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INTRODUCTION

In the 1990s, pregnancy rates and birthrates among American teenagers declined significantly, a trend that continued through 2005, when birthrates for teens began to climb again (Henshaw 1998; Santelli et al. 2004; Hamilton, Martin, and Ventura 2007). While birthrates have, for the most part, declined over the past few decades, rates of abortion and adoption for teens also dropped (Barth 1987; Henshaw 1997; Jones et al. 2008). What this means is that while fewer teenagers became pregnant in the 1990s and early 2000s, those who did get pregnant were increasingly likely to carry the child to term and raise it themselves (Henshaw 1998; Jones et al. 2008). Indeed, research suggests that over 90 percent of adolescents in the United States who give birth keep their children (Chandra et al. 1999).

Teenage pregnancy and childbearing are at the forefront of our collective consciousness, with adolescent women and their sexuality being objects of national concern (Nathanson 1991). Luker (1996) described Americans as being convinced that we are experiencing an "epidemic" of teenage pregnancy, despite data revealing an opposite trend. Writing in the early 1990s, Nathanson (1991) remarked that the "Newspaper headlines, television screens, and magazine covers that bombard us with evidence of how frequently these norms [of sex before marriage and childbearing before adulthood] are violated" have given this problem "remarkable staying-power" (4–5). References to teenage parenting abound in mainstream culture ten years later, including the blockbuster film *Juno*, the well-publicized pregnancy of teenage celebrity Jamie-Lynn Spears, and the national furor over Republican vice-presidential candidate Sarah Palin's pregnant adolescent daughter. Meanwhile, public opinion

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polls show that the majority of Americans think something should be done about this behavior, that it is, in short, a social problem (Luker 1996; Albert 2007; Monmouth University/Gannett New Jersey Poll 2008). As the numbers creep upward again, it seems likely that the alarm bells will continue to sound.

However, as Adams, Adams-Taylor, and Pittman (1989) suggested in the late 1980s, "Adolescent pregnancy is *not* an epidemic and our [public] concern is not due to the size of the problem" (223, emphasis in original). Instead, teenage pregnancy and parenting have been construed as social problems because of the negative consequences we have come to associate with early childbearing. Furstenberg (1991) noted that, like other social problems, our interest and concern over teenage parenting have waxed and waned as the societal view of teenage pregnancy has shifted from individual pathology to social illness.

In recent years, researchers have debated whether teenage parenting is really the social problem it has been made out to be—that is, whether the negative outcomes discussed with such alarm even exist. Reflecting on his longitudinal research on teenage mothers—a project spanning more than forty years—Furstenberg (2007b) noted that "the consequences of early childbearing are not as great as most of us initially thought," and that "many apparent consequences of early childbearing are really due to . . . preexisting differences" (79). Nevertheless, the framing of teenage pregnancy and parenthood as social problems continues, with the problems being couched in one of three domains: costs to teenage mothers, costs to the children of teenage mothers, and costs to the greater society.

Teen Pregnancy as a Social Problem

Perhaps the most intensely contested area among contemporary researchers is the extent of the direct costs incurred by teenage mothers, themselves. Much of the scholarship in this area has focused on the decreased life chances that come with an adolescent birth. For example, a number of researchers have focused on the relationship between early childbearing and educational attainment, exploring whether having a child cuts short a teen parent's schooling. Given their age as adolescents, a time when one would expect them to be in school, and given the important influence of education in determining future economic status and employment opportunities, examining the effect that child rearing has on schooling makes intuitive sense. Early research on this question suggested that adolescent childbearing results in a truncated high school education for

