The Race and Class Privilege of Motherhood: The *New York Times* Presentations of Pregnant Drug-Using Women[1]

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Prior research has examined race and class bias embedded in media presentations of pregnant drug users; however, this past research is limited in identifying biases because it focuses on single substances—primarily crack cocaine. I build on this work by conducting a comparative analysis of more than 15 years worth of New York Times articles on three drugs (crack cocaine, alcohol, and tobacco) used during pregnancy. These three drugs have varying levels of deleterious effects on fetal development and infant health, as well as varying levels of use by poor and minority women. Because of this variation, I am able to assess whether media coverage of pregnant drug-using women is proportional to the documented adverse consequences of specific drugs or, rather, whether media coverage is higher and more negative for poor and minority pregnant women regardless of the degree of adverse health consequences associated with the specific drug used. Through this analysis, I demonstrate that the prevalence and framing of news stories about pregnant drug-using women has little to do with protecting the health of children. Rather, concern for children is a rhetorical tool used to define poor and minority women as bad mothers and blame them for contemporary changes in families.

KEY WORDS: crack babies; discourse analyses; motherhood; *New York Times;* pregnant drug-using women; race, class, and gender.

INTRODUCTION

The "right" to reproduction and motherhood in the United States is differentially regulated by public policy and public opinion, depending on a woman's race/ethnicity and social class. In general, white and wealthy

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women are seen as fit and good mothers, worthy of producing more children; in contrast, poor women and women of color are characterized as unworthy and unfit mothers (Abramovitz, 1996; Chang, 1994; Ladd-Taylor and Umansky, 1998; Roberts, 1999). The race and class privilege of motherhood can be seen in a variety ways, including welfare policies and transnational carework (Solinger, 2001; Zimmerman et al., 2006). The news media is one critical engine for shaping public opinion and policy development about social issues such as the "right" of motherhood. For example, prior research indicates that the race and class bias in media coverage of pregnant crack users was partly responsible for the unprecedented social control strategies—including criminal prosecution—targeted at poor and minority drug-using women (Gomez, 1997; Roberts, 1999). Therefore, analyzing media presentations of social issues—pregnant drug use, for example—is one critical way to understand whether and how the "right" to motherhood is restricted for certain groups.

Prior research on crack use has made strides in demonstrating that media presentations of pregnant crack users and "crack babies" serve to vilify black and poor mothering (Gomez, 1997; Humphries, 1999; Roberts, 1999). However, studies focused only on crack cocaine are limited in their ability to ascertain whether media coverage is primarily about denigrating poor and minority mothers. These studies are limited because it is empirically correct to state that crack cocaine can harm fetuses and that crack cocaine is used by a higher percentage of poor and minority women. Therefore, one could argue that the negative media presentation of poor, black, pregnant, crack-using women is an accurate portrayal—rather than biased coverage that serves to craft motherhood as a right for white, middle-class women. A comparative analysis of multiple drugs can more fully discern whether media attention on pregnant drug users is about concern for children's welfare and/or about perpetuating the idea that some mothers are unfit and unworthy.

In this project, I compare media portrayal of pregnant crack-, alcohol-, and tobacco-using women. I conduct quantitative analyses of the race, class, and ideological/discursive framing of pregnant women by type of drug used, and I qualitatively analyze the news discourse about these pregnant drug users. Specifically, I perform a content analysis of *New York Times* presentations of pregnant women who use cocaine, alcohol, and tobacco from 1985 to 2002. I selected these years because media coverage and prosecution of pregnant drug users began in the mid-1980s and tapered off by the early 2000s. "Elite" media sources, such as the *New York Times*, are widely used to explore how news media shapes agenda setting and public opinion formation for several reasons (Althaus and Tewksbury, 2002; Kiousis, 2004; McCombs and Shaw, 2005). Specifically, elite media sources are widely read and strongly influence what other news sources cover, thereby increasingly the spread of the story *and* the discursive frame(s) employed in telling the story (Kiousis, 2004). Furthermore, research demonstrates that exposure to *New York Times* articles shapes readers' political agendas and attitudes (Althaus and Tewksbury, 2002; McCombs

and Shaw, 2005). In other words, the presentation of pregnant drug-using women in the *New York Times* is likely to have a large effect on public opinion and policies that shape who has the "right" to motherhood.

By comparing media presentation of three types of drugs used during pregnancy, this project has substantial analytic leverage to explore whether media coverage primarily reflects concern for children's welfare or, rather, whether it reflects—and perpetuates—anxiety about mothering by lower-class and race/ethnic minority women. Specifically, focusing on substances with differing adverse health effects on fetuses provides the opportunity to assess whether women who use the most dangerous drugs are presented more negatively than other pregnant drug-using women. By examining drugs with different levels of fetal toxicity, it is also possible to assess whether negative messages about pregnant drug users are driven by their minority race and/or lower-class status rather than by the magnitude of harm caused by specific drugs. Given the well-established link between media presentations of social issues and the development of public policies, it is crucial to assess the frames and potential biases of media coverage of pregnant drug users. Further, these analyses can illuminate specific discursive strategies used to create some women as unfit and unworthy mothers. Before proceeding to the data analyses and results, I detail research on the prevalence of prenatal drug use by race and the consequences of crack, alcohol, and tobacco use during pregnancy. I then examine scholarship on media coverage and the politics of "good" and "bad" mothering in the context of pregnant drug use.

PRENATAL COCAINE, TOBACCO, AND ALCOHOL USE: EPIDEMIOLOGICAL CONSIDERATIONS

Prevalence of Prenatal Drug Use by Race

In 1992, the National Institute on Drug Abuse (NIDA) conducted the first national study on the prevalence of prenatal drug use (Matias, 1995; U.S. Department of Health and Human Services [USDHHS], 1992) A two-staged stratified sampling procedure was used, with hospitals first being selected followed by selection of women within hospitals. During the first step, hospitals in the contiguous United States with 200 or more births were stratified into metropolitan and nonmetropolitan hospitals. Hospitals were then selected with a probability proportionate to the number of births in 1989. The final sample included 60 hospitals. Mothers were randomly selected within the participating hospitals with the only eligibility criteria being the ability to speak English or Spanish. Seventy-eight percent of eligible mothers completed a questionnaire on substance use and consented to urine toxicology screening. Mothers' and infants' medical records were abstracted for 92% of the women who completed the questionnaire. The final sample included 2,613 women (Mathias, 1995; USDHHS, 1992).

