Latinos, though not blacks, are moving in to their neighborhood. They fear that they will succumb to the poverty and welfare dependency that they associate with their minority neighbors. The heavy drug use of some these young men must also be seen in light of these structural pressures on a disappearing way of life.

Attitudes towards welfare in the two minority neighborhoods are not colored with the same stigma and racism as in Hamilton Park. As some of the stories above illustrate, some people do systematically work the system and combine wages with welfare illegally. It does not necessarily follow, however, that welfare cheating is an easy and common practice comfortably supporting people above the poverty level. On the contrary, as other stories cited above show, many families go to extraordinary lengths to stay off of AFDC, even when they are needy and must share resources through extensive family network, including networks of young, unmarried fathers. In addition, many situations in which wages and welfare are being combined are highly unstable. When males cannot play breadwinner roles, their status in the households containing their children is quite fragile. Even stable household

situations in which AFDC is being combined with sporadic wages may not provide household incomes above the poverty level.

Conclusions

This paper has described and compared some of the ways in which rational economic choice and cultural factors associated with race/ethnicity interact in determining patterns of AFDC use. Contrary to Ellwood's insistence on separating out "pure models" of choice and culture, this paper has shown that culture itself contains a substantial element of rational choice. Choices can be individual cost-benefit calculations but they can also be collectively patterned solutions to common problems.

The predictions of expectancy theory are also explored in this paper, particularly with regard to the "life options" theory of teenage pregnancy, an important variant of expectancy theory which predicts that people without much hope for the future will not try as actively as more advantaged people to postpone childbearing.

This paper vindicates many aspects of all three kinds of theory, with the notable exception of variants of culture theory which treat culture as a set of unchanging values not responsive to the changing exigencies of adaptation to circumstances. The assaults of changing circumstances on traditional values can be seen both in the forced abstention from marriage of some of the Latinos in our ethnographic sample as well as in the contradictory attitudes towards AFDC among some non-Latino whites. The combined effects of the changing structure of the labor market and the current structure of the AFDC system produce enormous strain in all these neighborhoods. As the Family Support Act is implemented and as the labor market continues to change, these strains will continue to change.

The most salient finding of this paper is that poverty increases the chances of out-of-wedlock childbearing among all three cultural groups in two ways, first by making abortion less likely and second by making marriage less likely. The "life options" version of expectancy theory is thus strongly supported.

Another set of striking finds concerning cultural differences also emerges. Here the patterns are more complicated. Members of both minority groups are more likely than non-Latino whites to bear children out-of-wedlock, for reasons that cannot be reduced to economic status, at least at the individual level. The reasons for this greater likelihood of out-of-wedlock childbearing, however, differ greatly between the two cultural minority groups. Latinos differ from both blacks and non-Latino whites in their avoidance of abortion. Both Latinos and blacks are less likely to marry than whites, and blacks are even less likely to marry than Latinos, by a substantial margin.

Another way to interpret these same patterns is from the point of view of what members of the two minority groups do to prevent out-of-wedlock childbearing. Blacks get lots of abortions, while Latinos marry (legitimately or common-law) and/or establish co-residence. These are quite different strategies based in continuously evolving cultural responses to the contradictions of life in the inner cities. I have also described in more detail elsewhere how these strategies are related to the social ecological niches of these various groups (Sullivan 1986,1989A). For example, the labor market entry paths of young blacks and Latinos tend to differ, with blacks staying in school longer and this more sustained schooling involvement contributing to their incentives to refrain from marriage.

The apparent tendency of pregnant white teenaged females to obtain abortions more frequently than Latinos and to marry much more frequently than either blacks or Latinos also raises the question of "concentration effects." Wilson (1987) has proposed the important and controversial thesis that local concentration of poverty amplifies deviance from mainstream norms over and above the individual-level effects of poverty. This paper tends to support that view, since health statistics, census data, and the ethnographic data show very clearly that Hamilton Park is an area of much less concentrated poverty than either of the two minority neighborhoods. Concentration effects may well be an important mediating mechanism between the opportunity, expectancy, and cultural effects that Ellwood has tried to separate conceptually.

Though not explored in detail in this paper, other cultural changes are also evident in these neighborhoods, including changing attitudes towards marriage throughout society and changing attitudes about women in the workplace. Under these circumstances, it is not appropriate to think about cultural factors as static entities. The distinguishing characteristic of culture is that it is collective, not that it is static. As the circumstances of these people change, their collective solutions to and representations of those circumstances also change. Nor are these solutions and representations mere mechanical reactions to circumstances. They contain tension, irony, and ambiguity, as do all cultural constructions. This paper has attempted to trace and interpret some of these complexities.

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Table 1

Health Area by Race/Ethnicity

	White		Black		Latino		Total by Health Area	Total % by Health Area
	Number	%	Number	%	Number	%		
HP-1	41	41.0	9	9.0	50	50.0	100	100%
HP-2	52	69.3	8	10.7	15	20.0	75	100%
HP-3	28	32.2	9	10.3	50	57.5	87	100%
Lat2-1	21	16.0	12	9.2	98	74.8	131	100%
Lat2-2	72	33.5	25	12.3	106	52.2	203	100%
LaBarr-1	37	29.1	17	13.4	73	57.5	127	100%
LaBarr-2	59	27.7	39	18.3	115	54.0	213	100%
LaBarr-3	57	47.9	27	22.7	35	29.4	119	100%
LaBarr-4	114	23.0	41	8.3	340	68.7	495	100%
LaBarr-5	95	24.6	48	12.4	243	63.0	386	100%
Pvl-1	9	2.4	305	80.7	64	16.9	378	100%
Pvl-2	14	2.0	610	89.2	60	8.8	684	100%
Pvl-3	5	1.9	236	87.4	29	10.7	270	100%
Total by Race/ Ethnicity	604		1386		1278			

Chi-Square=2017.4; DF=24; p=0.0000.

