

The Fragile Families and Child Wellbeing Study changed its name to The Future of Families and Child Wellbeing Study (FFCWS). Due to the issue date of this document, FFCWS will be referenced by its former name. Any further reference to FFCWS should kindly observe this name change.

Paternal Multipartner Fertility and Child Neighborhood Disorder

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Fragile Families Working Paper WP16-07-FF

An earlier version of this paper was presented as a poster at the 2016 Annual Meetings of the Population Association of America Meetings.

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Support for this research was provided by a grant to the Center for Social and Demographic Analysis at the University at Albany from NICHD (R24 HD044943) and by Award Numbers R25HD074544, P2CHD058486, and 5R01HD036916 awarded by the Eunice Kennedy Shriver National Institute Of Child Health & Human Development. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Eunice Kennedy Shriver National Institute of Child Health & Human Development or the National Institutes of Health.

***working paper, please do not cite without author's permission (cwynn@albany.edu)

ABSTRACT

Multipartner fertility (MPF) and neighborhoods have been separate recent areas of investigation in the social sciences. This study attempts to understand the association between paternal multipartner fertility and child neighborhood disorder as measured by physical neighborhood disorder. These analyses use the most recent wave of the Fragile Families and Child Well-Being Study. I find that even after controlling for formal child support agreements and paternal sociodemographic characteristics, children whose fathers have children with multiple women live in neighborhoods with greater physical disorder than their peers whose fathers do not have MPF. I discuss the relationship between paternal MPF and child neighborhood disorder as well as potential future avenues of research in this area.

Keywords: Multipartner Fertility, Neighborhood Disorder, Fragile Families, Family Structure, Locational Attainment, Fathers

INTRODUCTION

Thirteen percent of American men aged 40-44 (those who have largely completed their childbearing years) and about 7% of men aged 25-32 (those in prime childbearing years) have children with multiple women (Guzzo 2014). This multipartner fertility (MPF) has been found to occur most frequently among unmarried, black couples where the father has experienced incarceration, and childbearing began early; though logically, older couples have a greater incidence of MPF as they have had more reproductive years (Carlson and Furstenberg 2006; Guzzo and Furstenberg 2007). The prevalence of MPF has contributed to changing American family structures, and is an important component of children's lives for researchers to consider. As studies have further explored this social behavior, it has become clear that there are consequences of multipartnered fertility (MPF) for both parents and children (Carlson and Furstenberg 2006; Clarkwest 2007; Harknett and Knab 2007; Geller 2013; Guzzo and Furstenberg 2007; Kotila and Kamp Dush 2011; Ryan et al. 2008; Turney and Carlson 2011).

Another important factor in children's lives are the neighborhoods in which they live. The impact of neighborhoods on life outcomes has been well documented in the literature (Sampson, Morenoff, and Gannon-Rowley 2002). Neighborhoods have been linked to such outcomes as, delinquency (Sampson and Raudenbush 1999; 2004), educational attainment (Ainsworth 2002; Brooks-Gunn et al. 1993; Harding 2003; Wodtke et al. 2011), depression (Caughy et al. 2001; Cutrona et al. 2006; Latkin and Curry 2003; Leventhal and Brooks-Gunn 2003), and other general health outcomes (Kawachi and Berkman 2003; Mooney et al. 2014; Morenoff 2003; Ross and Mirowsky 2001; Subramanian et al. 2005). Families at risk of experiencing MPF are the same population of families who are at risk for residence in lower quality neighborhoods. Examining the locational attainment of families is important given that

research has established that neighborhood effects can have important impacts on outcomes in childhood and adulthood (e.g., Brooks-Gunn et al. 1993; Harding 2003; Sampson 2012; Sastry and Pebley 2010; Sharkey 2013; South and Crowder 1999). Additionally, adults often reside in the same type of neighborhoods they occupied as children, which points to potential intergenerational impacts of residence (Sastry and Pebley 2010; Sharkey 2013). Just as researchers have explored the importance of neighborhoods on outcomes, there is also a large literature documenting the importance of family on child outcomes (see Burton and Jarrett 2000 for review). It is important to note that this paper will not examine child outcomes as a result of neighborhood disorder (measured by physical disorder) these outcomes are discussed to underscore the importance of neighborhood disorder for children. This paper investigates neighborhood disorder for children whose fathers have children with multiple women (MPF).