The results of this NIDA study showed that marijuana and cocaine were the most commonly used illegal drugs, with approximately 2.9% of pregnant women using marijuana and 1.1% of women using cocaine at some point during their pregnancy. Far more women used alcohol and tobacco, with fully 20.4% of pregnant women reporting tobacco and 18.8% of pregnant women reporting alcohol use. A 2002 survey following up on the original 1992 NIDA study documented a general reduction of drug use while pregnant compared to 1992, but the 2002 study asked about drug use during the previous month, rather than drug use over the entire pregnancy (Mathias, 1995; Substance Abuse and Mental Health Services Administration [SAMHSA], 2006). For example, in 2002, the results indicated that 4.3% of pregnant women reported using an illicit drug, compared to 18% reporting tobacco use and 9.8% reporting alcohol use.[3]

In terms of the racial composition of pregnant drug users, the NIDA studies compared white, African-American, and Hispanic women. A larger percentage of African-American women used illegal drugs while pregnant, relative to whites and Hispanics. Specifically, in 1992, over 11% of pregnant African Americans used illegal drugs compared to 4.4% of white women and 4.5% of Hispanic women (Mathias, 1995). The trends were similar for the 2002 data, with 8% of pregnant African Americans, 4.4% of pregnant whites, and 3.0% of pregnant Hispanics having used illegal drugs in the past month (SAMHSA, 2006). According to the 1992 study, pregnant African Americans were also more likely to use cocaine. Specifically, the 1992 study found that 4.5% of African-American women used cocaine (predominately crack), compared to 0.4% of white women and 0.7% of Hispanic women.

Importantly, although pregnant African Americans had higher rates of cocaine use, larger absolute numbers of white women used cocaine while pregnant. Based on 1992 NIDA data, an estimated 30,000 African-American women used cocaine while pregnant, compared to 103,000 whites and 44,000 Hispanics (Mathias, 1995).[4] This indicates that even if the percentage of cocaine use among pregnant African-American women is higher than among pregnant whites, more children are actually born to white cocaine users.

In terms of alcohol and tobacco use, in 1992, white women had the highest rates (as well as absolute number), with almost 23% of white women reporting alcohol consumption compared to 15.8% of African Americans and 8.7% of Hispanics. Over 24% of white women smoked tobacco during their pregnancy, in contrast to 19.8% of African-American women and 5.8% of Hispanic women (Matias, 1995). The 2002 report did not report race difference for alcohol use during pregnancy, but did demonstrate that in 2002, pregnant white women had an even greater margin of tobacco use relative to African Americans and Hispanics. Fully one-quarter of white pregnant women reported smoking in the past month, compared to 9.3% of African Americans

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[3] The 2002 data do not break down types of illicit drugs used by pregnant women.
[4] These estimates are calculated based on data presented in the Matias (1995) report.

and 6.9% of Hispanics. I have been unable to find good comparative numbers of drug use among Native Americans, although research suggests that alcohol use and drug use is relatively high among this population (Abel, 1995).

In sum, there is no evidence for an increased media focus on African-American drug users because the actual number of babies born to white cocaine, alcohol, and tobacco users is greater than the actual number of babies born to African-American cocaine, alcohol, and tobacco users. Therefore, if the focus of media attention and state intervention is motivated by concern for children, we should see greater coverage of white drug users.

Health Consequences of Prenatal Drug Use

Drug use during pregnancy has been associated with a variety of negative health outcomes, though the specific problems vary by type of drug used (Schempf, 2007).[5] Given the media hype surrounding "crack babies," it is not surprising that prenatal cocaine use has been extensively studied. Although the effect of cocaine on fetal development was widely overestimated in the late 1980s and early 1990s, most research still indicates that cocaine does have a negative impact. Prenatal cocaine use has been associated with spontaneous abortions, premature labor, stillbirths, low birthweight and length, smaller head circumference, fetal growth restriction, and placental problems (Bennett, 1999; Eyler et al., 1998; Pastrakuljic et al., 1999).

However, some researchers have found that after controlling for a range of potential confounding factors, prenatal cocaine exposure does not affect infant growth or long-term development of the child (Richardson and Day, 1994). In 2001, Frank et al. (2001) conducted a meta-analysis on the long-term developmental effects of prenatal cocaine exposure, published in the *Journal of the American Medical Association*. The authors found scant evidence for long-term effects of prenatal cocaine exposure that could not be accounted for by other childhood factors. In a commentary following this article, Chavkin (2001:1626) further argues that: "The modest and inconsistent nature of findings [of the effect of cocaine on fetuses] to date suggest that these harms are unlikely to be of the magnitude of those associated with in utero exposure to the legal drugs tobacco and alcohol." More recent reviews find a similar lack of long-term mental, motor, or behavioral problems due to prenatal cocaine exposure (Messinger et al., 2004).

Research has demonstrated that tobacco use while pregnant is associated with a wide array of adverse negative outcomes, including spontaneous abortions, premature rupture of membranes, preterm delivery, prenatal death, low birthweight, fetal growth restriction, cleft chins, sudden infant death syndrome, and deficits in learning and behavior (Bennett, 1999; Lorente et al., 2000;

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[5] It is important to acknowledge that scientific data are not free from political and ideological pressures (Armstrong, 2003; Kempner, 2008).

Pastrakuljic et al., 1999). Furthermore, systematic review articles have found that prenatal maternal smoking is linked with children's behavioral and cognitive problems, including increased externalizing behaviors, learning and memory problems, and attention deficit symptoms (Huizink and Mulder, 2006).

Fetal alcohol syndrome (FAS) is a well-documented medical condition, robustly associated with severe long-term consequences, including mental retardation. It is the human teratogen (an environmental agent that permanently harms the fetus) that produces the most serious neurobehavioral effects on fetuses (Bennett, 1999). In addition, the effect of alcohol consumption prenatally has lasting consequences. For example, a series of longitudinal studies found that children exposed to alcohol prenatally (compared to non-exposed children) weighed less, were shorter, and had a smaller head circumference at six years old (Day et al., 1994), 10 years old (Day et al., 1999), and 14 years old (Day et al., 2002). Infants born with FAS can also suffer from craniofacial malformations, motor deficits, learning disabilities, and behavioral problems in childhood (National Institutes of Health, 2007). Overall, a large body of empirical research confirms that infants born with FAS have negative physiological, developmental, and psychosocial outcomes that last into adulthood (Bertrand et al., 2004; Johnson and Leff, 1999; Spohr and Willms, 1993).