Cramer's V=0.5558.

Lambda (with Race/Ethnicity dependent)= 0.5043.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.

Table 2

Pregnancy Outcome by Medicaid Status

	Medicaid (N=1686)	Not Medicaid (N=1759)
Abortions	25.3%	77.5%
Births	74.7%	22.5%
Total	100%	100%

Chi-Square=938.3; DF=1; p=0.0000.

Phi=0.5228.

Lambda (with Pregnancy Outcome dependent)=0.5030.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.

Table 3

Pregnancy Outcome by Race/Ethnicity

	White (N=592)	Black (N=1328)	Latino (N=1244)
Abortions	64.2%	59.0%	36.9%
Births	35.8%	41.0%	63.1%
Total	100%	100%	100%

Chi-Square=174.5; DF=2; p=0.0000.

Cramer's V=0.2348.

Lambda (with Pregnancy Outcome dependent)=0.2116.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.

Table 4
Age by Pregnancy Outcome

	(Number)	Abortions	Births	Total
11	(3)	100%	00.0%	100%
12	(3)	66.7%	33.3%	100%
13	(28)	78.6%	21.4%	100%
14	(90)	63.3%	36.7%	100%
15	(217)	54.4%	45.6%	100%
16	(407)	55.8%	44.2%	100%
17	(714)	53.5%	46.5%	100%
18	(920)	53.6%	46.4%	100%
19	(1181)	46.6%	53.4%	100%

Chi-Square=33.9; DF=8; p=0.0000.

Cramer's V=0.0976.

Lambda (with Pregnancy Outcome dependent)=0.0474.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.

Table 5

Medicaid Status by Race/Ethnicity

	White (N=592)	Black (N=1328)	Latino (N=1244)
Medicaid	27.4%	50.1%	60.8%
Not Medicaid	72.6%	49.9%	39.2%
Total	100%	100%	100%

Chi-Square=179.1; DF=2; p=0.0000.

Cramer's V=0.2379.

Lambda (with Medicaid Status dependent)=0.1695.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.

Table 6

Pregnancy Outcome by Race/Ethnicity, Controlling for Medicaid Status

Medicaid

	White (N=162)	Black (N=665)	Latino (N=756)
Abortions	27.8%	34.3%	17.6%
Births	72.2%	65.7%	82.4%
Total	100%	100%	100%

Chi-Square=52.1; DF=2; p=0.0000.

Cramer's V=0.1815.

Lambda (with Pregnancy Outcome dependent)=0.0000

Not Medicaid

	White (N=430)	Black (N=663)	Latino (N=488)
Abortions	77.9%	83.9%	66.8%
Births	22.1%	16.1%	33.2%
Total	100%	100%	100%

Chi-Square=46.4; DF=2; p=0.0000.

Cramer's V=0.1714.

Lambda (with Pregnancy Outcome dependent)=0.0000.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.

Table 7

Pregnancy Outcome Sequence by Race/Ethnicity, Controlling for Medicaid Status

Medicaid

	White (N=30)	Black (N=76)	Latino (N=122)
B-PB-NP	33.7%	6.6%	49.2%
A-PB-NP	66.7%	93.4%	50.8%
Total	100%	100%	100%

Chi-Square=38.5; DF=2; p=0.0000.

Cramer's V=0.4100.

Lambda (with Pregnancy Outcome Sequence dependent)=0.0000.

Not Medicaid

	White (N=66)	Black (N=174)	Latino (N=124)
B-PB-NP	6.1%	0.00%	10.5%
A-PB-NP	93.9%	100%	89.5%
Total	100%	100%	100%

Chi-Square=18.22; DF=2; p=0.0001.

Cramer's V=0.2238.

Lambda (with Pregnancy Outcome Sequence dependent)=0.0628.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.

Table 8

Legitimacy by Medicaid Status

	Medicaid (N=1259)	Not Medicaid (N=395)
Not Legitimate	82.4%	55.4%
Legitimate	17.6%	44.6%
Total	100%	100%

Chi-Square=118.7; DF=1; p=0.0000.

Phi=0.2696.

Lambda (with Legitimacy dependent)=0.0000.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.

Table 9

Legitimacy by Race/Ethnicity

	White (N=213)	Black (N=572)	Latino (N=804)
Not Legitimate	40.8%	95.3%	73.4%
Legitimate	59.2%	4.7%	26.6%
Total	100%	100%	100%

Chi-Square=270.2; DF=2; p=0.0000.

Cramer's V=0.4124.

Lambda (with Legitimacy dependent)=0.1063.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.

Table 10

Legitimacy by Race/Ethnicity, Controlling for Medicaid Status

Medicaid

	White (N=117)	Black (N=437)	Latino (N=623)
Not Legitimate	43.6%	97.3%	79.8%
Legitimate	56.4%	2.7%	20.2%
Total	100%	100%	100%

Chi-Square=193.2; DF=2; p=0.0000.

Cramer's V=0.4052.

Lambda (with Legitimacy dependent)=0.0735.

Not Medicaid

	White (N=95)	Black (N=107)	Latino (N=162)
Not Legitimate	37.9%	88.8%	48.1%
Legitimate	62.1%	11.2%	51.9%
Total	100%	100%	100%

Chi-Square=63.5; DF=2; p=0.0000.

Cramer's V=0.4179.

Lambda (with Legitimacy dependent)=0.1871.

Source: Mercer L. Sullivan, "Patterns of AFDC Use in a Comparative Ethnographic Study of Young Fathers and Their Children in Three Low-Income Neighborhoods," U.S. Dept. of HHS, ASPE, 1990.