BACKGROUND

Neighborhood Disorder

Physical disorder in neighborhoods has been most frequently linked to crime (Perkins and Taylor, 1996; Sampson and Raudenbush 1999; 2004) and health outcomes, particularly depression (Caughy et al. 2001; Cutrona et al. 2006; Latkin and Curry 2003; Ross and Mirowsky 2001). Physical disorder has been measured as presence of broken windows, boarded-up buildings, litter in streets and on sidewalks, abandoned vehicles, and graffiti (Caughy et al. 2001; Cutrona et al. 2006; Latkin and Curry 2003; Perkins and Taylor 1996; Sampson and Raudenbush 1999; 2004; Ross and Mirowsky 2001). Most frequently, data on physical disorder is measured by interviewer observation, or systematic social observation (Jones et al. 2011; Mooney et al. 2014; Sampson and Raudenbush 1999). This study will assess neighborhood disorder through interviewer observed physical disorder of a 5-item scale based on the literature (Caughy et al.

2001; Cutrona et al. 2006; Latkin and Curry 2003; Perkins and Taylor 1996; Sampson and Raudenbush 1999; 2004; Ross and Mirowsky 2001).

While no research, to my knowledge, has explored the association between MPF and neighborhood disorder, there has been research on factors which expose individuals to a greater risk of experiencing multipartner fertility, as well as a greater risk of residing in a neighborhood with higher physical disorder. Many of the characteristics exposing individuals to MPF are the same risk factors exposing individuals to residence in a neighborhood with physical disorder. It is therefore logical that there might be an association between paternal multipartner fertility and child neighborhood disorder. It is also possible that some of these characteristics act as mediating variables in the relationship between paternal multipartner fertility and child neighborhood disorder, though this study does not explore mediation. As children reside with their parents, it makes sense that if parents are at risk for experiencing a phenomenon their children are also at risk. While children cannot have multipartner fertility, they can have parents who do, and thus this study seeks to explore if this characteristic is a risk factor for their residence in neighborhoods with greater disorder by itself, with the effect of child support, and controlling for sociodemographic characteristics of their parents.

Multipartner Fertility

Multipartner fertility (MPF), having children with multiple partners, is a relatively recent area of study for family scholars, though not a recent phenomenon (Degler 1980; Guzzo 2014; Guzzo and Furstenberg 2007). Several studies have attempted to explore the correlates of MPF (Carlson and Furstenberg 2006; Harknett and Knab 2007; Kotila and Kamp Dush 2011; Turney and Carlson 2011). However, much of the existing work in this area uses multipartner fertility as a control variable for other analyses (Clarkwest 2007; Geller 2013; Ryan et al. 2008).

These studies have established correlations between MPF and race, age, incarceration history, union status with the child's biological mother, and instrumental support from kin networks (Carlson and Furstenberg 2006; Clarkwest 2007; Geller 2013; Guzzo and Furstenberg 2007; Haknett and Knab 2007; Kotila and Kamp Dush 2011; Ryan et al. 2008). As noted earlier, MPF has been found to occur most frequently among unmarried, black, couples where the father has experienced incarceration, and childbearing began early, though older couples logically have greater incidence for MPF as they have had more reproductive years (Carlson and Furstenberg 2006; Guzzo and Furstenberg 2007).

This study builds on the existing MPF literature by considering the association between paternal MPF and children's neighborhood disorder, or more generally, between children's family structure and their neighborhood context. This study does not seek to establish correlates of MPF, but rather to explore the impact of MPF on children's neighborhood disorder. This allows me to investigate the association between family structure and the residential contexts where children grow up.

Child Support

Existing literature has found a relationship between child support and MPF. Generally, these studies have concluded that for fathers, having children with multiple women signifies a financial strain on their ability to pay child support (Bronte-Tinkew et al. 2009; Craigie 2010; 2015; Meyer et al. 2005; Nepomnyaschy and Garfinkel 2010; Sinkewicz and Garfinkel 2009). However, researchers have also found that when fathers have formal agreements with multiple women they are more likely to pay child support for all of their children (Meyer et al. 2005). This may be because formal arrangements can be set up such that child support payments are

deducted from a father's wages before he receives his paycheck (Meyer et al. 2005; Sinkewicz and Garfinkel 2009).