In sum, the research to date suggests that using cocaine, tobacco, or alcohol during pregnancy can cause deleterious effects on the fetus. Furthermore, some research indicates that alcohol and tobacco use is more detrimental to fetal development and children's health than cocaine use (Chavkin, 2001; Schempf, 2007). Therefore, to the degree that media presentations of pregnant drug users are about protecting children, we should see that tobacco and alcohol users face more scrutiny than cocaine users. However, it is important to acknowledge the empirical difficulty of establishing whether certain drugs are universally worse for fetuses/children compared to other drugs. Attending to this limitation, a more conservative reading of the literature would indicate that all three substances have deleterious effects on fetuses. Based on this conservative interpretation, we should expect to see similar coverage of all three drugs. Therefore, even taking this more conservative view of the evidence, media presentations that are more negatively focused on crack cocaine would *not* be a proportionate response to epidemiological evidence about fetal harm.

MEDIA COVERAGE, PUBLIC POLICY, AND MOTHERHOOD

The ideal of the "good" mother and her counterpart, the "bad" mother, are socially constructed phenomena that change throughout time (Douglas and Michaels, 2004; Hays, 1996; Ladd-Taylor and Umansky, 1998). These constructs are generally shaped around gender norms of the time, and because these norms are white middle-class norms, lower-class women and women of color are essentially excluded from gaining access to the "good" mother group

(Douglas and Michaels, 2004; Hays, 1996; Ladd-Taylor and Umansky, 1998; Roberts, 1999). The ideal of "good" mothering has been used for centuries as a political tool to scapegoat "bad" mothers for societal problems. Media framing of social issues about "good" and "bad" motherhood has been instrumental in driving public policy and opinions about who is worthy and unworthy of mothering.

Media Coverage, Public Policy, and Motherhood: Drug Use During Pregnancy

Many authors have agreed that news coverage of crack use has been largely responsible for shaping opinions about crack use in general and, more specifically, about crack-using mothers (Daniels, 1997; Lyons and Rittner, 1998; Reinarman and Levin, 1995; Roberts, 1999). Initial coverage of the number of babies born addicted to crack was wildly exaggerated and the impact of the ensuing public panic could not be reversed (Daniels, 1997; Lyons and Rittner, 1998; Reinarman and Levin, 1995; Roberts, 1999). According to Roberts (1999), this initial crack scare was followed by the creation of the "drama's leading characters—the pregnant addict and the crack baby, both irredeemable, both Black. The pregnant crack addict was portrayed as an irresponsible and selfish woman who put her love for crack above her love for her children" (1999:156).

Murphy and Rosenbaum (1999) suggest that there is a direct political and economic purpose for the discourse surrounding "crack babies." Despite continued evidence indicating that the effect of crack cocaine on fetuses cannot be separated from the medical effects of poverty and malnutrition, they note that no one is publicly calling these children "poverty babies." Specifically, they state that "in the era of fiscal retrenchment, the notion of poverty babies might engender public sympathy and interfere with the conservative drive to demolish social welfare programs" (Murphy and Rosenbaum, 1999:141). In other words, framing the issue of pregnant drug use as one of personal responsibility and individual moral failure relieves society from blame and accountability.

Given the framing of personal responsibility and moral failure, it is not surprising that drug users' pregnancies are subject to regulation and controlled through several means—with the most direct being arrest and imprisonment. Since the first conviction in 1989, hundreds of women have been charged with a variety of crimes (i.e., manslaughter, child abuse, fetal endangerment) implicating them for using drugs while pregnant (Daniels, 1997; Paltrow, 1999). It is important to point out that the crime women are being punished for is not drug use—it is having children. This distinction can be seen in cases where a woman is charged with prenatal drug use and then decides to abort her fetus. In these cases, the charges are dropped because the woman is no longer pregnant (Roberts, 1999).

Many researchers have noted that the attack on pregnant drug users is primarily focused on African-American women (Daniels, 1997; Roberts, 1999).

In a small South Carolina study, researchers found that 40 out of 41 women arrested on charges of delivering drugs to their fetuses were black, even though most women who use drugs during pregnancy are white (Svalavitz, 1999). Nationally, 70–80% of women prosecuted in 35 states for drug-related offenses while pregnant were minorities (Svalavitz, 1999). This high percentage of minority arrest is not accidental; the system for screening and reporting ''suspected'' pregnant drug users is organized in a manner that disproportionately identifies poor black women. For example, South Carolina's program, which requires reporting prenatal drug use, is instituted only in Charleston's low-income urban hospital. In addition, the policy is enforced only for Medicaid clients, again singling out poor women.

Some scholars have also looked at how alcohol and tobacco use while pregnant were created as social problems (Armstrong, 2003). As with crack cocaine, pregnant alcohol users are pitted against their fetuses, portrayed as unfit mothers, and subject to arrest and prosecution (Armstrong, 2003). Further, Janet Golden (1999, 2000) has linked the creation of Fetal Alcohol Syndrome (FAS) as a social problem (rather than a medical problem) to the increasing media portrayal of alcohol use during pregnancy by Native Americans. As Golden articulates:

> As the public learned that women giving birth to drug and alcohol-exposed babies were not the innocent martini drinkers who failed to read warning labels, but the denizens of the ghetto and the reservation, a new realization dawned: perhaps the children were not tragic victims, but the next generation of perpetrators. (1999:285)

Although the image of FAS is not ubiquitously linked with minorities, data do suggest that this media racialization served to stigmatize pregnant alcohol users and scapegoat them for larger social issues (Armstrong, 2003). As with crack use, pregnant alcohol users have been arrested and charged with child abuse, neglect, and fetal endangerment for drinking while pregnant. This criminal intervention for alcohol use during pregnancy underscores the fact that these arrests are not about illegal drug use.

In terms of tobacco use during pregnancy, Laury Oaks (2001) focused on the social politics of fetal representation in health education materials about smoking while pregnant. Her findings suggest that tobacco use while pregnant is framed similarly to antiabortion efforts that portray fetuses as autonomous human beings who are physically separate from pregnant women. Although tobacco use during pregnancy is not as criminalized as alcohol or drug use, the ideological discourse pitting fetus rights against women's rights provides a ripe environment for such legal intervention. Further, the consistently perpetuated idea that cocaine, alcohol, or tobacco use during pregnancy is synonymous with ''bad'' mothering suggests that regulating and punishing tobacco use during pregnancy—as is done with alcohol and crack use—could be implemented under the auspice of protecting fetuses from uncaring/unfit mothers. The relatively scarce attention of tobacco use in pregnancy compared to other drugs requires further attention—such as the comparative project presented here.