the teenage mother (Hofferth and Moore 1979; Marini 1984), as have several studies of teen parents born in the 1950s and 1960s (Astone and Upchurch 1994; Hoffman, Foster, and Furstenberg 1993). Other studies, especially those using more recent generations of teen parents, claim that adolescents who become pregnant while still enrolled in school earn diplomas at the same rate as their peers without children (Upchurch and McCarthy 1990). Numerous studies have revealed that a large proportion of teenage mothers get pregnant after dropping out of school (see, e.g., Fergusson and Woodward 2000; Manlove 1998; Upchurch and McCarthy 1990). However, those teens who drop out and then become pregnant are not as likely to complete their high school education (Rindfuss, Bumpass, and St. John 1980; Upchurch and McCarthy 1990). One explanation for this discrepancy is that earlier generations of teenage parents did not have the opportunity to remain in school, for it was not until the early 1970s that Title IX legislation first took effect, prohibiting schools from barring pregnant and parenting teens (Luker 1996). Thus early studies may not accurately reflect today's adolescent parents, who not only have the legal right to remain in school, but who also benefit from the school-based programs that have come about in an effort to assist parenting teens in graduating. At the same time that programs such as Title IX have made completion of high school more accessible for teenage mothers, the most current cohorts of teenage mothers are constrained in their ability to attain postsecondary education by an altogether different public policy: the shift from Aid to Temporary Families with Children (AFDC) to Temporary Aid to Needy Families (TANF) has meant that teen mothers who have graduated high school must be employed at least twenty hours to receive public assistance, a contingency that makes enrollment in college difficult (Hofferth, Reid, and Mott 2001).

The tremendous concern with teenage parents' ability to complete school is rooted in the assumption that insufficient schooling will lead to restricted employment opportunities and, consequently, poverty. In their follow-up study of adolescent mothers, Furstenberg, Brooks-Gunn, and Morgan (1987a) found that adolescent motherhood does not guarantee long-term welfare dependency. Indeed, the majority of participants in their study were employed and economically self-sufficient. Nevertheless, in Teti and Lamb's (1989) comparison of teenage and mature mothers, teenage mothers were found to experience the poorest socioeconomic outcomes. Luker (1996) added a new twist to this controversy, arguing that adolescent pregnancy is a symptom rather than a cause of poverty. She says, "Many young mothers would be poor (and would have children who grew up to be poor) no matter how old they were when they gave birth" (111), because the social and economic structures with which they

are confronted would be the same regardless of their age. Thus blocked opportunities because of race, class, or gender would not disappear simply because a teenage woman aged; she would encounter the same obstacles as an adult. Put another way, Jaffee (2002) argues that adolescent parenting only exacerbates inequalities that already exist.

The costs for the children of teenage parents are also perceived as negative consequences of teenage parenting. Although some researchers have gone to great lengths to explain that it is not teen parents' age that leads to negative outcomes for their children but, rather, the disadvantaged backgrounds from which they come (Luker 1996; Nathanson 1991; SmithBattle 2007), the abundance of studies remarking on these negative consequences cannot be ignored. The children of teenage parents have been reported to be more likely than other children to die as infants (Geronimous 1987), have low birth weight (Chedraui 2008), grow up in poverty (Geronimous and Korenman 1992), get into trouble at school, drop out of school (Dangal 2006; Furstenberg, Brooks-Gunn, and Morgan 1987a), be overweight or obese (Lemay et al. 2008), become criminals if they are boys, and become adolescent parents themselves if they are girls (Maynard 1996). At minimum, the fact that these topics continue to be studied reveals the role researchers play in constructing a phenomenon as a social problem.

A final category of negative outcomes resulting from teenage childbearing relates to social costs. The dollar amounts spent on teenage pregnancy and parenting are staggering. It has been estimated that between 1991 and 2004, teenage childbearing cost U.S. taxpayers over $161 billion (Hoffman 2006). Teen mothers account for a large proportion of recipients of some government programs; for example, in the 1980s, 59 percent of women receiving AFDC payments were teenagers when they gave birth to their first child (Moore 1990), and, historically, about 50 percent of adult welfare recipients have been teenage parents (Kisker, Eliason, Maynard, Rangarajan, and Boller 1998).