While a relationship between child neighborhood disorder and child support has not been established, it is reasonable to expect that when a child's resident parent receives child support payments these can help to cover expenditures for the child, which might help to offset costs and allow for residence in a higher quality neighborhood with less disorder. In these analyses, the presence of a formal child support arrangement will be included as it is expected that children with formal arrangements might be protected from residence in neighborhoods with the greatest disorder.

Sociodemographic Controls

The existing literature has explored many variables with relationships to both neighborhoods and MPF. Among these are, informal social support, the process of an individual leveraging their social capital in a network, or the process whereby individuals call on their family and friends to help them through a difficult time (de Souza Briggs 1998). Often, the potential for individuals to receive social support is as important, if not more important, than actual receipt of support (de Souza Briggs 1998; Harknett 2006; Harknett and Knab 2007; Henly et al. 2005). Social support has been measured as having someone who can provide transportation, a small cash loan, emergency childcare, and offer emotional support by listening to troubles (de Souza Briggs 1998; Harknett 2006; Harknett and Knab 2007; Henly et al. 2005). This study will measure social support by examining respondents' access to individuals who can provide them small cash loans, co-sign a small loan, give emergency childcare, or provide a place to live.

The literature also shows young, poorly educated black men from disadvantaged neighborhoods are at an increased risk of incarceration, these men are also at an increased risk for MPF (Carlson and Furstenberg 2006). Because there is such a high concentration of incarcerated black men, it is estimated that 1 in 4 black children born in 1990 have experienced the incarceration of a parent upon reaching the age of 14 (Sugie 2012). When these (formerly) incarcerated men become fathers, they pass this disadvantage on to their children; paternal incarceration is associated with a number of child well-being indicators. Children of incarcerated men have been shown to be ill prepared for school (Haskins 2011) and are at greater risk for early experiences with juvenile delinquency (Aaron and Dallaire 2010). As of 2007, 1.7 million children had an incarcerated parent (Turney et al. 2012). The numbers for children who have parents on probation or parole are even higher. Additionally, men who have experienced incarceration have been shown to be more likely to father children with multiple women (Carlson and Furstenberg 2006; Geller 2013). Incarceration severely limits housing options, which likely steers the formerly incarcerated into neighborhoods with greater disorder (Clear 2007; Massoglia et al. 2013; Rose and Clear 2002). Given the relationships established between incarceration, residence, and MPF, its' inclusion in these analyses is crucial.

Another crucial factor to consider in these analyses is residency. When fathers spend more time in a committed relationship with their child's biological mother they are less likely to have children with other women (Carlson and Furstenberg 2006; Edin and Nelson 2013; Ryan et al. 2008). It also makes sense that if a father is living with his children, and not dividing resources across multiple households, he may be able to obtain housing in a better neighborhood. The number of resident biological children and number of nonresident biological children a father has can impact how he allocates resources to his children. If fathers have more children

living either in their home or outside their home they will have fewer resources available for each child (Edin and Nelson 2013). Furthermore, if fathers have biological resident children in a new relationship and a nonresident focal child, that child may have less access to resources and face increased risk for greater neighborhood disorder¹. Additionally, it is important to control for other factors such as age, race, educational attainment, employment, and income (e.g., Curtis and Geller 2010; King and South 2011; Kling 2004; Swisher and Waller 2008) that have been shown to impact life chances for individuals.

CURRENT STUDY

This study seeks to understand the potential influence of paternal MPF on child neighborhood disorder using Time 9 of the Fragile Families and Child Well-being Study (Fragile Families). This study tests two main hypotheses: *(1) when fathers have children with multiple women their focal child will be more likely to reside in a neighborhood with more disorder. I also expect (2) that for children of fathers with MPF this relationship will hold true regardless of child support payments, if fathers are financially responsible for multiple families their meager resources are spread further and each family does not receive as much. Conversely, if fathers do not financially support their children then the child is disadvantaged as they are missing out on a source of parental income.*

METHOD

Data

¹ While these analyses do not specifically address the potential disadvantage of nonresident children whose father is in a new relationship with resident biological children present in the home, they do explore this generally.