CURRENT PROJECT

The current study directly compares media representations of pregnant women across different substances. This comparative perspective provides unique insight into the meaning and motivation of news coverage about pregnant drug users. For example, if the media focus is about concern for children's welfare, we would expect to see that alcohol and tobacco users are presented more negatively than crack users, because alcohol and tobacco have the worst documented fetal health effects. Examining how drug users are discussed dependent on their race and class *within* multiple drugs also provides a strong test of the race and class bias of media presentations. For example, media attention concerned with children—rather than mothering—should not find race or class differences in frames for the *same* drug because the effect of drugs on fetuses is the same regardless of race and class. In contrast, if poor and minority women are presented more negatively than other women who use the *same* drug, this indicates a race and class bias that perpetuates the idea that poor and minority women are unworthy mothers. Finding support for or against these biases across multiple drugs strengthens confidence that the results are not driven by something unique to a specific drug.

METHODOLOGY

Sampling News Discourse

I identified *New York Times* newspaper articles by searching the online Lexis-Nexis general news and transcript search services. I selected a sampling strategy that enhanced comparability across drugs and capitalized on the existence of cultural and medical phrases for pregnant drug use, but was also refined enough to limit the number of articles not actually focusing on drug use during pregnancy.[6] I only included articles that directly linked drug use to pregnancy or fetuses/infants/children affected by prenatal drug use.[7]

This search strategy returned 725 crack articles, of which 348 (48%) were relevant, 789 alcohol articles, of which 263 (37%) were relevant, and 706 tobacco articles, of which 211 (30%) were relevant. From the relevant articles,

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[6] For tobacco, I used the following search in full text: (tobacco w/5 prenatal) or (tobacco w/5 fet!) or (tobacco w/5 pregnan!) or (tobacco w/5 mom) or (tobacco w/5 moms) or (tobacco w/5 bab!) or (tobacco w/5 mother!) or (cigarette! w/5 prenatal) or (cigarette! w/5 fet!) or (cigarette! w/5 pregnan!) or (cigarette! w/5 mom) or (cigarette! w/5 moms) or (cigarette! w/5 mother!) or (cigarette! w/5 bab!) or (nicotine w/5 prenatal) or (nicotine w/5 fet!) or (nicotine w/5 pregnan!) or (nicotine w/5 mom) or (nicotine w/5 moms) or (nicotine w/5 mother!) or (nicotine w/5 bab!) or (smok! w/5 prenatal) or (smok! w/5 bab!) or (smok! w/5 pregnan!). The alcohol and crack searches were parallel equivalents to the tobacco search, using "alcohol" and "drinking" for the alcohol search, and "cocaine" and "crack" for the crack search.

[7] Note that when I discuss articles that include information about pregnant drug users, this is shorthand for discussing pregnant drug users or the fetuses, infants, or children born to pregnant drug users.

I randomly selected articles within each type of drug for further coding. I oversampled alcohol articles because I found that many of the selected articles were about people volunteering for or donating to FAS causes. Although I randomly selected articles within each type of drug, some articles included information on more than one of the selected drugs. Therefore, the final analytic sample includes 51 articles discussing cocaine and pregnancy, 66 articles discussing alcohol and pregnancy, and 48 articles discussing tobacco and pregnancy (148 articles; 165 discussions of each drug within the 148 articles). I elected not to continue sampling because I reached saturation applying these codes to the random sample of 148 articles (Strauss and Corbin, 1990).

Coding and Analysis

I conducted two separate content analyses of the *New York Times* articles. First, I began by coding the race/ethnicity and class of the pregnant drug-using women or affected children. Second, I coded the analytic frames of: (1) scapegoating pregnant drug-using women for social problems, (2) foster care or adoption issues, and (3) portraying pregnant drug-using women as bad mothers.[8] After these two content analyses, I assessed whether each analytic frame corresponded to the type of drug used as well as to the race and class of the pregnant drug-using woman. In other words, I did not just code whether the article contained a frame, but coded whether the article had a particular frame and how that frame was linked with the demographics of the pregnant drug user and the type of drug used. This was particularly important for articles that contained information on multiple drugs or about multiple people. In this sense, an article that contained information about multiple drugs used by pregnant women was conceptualized as multiple articles about different drugs, with each drug receiving its own set of codes.

Race/ethnicity was determined in a variety of ways. The racial/ethnic background of the women and children was often specifically discussed. Also, I looked at all the pictures of the pregnant drug-using mothers and their children. When race/ethnicity was not 100% clear from the picture, I determined what I believed to be the race/ethnicity and asked an advanced graduate student for her opinion. When these two opinions were identical, the picture received this code. In the event that the opinions differed, the picture was coded as "no race/ethnicity." I also used a few discursive cues to code for race/ethnicity. Specifically, when the children or mother were discussed as living in Harlem or going to the Harlem hospital, I coded this as black and poor. Of course, this might not be the case—but more importantly for this article, it is likely that people reading the article would make this assumption. However, if I miscoded these cases, the result would be to underestimate how the frames

[8] I also coded frames for the reproduction of pathology, deviations from "natural" or "ideal" womanhood, and fetal versus maternal rights. However, these frames were much less frequent across all drug categories and I elected to focus on the main analytic themes.

varied by race, thereby making the results a conservative estimate. Finally, I coded race when the context of the article strongly suggested that the pregnant drug-using woman or child were a certain race. For example, an article about Native-American health that discussed a family whose child had FAS but did not directly say this family was Native American was coded as Native American. Due to small sample size of whites and specific minority groups, some of the analyses compare two groups: race/ethnic minority women and women who are white or whose race is not specified. This simplification permits a direct test of whether minority women are presented differently than other women.

My strategy for coding class was similar to race, with the exception of using pictures—I found this proved too difficult to ensure an accurate assessment of class, so pictures were not used in class determination. I used many discursive cues to determine class, including receipt of welfare or food stamps, and living in Harlem or public housing. Finally, I found it too ambiguous and analytically unnecessary to distinguish between upper and middle class. Therefore, I coded lower class, upper/middle class, or no class (when class could not be determined). In addition, some of the analyses compare lower class to all others (upper/middle/no class). This binary comparison helps account for the small samples sizes while retaining the focus on understanding whether/how lower-class pregnant drug users are presented differently than others.