A social cost that has only recently been linked to the teenage pregnancy problem is the exploitation of young women by older men in the form of statutory rape. It is estimated that over 60 percent of the fathers of babies born to teenage mothers are not teenagers themselves but adult men (Oberman 1994; Phoenix 1991). People concerned with reducing the fiscal costs of teenage pregnancy have often been concerned with the role of the fathers (or absent fathers) and their financial contributions to their offspring (Maynard 1996). Studies revealing the relatively older age of the fathers are appealing because they essentially criminalize the vast majority of teenage pregnancies. Because they see criminalization as a deterrent to future teenage pregnancies, some groups

have argued that the laws should be enforced with more regularity (Lauer 1981; Odem 1995). Others want the laws to be enforced not because of their potential to deter teenage pregnancy or reduce taxpayer burden but because of what they perceive to be the tremendous social costs of statutory rape: the victimization and exploitation of young women by older men (Lauer 1981; Odem 1995). In this way, the relationships from which many teenage pregnancies result have also been cast as problematic.

Of course, for some groups, one of the most significant social costs of teenage parenthood is a perceived erosion of public morality. As Rhode (1993–1994) argues in her work tracing the history of public policy and teenage pregnancy, the reason many conservative groups, especially, define teenage pregnancy and parenthood as social problems is because their presence is perceived to reflect "cultural permissiveness, a decline in parental authority, and a weakening of community sanctions against illegitimacy" (651). The public outcry over adolescent pregnancy reflects patriarchal control over women's sexuality, and the fact that teenage pregnancy contradicts ideologies of childhood sexual innocence and marriage-only sexual activity (Nathanson 1991).

A final theme contributing to the idea that teenage parenthood is a social problem is the idea that motherhood for all marginalized groups has been defined by society as problematic. Our standards for "good" mothering are based on white, heterosexual, middle-class norms (Garcia-Coll, Surrey, and Weingarten 1998). Women who are "living on welfare, divorced or unmarried, aged under 20, lesbian, drug-users, or who have committed criminal offenses are all marginalized in relation to the category of 'good mother'" (Rolfe 2008, 300). The fact that teenage mothers are disproportionately likely to be black, Latina, or American Indian (Hamilton et al. 2007), poor (Jaffee 2002), and unmarried (Martin et al. 2007) makes teenage mothers socially marginalized to begin with, before age of entry into parenthood is even considered (Rolfe 2008). An affiliation with any of these groups, let alone all of them, is marginalizing.

Taken together, the popular and scholarly focus on teenage parenting as a social problem leaves little doubt about the stigma associated with teenage parenting. Teen mothers are, as Kaplan (1997) asserts, marked as deviant. The very language we use to describe this phenomenon—from distinguishing between "teen mothers" and other (over age twenty) mothers, to using phrases such as "babies having babies"—perpetuates the idea that childbearing before age twenty is nonnormative (Fields 2005). But we know little about how teen mothers experience the deviant label—whether they notice it, and how it affects their parenting, their self-concept, their relations with significant others, or even their decisions to become parents in the first place.

Given the negative tone of the public's conception of teenage pregnancy and parenting, it is not surprising that a number of intervention programs have been introduced to ameliorate the costs and consequences of what has been construed as a significant social problem. According to Roosa (1991), the 1980s witnessed a tremendous growth in the number of federal government, local government, private foundation, community hospital, and school district funded programs designed to prevent adolescent pregnancy and reduce the negative consequences of teenage parenting. The solutions that have been introduced to prevent teenage pregnancy range from financial incentives paid to young women for not becoming pregnant while they are still of school age to mentorship programs designed to give young women role models in education and industry.

Another group of programs has been designed to prevent the negative outcomes associated with early childbearing. These include mentorship programs for pregnant and parenting teens, wherein teens are paired with positive parenting role models (Wharton 1991) and school-based teenage parenting programs. School-based programs are by far the most common type of intervention program, with most large school districts and many smaller districts offering teenage parents some combination of counseling, parenting classes, and, in some cases, child care (Roosa 1986). These programs aim to reduce subsequent pregnancies, train young mothers in parenting and life skills, and, most importantly, help young mothers complete their high school educations (Roosa 1991).