Data primarily come from the most recent wave (Time 9) of the Fragile Families and Child Well-being Study (Fragile Families), a longitudinal birth cohort study of 4,898 children born between 1998 and 2000 in 20 U.S. cities with populations of 200,000 or more (Reichman et al. 2001). Fragile Families oversamples births to unmarried parents, yielding a sample where one-quarter of births were to married parents and three-quarters were to unmarried parents. The baseline interviews were conducted shortly after the child's birth with follow-up interviews one, three, five, and nine years later. This study will use responses of fathers, supplemented with data from the mothers where necessary² (n = 1,346).

Measures

Dependent variable

This study measures child neighborhood disorder at Time 9 through a 5-item scale of interviewer observed physical disorder. This scale includes measures for presence of graffiti, litter, abandoned vehicles, boarded up buildings within 100 yards of the home. Each of these variables was measured on a four point scale, 0= "almost none," 1="yes, but not a lot," 2="yes, quite a bit," and 3="almost everywhere." An additional measure of general building condition was also coded on four point scale of 0="good condition," 1="fair condition," 2="poor condition," and 3="badly deteriorated." These five observed facets of physical disorder are combined into a scale measuring neighborhood disorder and ranging from 0-15 ($\alpha = 0.81$) where

² I also perform these analyses (results not shown or discussed) using responses from the child's biological mother without significant differences in the results. The only difference being that less than high school was significant for mothers but not fathers while some college was significant for fathers but not mothers.

higher scores indicate greater neighborhood disorder. I use the neighborhood physical disorder score from the resident parent to assess the child neighborhood physical disorder.

Independent variables

MPF. Fragile Families does not include a complete fertility history for respondents, but respondents are asked questions about their fertility at each wave which can be used to explore MPF. Mothers are asked in each wave if the “father of their child has children with any other women?” Fathers are asked a separate, but related, question “Do you have biological children living elsewhere?” These responses are used to create a dummy variable for paternal MPF at each wave. Then responses for each wave are used to assess if by Time 9, fathers have children with any women other than the biological mother of the focal child. This final dummy variable will be used in analyses such that *paternal MPF* (1=yes, 0=no).

Child Support. Fathers and mothers are both asked if fathers have legal agreements to provide child support for the focal child. Fathers’ response to this question will be used and when not available it will be supplemented by mothers’ response to create a dummy variable for the presence of a formal *child support agreement* (1=yes, 0=no) at Time 9.

Control variables

Father’s race/ethnicity is measured at the baseline study by dummy variables for *white*, *black* (reference), *Hispanic*, and *other race*. *Prior paternal incarceration* is measured at each wave through fathers’ self-reported experiences with the criminal justice system. Fragile Families used these self-reported experiences with incarceration to construct a variable measuring if fathers have ever spent time in a correctional institution by Time 9 (1 = yes, 0 = no). Father’s residency status with the focal child is dummied such that fathers who indicated their child lives with them “all or most of the time” or “half the time” were categorized as

resident with a reference category of non-resident. *Informal social support* is measured by a scale ranging from 0= no informal social support to 4=all forms of informal social support ($\alpha=0.75$). This scale was constructed from questions asking respondents if they have a friend or family member who can loan them money, cosign a loan, provide emergency childcare, or housing. *Number of paternal resident biological children* is the count fathers provide for the number of biological children who live with them all or most of the time excluding the focal child. *Number of paternal nonresident biological children* is the count fathers provide of their biological children living elsewhere³. I also control for father's *age*, educational attainment (*less than high school, high school or equivalent* (reference), *some college, college degree or more*), and *employment* (working for pay during the last week) at Time 9.

Analytic Strategy

I use ordinary least squares (OLS) regression with *neighborhood disorder* as the dependent variable for all analyses. The first model examines the effect of just MPF on child neighborhood disorder, Model 2 adds the dummy variable for child support, and Model 3 includes all controls.