As previously stated, I coded the following three analytic frames: (1) scapegoating pregnant drug-using women for social problems, (2) foster care or adoption issues, and (3) portraying pregnant drug-using women as bad mothers. To develop the scapegoating frame, I coded all sections that included blaming the pregnant drug-using mother for any of the four outcomes: (1) general financial burden to state, society, and/or government, (2) foster care and/or adoption burden, (3) social problems linked to her drug use (i.e., crime or delinquency), or the (4) health-care system burden. To determine whether the pregnant drug-using mother was blamed, I considered whether blame language was used (i.e., "damaged" or "languishing" infants), whether the subject (i.e., foster care system) was portrayed as having a problem, and whether the mother was implicated.

I coded the foster care/adoption frame whenever foster care or adoption issues were linked in some way with pregnant drug-using women or their children. Some of these foster care issues overlapped with the scapegoating frame. However, there were also many instances where pregnant drug users were not explicitly blamed for foster care and adoption issues, but were nonetheless involved in the system. These latter cases are coded only as "foster care and adoption" but not scapegoating. The bad mothering frame was used when the pregnant drug-using woman was discussed as abusing, neglecting, murdering, not caring for, or not loving her children. In addition, the bad mothering frame was used in cases where the pregnant drug-using mother was blatantly contrasted with clearly exceptional parenting.

Table I. Frequency of Frames by Type of Drug

Frames	Crack ($n = 51$)	Alcohol ($n = 66$)	Tobacco ($n = 48$)
Scapegoating[a,b]	35%	8%	2%
Bad mothering[a,b]	63%	11%	8%
Foster care/adoption[a,b,c]	41%	18%	0%

Note: Percentages indicate the percent of articles about a certain drug that contain the listed frame. More than one frame can be contained in an article and therefore the percentages do not total 100%. "[a]" indicates a significant difference between crack and alcohol, "[b]" indicates a significant difference between crack and tobacco, and "[c]" indicates a significant different between alcohol and tobacco using two-tailed chi-square tests. In this table, all significant differences were greater than $p < 0.01$.

To assess the interrater reliability of codes, a random sample of articles was coded by an advanced graduate student. With the exception of a few coding differences for race already discussed, the interrater reliability was perfect. All the codes were entered into a Microsoft Access database and then converted to a Stata data set for further analysis. For quantitative analyses, I used cross-tabulations, frequencies, and chi-square tests. Chi-square tests were used to assess differences in the percent of articles including each frame by type of drug (Table I), differences in the percent of articles including a race/ethnic minority pregnant drug user by type of drug (Table II), and differences in the percent of articles including a lower-class pregnant drug user by type of drug (Table IV), as well as to compare the prevalence of frames *within* each drug by minority status (Fig. 1) and social class (Fig. 2). One key assumption of chi-square tests is that the samples are independent. This key assumption is strictly met for the within-drug comparisons presented in Figs. 1 and 2 because there are no people coded both minority and white/no race (Fig. 1) or as belonging to multiple classes (Fig. 2). However, there is some overlap in the tables because some people use multiple drugs and are therefore included in multiple cells.[9] Therefore, interpretation of significance in the tables should be viewed in light of this violated assumption, with more focus paid to trends and percentages rather than specific significance levels. To aid conservative interpretation of the significance levels, only Figs. 1 and 2 present one-sided tests (with assumption that racial minorities and lower-class women will have a higher percentage of negative frames), whereas the tables present the more conservative two-sided tests.

QUANTITATIVE RESULTS

Frames by Type of Drug

Table I shows the frequency of frames by type of drug across the random subsample of articles. As Table I demonstrates, 35% of crack cocaine articles,

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[9] Not all data are paired and, therefore, statistical tests for paired data are not appropriate.

Table II. Percent of Articles About Each Drug that Include a Race/Ethnic Minority Pregnant Drug User

Race	Crack (n = 51)	Alcohol (n = 66)	Tobacco (n = 48)
Race/ethnic minority[a,b]	47%	26%	17%
White or no race	53%	74%	83%

Note: "[a]" indicates a significant difference between crack and alcohol, "[b]" indicates a significant difference between crack and tobacco, and "[c]" indicates a significant different between alcohol and tobacco using two-tailed chi-square tests. In this table, all significant differences were greater than p < 0.01.
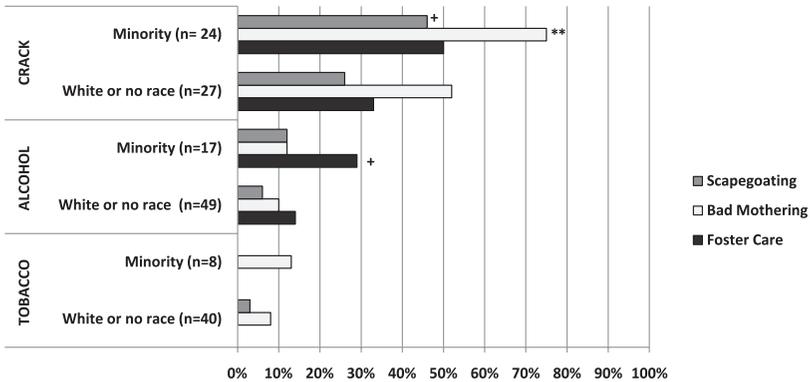

Fig. 1. Frames for each drug, by minority status.
Note: +p < .10; **p < .01 using 1-sided chi-square tests by race within drug.

8% of alcohol articles, and 2% of tobacco articles scapegoated pregnant drug-using women for social problems, as Murphy and Rosenbaum (1999) suggested.[10] The most common social problem that pregnant drug users were blamed for was the overburdened foster care/adoption system. The foster care/adoption and bad mothering frames were both quite common and had a high prevalence among crack articles. Almost two-thirds (63%) of crack articles portrayed pregnant drug users as bad mothers compared to only 11% of alcohol articles and 8% of tobacco articles. Similarly, 41% of crack articles highlighted foster care/adoption issues related to pregnant drug use compared to 18% of alcohol articles and zero tobacco articles. Across all frames, the difference between crack use and other drugs was statistically significant, with crack-using pregnant women always more likely to be portrayed using the negative frames.