Studies of school-based intervention programs have almost always focused on program evaluation (Hoyt and Broom 2002). Thus if the goal of the program was to improve graduation rates for teenage mothers, the number of dropouts and graduates were compared (see, e.g., Sung and Rothrock 1980; Kisker et al. 1998). Other studies have evaluated whether programs have successfully taught young mothers to be economically self-sufficient (see, e.g., Polit 1989; Kisker et al. 1998; Sangalang 2006), or whether they have influenced the mother's attitudes about parenthood and knowledge of human reproduction (Roosa 1986). Taken together, these quantitative studies have yielded fairly positive results with respect to the influence of school-based programs. Evaluative studies have revealed that mothers who attend school-based programs have higher average educational levels than teen mothers who do not participate in such programs and greater knowledge regarding human reproduction. At the same time, however, school-based programs have been found to have

little long-term impact on parental attitudes or children's development (Roosa 1986).

Qualitative research with teenage mothers involved in intervention programs has also been conducted, although the focus has not been on evaluation as much as on exploring the dynamics at play within the program. For example, Wharton (1991) focused on the relationships between teenage mothers and volunteers in a program designed to pre-vent child abuse, Kelly (1998) studied the teachers at a high school with a school-based teenage parenting program, and Horowitz (1995) examined the relationships between program staff and teenage mothers partici-pating in a program for the teens to earn their general equivalency dip-lomas (GEDs). Although these studies were based in adolescent parenting settings, both had as their focal point the adults who interacted with the teen mothers. Wharton (1991) examined the characteristics of adult volunteers who were able to forge the most intimate relationships with teenage mothers, Kelly (1998) examined the discourse used by teachers to describe teenage parenting, and Horowitz (1995) analyzed whether staff members who interacted with teen mothers as "arbiters" or "mediators" were considered by the young women to be better mentors. The qualitative piece to the puzzle that is still missing is an examination into the lives of the young mothers enrolled in a school-based program. In short, the question that needs to be addressed is how participation in a child-rearing culture affects teen mothers' parenting—whether the culture buffers them from the stigma of the larger society, shapes their identities, or influences their relationships with significant others, including their children.

The Culture of Teen Parenting

Although the question of how teen parenting affects schooling has received a great deal of attention in the quantitative tradition, the ques-tion of how schooling affects adolescent parenting has not been addressed in either qualitative or quantitative studies. The question of whether being in school and surrounded by peers (both parenting and nonparent-ing) influences the values, beliefs, practices, and identities of teenage mothers has not been answered. Large-scale quantitative studies are useful in identifying trends facing a large population of teen mothers and their children, but in-depth, smaller-scale studies are necessary to under-stand how adolescent mothers experience and perceive the world. Furstenberg, Brooks-Gunn, and Morgan (1987b) noted that teen mothers

feel proud of the job they are doing as parents and put a tremendous amount of energy into their parenting, but we know little about what good parenting means to adolescents, or what their motivation is for practicing it. These questions lend themselves to qualitative methodology—becoming a part of the everyday lives of teen parents to understand their perceptions and experiences. Specifically, I am interested in what constitutes good parenting to teen mothers, how these mothers' beliefs about parenting may have been shaped by the pervasive negative public sentiment toward teenage parenthood, how they view the consequences of early parenting for themselves and their children, what they think about the contributions of their babies' fathers, and how all of these conceptions are influenced by participation in the child-rearing culture of a school-based parenting program. Above all, I am interested in how stigma affects young women's experiences as mothers in each of these areas.

Culture will serve as a conceptual framework throughout this book. I rely on Swidler's (1986) conceptualization of the term, defining culture as "symbolic vehicles of meaning" (273). Swidler's perspective allows for culture to be seen as a "'toolkit' of symbols, stories, rituals, and worldviews, which people may use in varying configuration to solve different kinds of problems" (1986, 273). In this case, the problems are the challenges presented by teenage motherhood; the toolkit provides a host of possible ideas and actions the teens can draw upon as they navigate their way through these challenges.