RESULTS

Sample Description

Means and standard deviations are presented in Table 1. The dependent variable of child neighborhood disorder ranged from 0 to 15 (with higher scores indicating greater neighborhood disorder), with a mean of 1.13. Fifty-one percent of fathers in the sample indicate they had children with more than one women (multipartner fertility) by the time their child was nine

³ This count includes a focal child if they are nonresident, but I recode the variable to reflect only those children who are not a focal child.

years-old. Thirty percent of fathers have formal child support agreements. Thirty-two percent of the fathers in the sample are white, 62% are black, 2% are Hispanic, and 5% identify as some other race. The mean age for fathers at Time 9 is 37.364 years old. Twelve percent of fathers have less than a high school degree, 28% have a high school diploma, 38% have some college education, and 22% have a college degree or more. The majority of fathers are employed (76%). Seventeen percent of fathers report having been previously incarcerated. Most fathers (83%) live with their child at least some of the time. Informal social support ranged from 0-4 (with 0 being no social support) and has a mean of 3.35. Fathers have an average of 0.52 additional biological children who live with them, and 1.13 biological children who do not live with them. Fathers' yearly household income ranged from \$0.00-750, 000 a year with a mean income of, \$62,010. It is important to note that this sample is considerably more advantaged than the initial Fragile Families sample, likely because the most disadvantaged families have attrited by Time 9. As a result of this relative advantage, results should be interpreted cautiously with regard to low-income families overall.

<Table 1 about here>

Multivariate Analyses

Regression results for paternal multipartner fertility on child neighborhood disorder are presented in Table 2, I discuss the standardized beta coefficients here. Model 1 indicates the effect of just MPF on child neighborhood disorder. Children whose fathers have paternal multipartner fertility have just under a quarter unit (0.23) greater neighborhood disorder than children whose fathers do not have children with multiple women. Model 2 adds the effect of having a formal child support agreement. When controlling for the presence of a formal child support agreement, the magnitude of the effect of MPF on child neighborhood disorder decreases

slightly (0.22). Having a formal child support agreement is not a significant predictor of child neighborhood disorder, controlling for paternal multipartner fertility.

When all control variables are added in Model 4 the effect of MPF on child neighborhood disorder further decreases, but remains significant (0.12). The effect of having a formal child support agreement on child neighborhood disorder remains insignificant. However, several control variables are significant. Children of white fathers experience less (-0.11) neighborhood disorder than children of black fathers. Children of Hispanic fathers and those of some other race do not significantly differ from children of black fathers in their neighborhood physical disorder. Children whose father has some college education (-0.07) or a college degree or more (-0.10) experience less neighborhood disorder than their peers whose father has a high school education. There was not a difference between children whose fathers had high school educations and those with less than high school. Parental, age, employment status, informal social support, paternal incarceration status, and father residency status did not significantly impact children's neighborhood disorder in the final model.

<Table 2 about here>

DISCUSSION

This paper has examined the impacts of paternal multipartner fertility on children's neighborhood quality using a scale where higher numbers indicate greater neighborhood physical disorder. In the full model (Model 3) the effect of paternal MPF on child neighborhood disorder on child neighborhood disorder has been substantially attenuated, but remains significant. This key finding offers support for both of my hypotheses, (1) *when fathers have children with multiple women their focal child will be more likely to reside in a neighborhood with more disorder*; and (2) *that for children of fathers with MPF the relationship between MPF and*

neighborhood disorder will hold true regardless of child support payments. When children's fathers have children with multiple women, children are more likely to live in neighborhoods with greater physical disorder; the magnitude of this effect decreases slightly, but remains significant when presence of a formal child support agreement is added to the model. It is important to note here that this study cannot establish causality and can only state that there is an association between a father having MPF and their child's neighborhood physical disorder. It is well established that MPF occurs most frequently among unmarried, black couples where the father has experienced incarceration, and childbearing began early (Carlson and Frustenberg 2006; Guzzo and Furstenberg 2007). Thus, it is possible that the same pool of fathers who are at a higher risk for MPF are also at a higher risk for residence in areas with more neighborhood disorder.