Only one association was significantly different for alcohol and tobacco users. Alcohol-using pregnant women were significantly more likely than

[10] When I discuss "crack articles," this refers to articles only about crack use while pregnant *or* the portion of articles about crack use while pregnant.
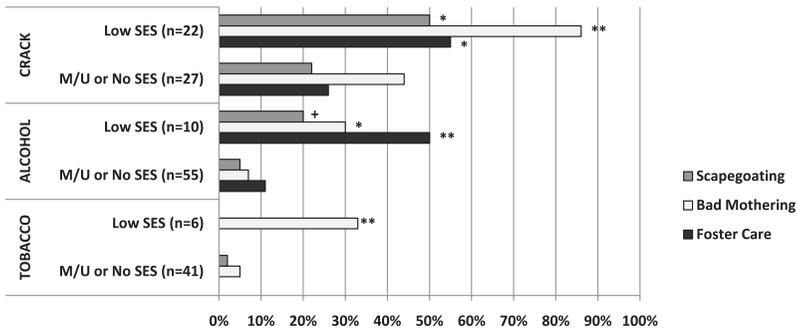
Fig. 2. Frames for each drug use, by SES.
Note: ''M/U'' stands for middle or upper class. Ns are smaller than the total sample

tobacco users to be linked with foster care and adoption problems. In short, crack-using pregnant women were significantly more likely to be presented as bad mothers and blamed for societal problems, despite the fact that alcohol and tobacco are more detrimental for fetuses. These findings indicate that something other than concern for children's welfare is driving the media presentation of pregnant drug use.

Race and Class Presentation of Pregnant Drug-Using Women by Type of Drug

Tables II, III, and IV present the race/ethnic and social class distribution of media portrayals of pregnant crack, alcohol, and tobacco users. Looking at the prevalence of race and class portrayals within each drug is helpful for thinking about whether drugs with a higher percentage of minorities portrayed are also the drugs with more frames (as presented in Table I). First, I examine

Table III. Percent of Articles About Each Drug by Race/Ethnicity of Pregnant Drug User

Race	Crack ($n = 51$)	Alcohol ($n = 66$)	Tobacco ($n = 48$)
Black	35%	8%	6%
Black and Native American	—	2%	—
Native American	—	11%	4%
Hispanic	4%	—	—
Black and Hispanic	—	—	2%
Black and white	2%	3%	2%
Minority and white	—	2%	—
Minority	6%	2%	2%
White	2%	12%	10%
None specified	51%	62%	73%

Note: Percentages do not always equal 100% due to rounding.

Table IV. Percent of Articles About Each Drug by Class of Pregnant Drug User

Class	Crack ($n = 49$)	Alcohol ($n = 65$)	Tobacco ($n = 47$)
Lower[a,b]	45%	15%	13%
Middle/upper	0%	3%	9%
None specified	55%	82%	79%

Note: Percentages do not always total 100% due to rounding. Chi-square tests compare the bivariate relationship between lower class and the combination of middle/upper/nonspecified: "[a]" indicates a significant difference between crack and alcohol, "[b]" indicates a significant difference between crack and tobacco, and "[c]" indicates a significant different between alcohol and tobacco using two-tailed chi-square tests. In this table, all significant differences were greater than $p < 0.01$.

racial presentations of pregnant drug users by drug type to see how minority status is linked with certain drugs. As Table II shows, pregnant crack users were significantly more likely to be presented as race/ethnic minorities (compared to white or race not specified) relative to alcohol- and tobacco-using pregnant women. Almost 50% of pregnant crack users were presented as a race/ethnic minority compared to 26% of alcohol users and only 17% of tobacco users.

It is also illustrative to note the specific minority group linked to specific types of drugs used. As presented in Table III, the majority of race/ethnic minorities discussed in crack articles were black, far surpassing the representation of blacks in the alcohol or tobacco articles. The percentage of Native-American representation (11%) was highest among alcohol users, which coincides with increased media attention on alcohol use and Native-American reservations. Whites were the largest identified race/ethnic group (10%) among tobacco users. Tobacco articles included more links with minority race than might have been expected; however, four out of eight of the times when minorities were included in discussions of tobacco, these articles also focused on crack or other drugs.

Table IV shows the proportion of pregnant drug users by social class for each type of drug. Just under one-half of pregnant crack users were presented as lower-class compared to only 15% of alcohol users and 13% of tobacco users. Further, not one crack user was presented as middle or upper class compared with 9% of tobacco users who were presented as upper or middle class. Statistical analyses comparing lower class versus middle/upper/not specified together demonstrate that pregnant crack users were significantly more likely than alcohol or tobacco users to be presented as lower class.

The race and class findings presented in Tables II, III, and IV provide suggestive evidence for why crack cocaine users are more likely to be framed negatively (see Table I), despite the fact that tobacco and alcohol use are more deleterious for fetuses. Specifically, pregnant crack users may be presented more negatively because poor and minority women are overrepresented in news stories about crack users. Directly assessing the intersection of race/class by type of frame *within* each type of drug provides a further test of race/class

bias in media presentation of pregnant drug users and is explored in the next section.

Race and Class Presentation of Frames by Type of Drug

Figures 1 and 2 present data showing how often race and class are linked with the frames for each drug. As previously articulated, if the media focus is only about concern for children, we should see no race/class difference in the frames within the *same* drug because the drug effects are the same regardless of the race/class of the drug user. In contrast, evidence of race/class differences in framing of pregnant drug use within the same drug suggests a bias in presentation that could perpetuate the notion of poor and minority women as bad mothers.

As demonstrated in Fig. 1, race/ethnic minority pregnant drug users were more likely than white or unraced pregnant drug-using women to be blamed for social problems, characterized as bad mothers, and linked with adoption and foster care issues.[11] The prevalence of these frames among minority women is not trivial—especially for crack users. For example, fully 75% of all minority crack-using pregnant women were presented as bad mothers. Further, several of these race/ethnic differences were statistically significant, despite the relatively small sample size. Minority crack users were blamed for social issues and presented as bad mothers significantly more than pregnant crack users who were white or did not have their race specified. A significantly higher percentage of minority alcohol users were linked with foster care and adoption issues compared to pregnant alcohol users who were presented as white or whose race was not specified. Overall, the results in Fig. 1 demonstrate bias in presenting minority drug-using pregnant women more negatively than other women—significantly so for crack cocaine and alcohol use.