The theoretical perspective that best addresses these questions of culture is symbolic interactionism. Herbert Blumer, one of the seminal thinkers in this tradition, posited the following as the fundamental assertions of symbolic interactionist theories: "that human beings act toward things on the basis of the meanings that the things have for them . . . and that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows" (1969, 2). According to Blumer and other symbolic interactionists, it is through interaction with other people that we learn what meanings have been assigned to other objects—including ourselves.

The symbolic interaction perspective is ideally suited for an inquiry into the shared culture of teenage mothers. This framework lays the foundation for a study that makes its focus the meanings that belong to setting members and the ways in which these meanings are transmitted. For example, the way in which young women describe their paths to motherhood and their feelings about pregnancy resolution options conveys a great deal about the way their culture defines motherhood, pregnancy, abortion, and adoption. These definitions—these meanings—

have profound implications for how the teens chose to resolve their pregnancies and how they learned to view themselves as a result.

The methodological implications of this theoretical framework are straightforward: to study the meanings of a social world, the researcher must gain an intimate familiarity with that world. As Blumer (1969) says:

> To study [human beings] intelligently, one has to know these worlds, and to know these worlds, one has to examine them closely. No theorizing, however ingenious, and no observance of scientific protocol, however meticulous, are substitutes for developing a familiarity with what is actually going on in the sphere of life under study. (38–39)

These are the principles that guided my research questions and my methods for studying the culture of teen parenting.

STUDYING THE TEEN CENTER

I collected data during a four-year participant-observation study of the Teen Center, a schoolbased teenage parenting program located inside Lakeside High School (pseudonyms used throughout). As a staff member, intern, mentor, and friend, I interacted with the Teen Center participants in a variety of different contexts, both inside the school setting and out. To understand their culture, I became a part of their world. The next chapter describes in detail the different roles I assumed in the setting, the nature of my relationship with setting members, my techniques for gathering data, and the unique problems that arose during my research.

The Teen Center at Lakeside High School served pregnant and parenting teens from the local school district's junior and senior high schools. Lakeside is located in a university town, fewer than five miles away from a major research university. The surrounding community is well educated (more than one-fourth of the city's residents hold graduate degrees), affluent, and predominantly white (nearly 90 percent). The Teen Center had been in existence for fifteen years when I began my research, and in that time had served over 500 teens. Through the center, the young parents (mothers and fathers) receive free child care during the school day, busing to and from school, the opportunity to take special classes on parenting and child development, and daily access to both a nurse and a social worker. The Teen Center's location inside Lakeside High School allowed the teen parents to complete their high school

classes and spend time with their children by earning class credit for volunteering in the center's nurseries.

The Teen Center served between forty-five and sixty young parents and their children at a time. At the beginning of this study, there were fifty teen mothers and three teen fathers participating in the program, ranging from age fourteen to twenty-one and from grades 8–12. The teen parents' racial and ethnic backgrounds closely paralleled the composition of the school district itself. The majority of teen parents at the center were white, but there were eight Latinas, two African Americans, and one Asian American. Of the teen fathers participating in the program, two were white, and one was Chicano. This predominantly white sample of teen mothers does not reflect the image most Americans have of teenage mothers (Furstenberg 2007a), but it does resemble the reality. Although black and Hispanic teens have children at a disproportionately higher rate than teens from other racial backgrounds, white teens account for the largest percentage of adolescent mothers (Hamilton, Martin, and Ventura 2007).

The teens were similar to one another with respect to their socioeconomic backgrounds; the majority came from lower-middle or working-class families. The center boasts a graduation rate (including GED completion) of 88 percent, which is substantially higher than the national average of around 54 percent for teen parents (Hofferth, Reid, and Mott 2001; Hoffman, Foster, and Furstenberg 1993; Upchurch and McCarthy 1990). Like other teen mothers across the country, many of the adolescent parents at the center became pregnant *after* dropping out of school (Fergusson and Woodward 2000; Manlove 1998; Upchurch and McCarthy 1990); when they eventually returned to school, it was to the Teen Center.