Additionally, in a study of economic disadvantage among mothers with MPF, Monte (2011) finds that while relative economic well-being is not predictive of a birth to a second partner, once mothers have children with multiple partners they experience significantly greater economic stress. Monte argues that this suggests that although relative disadvantage may not explain women's entry into higher order childbearing relationships, women's financial well-being does suffer as a result of multipartner fertility. If mothers are prone to greater economic stress after experiencing MPF, it seems likely that fathers would also be at risk for this economic stress, which could result in residence in a neighborhood with more physical disorder. Future studies should work to disentangle this relationship.

My second hypothesis stated *that for children of fathers with MPF the relationship between MPF and neighborhood disorder will hold true regardless of child support payments.* I find evidence of this as MPF remains significant even when presence of a formal child support

agreement is added to the model. However, child support was not significant in any of the models. One explanation for this may be that in the sample I have at Time 9 the majority of children (83%) live with their father, thus it is unlikely a formal child support agreement is needed because children live with their father. For those who do not live with their father, it is possible that the overall disadvantage of the Fragile Families sample may have washed out any effects of having a formal child support agreement (Edin and Nelson 2013). Additionally, many low-income parents do not establish formal agreements, but rather fathers will provide what they can for children, perhaps clothing or diapers rather than cash. Having a formal agreement can sometimes cost these families as fathers who are not able to pay have their wages garnished or can face incarceration, and if fathers do not have the funds to cover the child support they will hardly be able to pay while incarcerated. The chances of landing a stable, well-paying job after incarceration are slim, thus, mothers may be reluctant to establish a formal agreement and risk losing what little support they may currently get from fathers through informal arrangements. Given the existing work on MPF and child support arrangements (Bronte-Tinkew et al. 2009; Craigie 2010; 2015; Meyer et al. 2005; Nepomnyaschy and Garfinkel 2010; Sinkewicz and Garfinkel 2009), future work should continue to explore the relationships between MPF, child support, and neighborhood disorder.

In addition to support for my hypotheses, these analyses find support for some of the relationships established in the existing literature between MPF and some controls in this study. When children's fathers have greater educational attainment they experience decreased neighborhood disorder. This link to education may indicate links to family type. Fathers with college degrees may be more likely to be married to mothers, and thus potentially less likely to experience neighborhood disorder or MPF. While the magnitude of the effect of household

income was rather small, as single dollar increases did not do much to improve children's neighborhood disorder, the direction of the relationship is meaningful, and if there was a substantial increase in household income, it could have important neighborhood disorder impacts for children. The literature has found support for correlations between MPF and race (Carlson and Furstenberg 2006; Clarkwest 2007; Guzzo and Furstenberg 2007) finding that black fathers face a greater risk for MPF than fathers of other racial and ethnic groups. My study finds a significant difference in MPF between white and black fathers but not between black fathers and Hispanic fathers or fathers of another race. However, there were very few Hispanic fathers or fathers of another race in my sample. Existing literature also finds correlations between MPF and incarceration history, age, and instrumental support from kin networks (Carlson and Furstenberg 2006; Haknett and Knab 2007; Geller 2013) which my analyses do not find.

While Fragile Families is limited in that it does not contain complete fertility histories for parents and has few housing measures, it is a useful dataset in which to examine low-income families from the usually ignored perspective of fathers. Fragile Families includes detailed information on fathers are not generally captured in low-income family data, as they are often difficult to locate or may not have primary custody of children. Additionally, the Fragile Families sample faces a greater risk for MPF than the average American population, thus using this data may allow for analysis of more cases of MPF. It is also important to mention that Time 9 of the Fragile Families study data collection occurred during the most recent recession, which could have impacts on the data collected and the findings, especially with regard to neighborhood disorder.

As with all longitudinal data, there are issues of attrition with these data. These analyses use the most recent wave (Time 9) of the Fragile Families data (collected nine years after the

baseline survey). It is important to note that children of those fathers who have attrited from the sample probably face the greatest risk for residence in disordered neighborhood, and may face the greatest risk for MPF. While these fathers are not represented in these data it is important to consider them and their children when making public policy decisions. As a result of attrition, my sample at Time 9 is considerably more advantaged than the initial Fragile Families sample. Results from this study should therefore be interpreted with caution when thinking about low-income families more generally.