The evidence of biased presentations of pregnant drug users is even starker when examining the intersection of socioeconomic status and discursive frames. Overall, there was a higher percentage of the discursive frames for lower-class women compared to other women. In other words, a higher percentage of lower-class women—relative to other women—were blamed for social problems, presented as bad mothers, and linked with foster care and adoption issues. The more negative portrayal of lower-class women was statistically significant for all frames among crack and alcohol users as well as for bad mothering among tobacco users. As with race, it is also important to note

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[11] The minority category here includes articles that contain any racial/ethnic minority group—even if they also discuss whites. The assumption is that any link with race/ethnicity in the articles "racializes" the issue. The most direct result of the possible bias associated with this assumption is the dampening of the difference between the minority and white/none categories. In other words, if articles that include both white and racial/ethnic minorities groups are really more like "white" articles, by including them in the minority grouping, I will underestimate the race difference.

that the percentages of negative frames are quite high. For example, 86% of lower-income crack-using women were presented as bad mothers. In sum, both the race and class results indicate that even within the *same* drug, pregnant drug-using women are more likely to be presented negatively if they are lower-class women or race/ethnic minorities. These findings provide further evidence that media presentations of drug-using women is one way that poor and minority women are presented as unworthy and unfit mothers.

QUALITATIVE RESULTS

Qualitative analyses of the frames provide insight into how pregnant drug-using women were presented as bad mothers and blamed for social problems. Many of these articles were about prosecuting pregnant drug users for childhood abuse or murder for using drugs while pregnant. However, some also highlighted specific aspects of bad mothering. For example, one article discussed pregnant crack users by saying, "it is such a devastating addiction that these people are willing to abandon food and water and child to take care of their crack habit" (Kerr, 1987). In terms of race and class, this article specifically discussed "ghettos" and "black mothers who are addicts." Another article describes a program to sterilize drug users called CRACK (Children Requiring a Caring Kommunity), which purportedly advertises in "mostly minority neighborhoods" and targets "poor women."[12] In this article, they quote a 70-year-old retiree saying:

> I don't care what they [crack addicts] do—as long as they get their tubes tied. As far as I'm concerned they could buy a gun and shoot themselves with it. That's the least of the evils. The evil is producing these children when they don't plan to take care of them. (Belluck, 1999)

Pregnant alcohol and crack users were very often blamed for overburdening the foster care system and producing "unadoptable" and "damaged" babies. This was at least partly about financial responsibility and blaming women for societal problems, but further analyses point to anxiety surrounding changing family structure that accompanies children being removed from their mothers. For example, an article from July 11, 1991 entitled, "Tough Adoptions: New York Tried 'Hard Sell'" details the problem and links it with drug use while pregnant.

> Shannon, 4 years old, is No. A-458 in New York State's new catalogue of children who need adoptive homes. The book says he was born with fetal alcohol syndrome and has serious mental limitations. He loves his toy car. "Fast!" he explains.

The article then continues and directly points to lower-class families.

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[12] The program CRACK (Children Requiring a Caring Kommunity)—now known as Project Prevention—is a private organization that offers substantial cash payments (~$300) for drug-using women to become sterilized. As indicated by the original name, the organization was specifically designed to target crack-using women.

> The state's growing number of foster children—many from poor families ravaged by crack and urban poverty—are winding through the child welfare system and emerging as "special needs" children up for adoption. But there is a shortage of families willing to take them in. (Dugger, 1991)

An article from April 29, 1997 more directly points the blame toward mothers, with the director of the Richmond Department of Social Services stating:

> The crunch of children backed up in foster care is more a statement of how damaged these children are than of the willingness of people to adopt. There are people who are willing to adopt healthy children. But crack mothers don't have healthy children. (Kilborn, 1997)

One of the children discussed in this April 29, 1997 article who was reportedly born addicted to cocaine is referred to by the black-coded name "Lakisha."

In addition, in many cases, the foster care system was portrayed as so overstretched that healthy children were being left in hospitals for long periods of time. A 1987 article entitled "Crack Addiction: The Tragic Toll on Women and Their Children" quotes the director of pediatrics at Harlem Hospital discussing the practicalities of housing infants of crack-using women: "On New Year's Eve I was going through the ward saying, 'That is a small one. Put it in a bassinet so I can put a larger one in a crib'" (Kerr, 1987). Indeed, this problem is portrayed as so pervasive that these children were commonly referred to as "boarder babies." An article in 1992 explains:

> The survey of 72 public hospitals in 12 cities found that the hospitals were caring for more than 7,000 boarder babies a year for a few days to months after they were healthy enough to be discharged. Eighty-five percent of the infants had been exposed to drugs or alcohol before birth. (Barden, 1992)

Pregnant drug users were also blamed for social anxieties about the meaning of family. For example, there were several articles about: grandparents negotiating how to mother grandchildren; fathers learning to mother; whether states should prioritize keeping siblings together above other considerations; the ethics of interracial adoption; and the perils of international adoption. An article about grandmothering children born to a crack-addicted daughter illustrates how the meaning of "mother" shifted due to maternal drug use.

> The children know their grandmother as their mother or "Nana" and their mother as their aunt. Ms. Thomas recalls how Trisha [her grandchild] cried when her daughter, who is now 25, told the child that she was her mother.

> In school she [Trisha] learned that mothers take care of their children and she knows that my daughter doesn't take care of her and she knows her life style. It bothers my daughter to hear them referring to me as their mother, but I don't see her trying to get off of drugs and get her life together. (Holloway, 1993)

This article demonstrates how extended families are compensating for the perceived maternal inadequacies of pregnant crack users. Furthermore, the article clearly blames the pregnant drug-using mother for distressing her child as well as for violating school, family, and state expectations of motherhood.

A similar article focuses on Lee Locklear, who is the lone parent for his son. The article begins by recounting a note that Mr. Locklear received from the school bus driver regarding his son Cody.

> Cody is not being friendly with other children. He doesn't want them to sit with him. However, today I had to write up two students for bothering him. They took his hat off and threw it to the back of the bus. Mr. Locklear, 54, who served for six years as a paratrooper in Vietnam and 25 on the New York Police Department, already knew that Cody, 5 was having trouble in school. Mr. Locklear said that Cody's mother used crack while she was pregnant with him, which harmed his eyesight and slowed his emotional and mental development. (Donovan, 2001)

The article continues by detailing Mr. Lockear's difficulty raising Cody, given his special needs. Maria Brooks, the caseworker, saw that "Mr. Locklear and Cody needed help right away." The help provided came in the form of a "homemaker paid by the city," which, in essence, amounted to a hired mother. Ms. Mahon, the homemaker, is described as doing a variety of tasks, including changing diapers, giving baths, toilet training, helping with homework, shopping for food, and helping Mr. Locklear learn "a little more about what it takes to be a good father." It is taken for granted in the story that a struggling father is deserving of these "mothering" services, yet a biological mother in the same situation would not be.

The increasing number of children in the foster care system has also forced courts—all the way to the U.S. Supreme Court—to debate the most important components of family. A December 29, 1998 article discussed the case of siblings (Hugo and Gloria) where one child (Hugo) suffered from slow development of speech and motor skills that might have been "the result of his mother's use of cocaine while she was pregnant" (Glaberson, 1998). The issue is whether Hugo and Gloria have a right to remain together with their foster mother or whether their aunt can adopt Hugo but not Gloria. According to the article, "legal experts say the issue this case raises is one that is arising frequently as American courts are asked to adapt to changing attitudes about the family." The Public Guardian in Chicago further stated: "All they [children of "unfit" parents] have left then are their siblings … Take that away as well, and you are punishing them for the sins of their parents."

This article portrays pregnant drug-using women as bad mothers whose "sins" "punish" their children. In addition, the article clearly blames the pregnant drug-using mother for the social and legal confusion, anxiety, and stress about family rights that must now be addressed in courts. For example, "Susan F. Drogin, a court-appointed lawyer for Hugo's father, said it would hamstring social service officials and the courts to say siblings have constitutional rights to be together. 'Why siblings?' she asked. 'Why not grandparents? Why not uncles and aunts?'" (Glaberson, 1998). The article included an image of Hugo and Gloria, who were clearly from a race/ethnic minority group.

These articles provide context and nuance to the quantitative results presented in the tables and figures. For example, drug-using mothers were

scapegoated for an overburdened foster care system, overcrowded hospitals, and for creating a legal and social crisis regarding the prioritization of the most "important" aspects of family. Blaming language was pervasive and tightly linked with pregnant drug-using women. Children were "languishing," "damaged," "neglected," and "abused" because of women's drug use during pregnancy. At the same time, pregnant drug-using women were clearly presented as bad mothers—"evil" women who "punish" their children for their own "sins." They were often discussed as such bad mothers that it would be best for the children and society if the women were sterilized or shot.

CONCLUSION

Through employing a comparative discourse analysis of *New York Times* articles on pregnant crack-, alcohol-, and tobacco-using women, I found that the media focus on these women had little to do with helping children who might be harmed by drug use during pregnancy. Rather, I found that the racialization and class typing of pregnant drug-using women served to garner support for characterizing poor and minority women as illegitimate mothers. These findings support prior research on media presentations of crack–using pregnant women, which argue that creating the icon of "crack mom" and "crack baby" perpetuate the idea that black and poor women are unfit and unworthy mothers.

However, by comparing drugs, and by looking at race and class separately, this project provides additional insights into the process of crafting poor and minority women as unfit mothers. As articulated previously in the article, the actual adverse effect of drug use on fetuses is worse for tobacco and alcohol use compared to crack use. Therefore, to the degree that media coverage is about concern for children's welfare, the results should have shown that alcohol and tobacco users were presented negatively more often than crack users. There was no evidence for this; rather, crack users had significantly higher percentages of all three negative frames compared to alcohol and tobacco users. This provides very strong evidence—beyond what is possible to understand by looking only at one drug—that media coverage about pregnant drug use is *not* primarily about concern for children's welfare.

Instead, the results indicated that crack users were more often presented negatively because they were presented as poor and minority women. Further, the results show that race/ethnic minority women and lower-class women were presented negatively more often than other women for *all three drugs*. This provides very strong evidence that newspaper coverage of pregnant drug-using women is largely about casting poor and minority women as unfit and unworthy mothers. Further, the findings fit well with prior research showing that the "right" to motherhood is more severely curbed and regulated for poor women and women of color (Daniels, 1997; Golden, 1999; Roberts, 1999; Solinger, 2001).

The findings of this current project also provide insight into the relative importance of race versus class presentations of pregnant drug users. Much of the prior research focuses on the race bias in media presentations of pregnant drug users or conflates race and class. However, by disaggregating race and class, this project was able to assess the relative importance of each. The findings suggest that for news coverage of pregnant drug-using women, the negative portrayal of lower-class women may be more central than the negative portrayal of race/ethnic minority women. Specifically, when examining significant differences of frames within each drug (Figs. 1 and 2), there were more significant class differences than there were significant race differences. These class findings fits very well with the extensive literature on scapegoating poor women for social problems (Murphy and Rosenbaum, 1999; Solinger, 2001). Further, these quantitative class-based differences mesh well with the qualitative results that show how pregnant drug users are blamed for the financial toll of the overburdened foster care and health care systems.

As with all research, this project has limitations that future research would do well to address. First, although this project assesses 15 years' worth of news stories, it does not assess changes over these years. It would be useful to explore trends in race/class bias as well as examine predictors of these changes. Second, future research could expand these analyses to include news sources other than the *New York Times*. Although the *New York Times* is particularly well suited for this project, given the reasons detailed previously, other news outlets could provide additional insight into the race and class presentation of pregnant drug users. It might be particularly interesting to look at a range of local newspapers from areas with different race and class politics.

In sum, I found strong evidence that newspaper presentations of pregnant drug-using women served to perpetuate the idea that poor and minority women are unfit and unworthy mothers. Poor and minority pregnant drug users were presented as bad mothers and scapegoated for a range of social problems, including an overburdened foster care system and social anxiety about the meaning of family. Importantly, the media almost never discussed the multiple burdens faced pregnant drug users, which could be related to the "problems" with their children. Domestic violence, poverty, and homelessness are only a handful of factors that coexist with drug use during pregnancy and that also predict poor outcomes for fetuses and children. The absence of these societal-level issues allows newspapers to frame discourse about pregnant drug use in terms of personal responsibility and individual moral failure. This individualized focus serves to scapegoat pregnant drug-using women by relieving society and government from blame and responsibility for social problems. Unfortunately, scapegoating pregnant women for larger social problems can be, and is, used to justify social control policies, such as imprisoning pregnant drug users, that limit the "right" of motherhood to white, wealthy women.

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