Future studies should further explore the association between MPF and neighborhood disorder for both parents and children. Recent decades have seen increased nonmarital childbearing, linked to increases in cohabitation and age at first marriage (Brown et al. 2016). These trends have likely increased MPF and will continue to do so in coming decades, thus it is important to understand how MPF impacts neighborhood quality. Future work should also explore the association between family structure and housing/neighborhood outcomes more broadly. It is important to understand not only who lives in a housing unit (or is in a family unit) but also the neighborhood context in which they live. Additionally, there are likely other mechanisms present in the MPF and child neighborhood disorder relationship, which could impact the relationship between MPF and neighborhood disorder. There is still a great deal of work to be done in understanding the pathways and mechanisms present in the relationship between MPF and neighborhood quality. Through the initial first step of establishing the association between MPF and neighborhood physical disorder and implementing controls, this study has begun to investigate this association.

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Table 1: Descriptive Statistics for Dependent and Independent Variables in Analysis of Paternal Multipartnered Fertility and Child Neighborhood Disorder, using Fragile Families Time 9 (N=1,346)

Variables	Mean	SD
<i>Dependent Variable</i>		
Neighborhood Disorder	1.13	1.82
Litter*	0.26	0.56
Buildings in bad condition*	0.51	0.68
Graffiti*	0.09	0.32
Vacant/boarded up buildings*	0.21	0.57
Abandoned cars*	0.07	0.32
<i>Independent Variables</i>		
Paternal Multipartner Fertility	0.51	0.50
Have Child Support Agreement	0.30	0.46
<i>Control Variables</i>		
Father's Race and Ethnicity		
White	0.32	0.47
Black	0.62	0.48
Hispanic	0.02	0.13
Other Race	0.05	0.23
Father's Age	37.64	7.31
Father's Household Income	62,010.21	62,985.65
Father's Educational Attainment		
Less than High School	0.12	0.32
High School	0.28	0.45
Some College	0.38	0.49
College	0.22	0.41
Father's Employment Status	0.76	0.43
Father Prior Incarceration	0.17	0.38

Paternal Residency	0.83	0.38
Father's Informal Social Support	3.35	1.05
Provide Loan*	0.87	0.34
Cosign a Loan*	0.89	0.31
Provide Childcare*	0.91	0.29
Provide Place to Live*	0.69	0.46
Number of Paternal Residential Biological Children	0.52	1.09
Number of Paternal Nonresident Biological Children	1.13	1.70
Father's Household Income	57365.66	62028.64
*Used to construct index		

Table 2: OLS Regression of Paternal Multipartner Fertility on Child Neighborhood Disorder, using Fragile Families Time 9 (N=1,346)

<i>Independent Variables</i>	Model 1			Model 2			Model 3		
	b/(s.e.)	Beta		b/(s.e.)	Beta		b/(s.e.)	Beta	
Paternal Multipartner Fertility	0.827	0.227	***	0.789	0.217	***	0.432	0.119	***
	0.097			0.099			0.116		
Have Child Support Agreement				0.179	0.045		-0.018	-0.004	
				0.108			0.109		
Control Variables									
Father's Race and Ethnicity									
White							-0.447	-0.114	***
							0.120		
Black							Reference		
Hispanic							0.109	0.008	
							0.365		
Other Race							-0.364	-0.045	
							0.216		
Father's Educational Attainment									
Less than High School							0.141		
							0.164		
High School							Reference		
Some College							-0.262	-0.070	*
							0.119		
College							-0.442	-0.101	**
							0.163		
Father's Age							-0.009	-0.034	
							0.007		
Father's Employment Status							0.023	0.005	
							0.120		

Paternal Prior Incarceration			0.163	0.034
			0.131	
Paternal Residency			-0.262	-0.054
			0.138	
Father's Informal Social Support			-0.070	-0.040
			0.048	
Number of Paternal Resident Biological Children			0.054	0.032
			0.046	
Number of Paternal Nonresident Biological Children			-0.029	-0.027
			0.034	
Father's Household Income			0.000	-0.089
			0.000	
Intercept	0.713	0.679		2.151
R²	0.052	0.054		0.120
F-Statistic	73.02 ***	37.93 ***		11.28 ***
* p <.05 ** p<.01 ***p<.001				