Portraits of Teen Center Mothers

The teenage mothers whose lives I became a part of entered the Teen Center through different paths and at various points in their lives. Some of the young women joined the center when they were pregnant at the recommendation of their social service caseworkers. An example of this type of teen is Sunshine, a white, seventeen-year-old girl who grew up in the South. Her parents divorced when she and her brother were very young, and her father relinquished custody to the mother after she threatened to report his alcoholism to child protective services. Sunshine's grandparents were devout Jehovah's Witness group members, and they expected Sunshine and her younger brother to obey the rules of

their religion—attending services five days a week, reading the Bible every day, and associating only with members of the church. When they were not at church, Sunshine and her brother were either studying the Bible, doing chores around the house, or being physically abused. The abuse came without notice and became progressively worse as Sunshine and her brother grew older. To escape the oppressive household, Sunshine turned to her grandfather's secret stash of alcohol. By the time she was in seventh grade, she was showing up to school drunk. When she was sixteen years old, Sunshine's aunt invited her and her brother to move in with her in another state. Sunshine enrolled in a local high school and for the first time in her life found herself with a circle of friends. Old habits die hard, though, and it did not take long for her drinking and pot-smoking habits to land her with a tough crowd at school. She dropped out of school after her junior year in high school to join a group of traveling hippies. Twelve months later, after a year of casual sex with dozens of partners and heavy consumption of drugs and alcohol, Sunshine found herself in Lakeside—homeless, starving, and pregnant. She arrived at the Teen Center five months' pregnant and weighing less than ninety pounds. The birth of her son provided the impetus for yet another major life change: she finished high school and earned a certificate in veterinary assistance at the local community college. The year after she graduated from high school she had a job with a veterinarian, her own apartment, and, most importantly, a son who was the light of her life.

Eighteen-year-old Kristina grew up in the city of Lakeside. Her family was white, upper-middle class, and well known in the community. The youngest child of four, Kristina felt like an outcast in her own family: she was neither academically inclined like her older brother, socially competent like her middle brother, nor deserving of special attention like her mentally challenged sister. A shy girl, Kristina's only friends were the friends her older brothers brought home with them. One of these friends, a sixteen-year-old boy from their neighborhood, became her first boyfriend when she was twelve. After a short courtship, he convinced her that they should have sex, and, if she wanted, to try to have a baby. Kristina was thrilled at the chance to become a mother, something she had looked forward to being since she was a little girl. Thus despite the fact that her boyfriend only wanted to have sex in the context of rape (with objects, with force), Kristina knew that it would be an unpleasant means to a desirable end. She had four miscarriages in the next four years. Her parents had her institutionalized for depression; there, she met Kyle, the man who became her husband. Kristina became pregnant with her new husband's child the day after their wedding, when they were both seventeen. She dropped out of school so she could devote all of her energy

toward working and saving for her baby. When her baby was six months old, Kristina returned to school with a new plan: she would graduate from high school and get a scholarship so she could go on to college and become a teacher. Three years later, Kristina was in the process of divorcing Kyle so she could marry her older brother's college roommate. She was also a sophomore in college with a 4.0 grade point average.

Seventeen-year-old Blair was a Latina from a lower-middle-class family. Like many of the Latina members of the Teen Center, her attendance and participation in the program were sporadic. Blair grew up in Texas with her parents and two brothers. She was popular, played sports, and always had a boyfriend. When she was in junior high school, her parents divorced, and she moved to Lakeside with her mother. She had a difficult time adjusting to her new life—being so far away from her father and her old friends was hard, and it was difficult living with her stepfather too. Blair took a job at a fast-food restaurant to occupy some of her now-abundant free time, and there she met John. A sixteen-year-old Latino, John was everything Blair wanted in a boyfriend—he was kind and affectionate, he wanted to get married someday, and he loved children. After dating for six months, Blair and John decided to have a baby. Blair joined the Teen Center when she was newly pregnant, at her mother's behest. She went on maternity leave for two months, then returned with her newborn son. She attended semiregularly for two months, then dropped out of school, telling her friends at the Teen Center that she just wanted to be home with her baby and her fiancé. Two years later, when she was nineteen and her son was two years old, she came back. Blair was no longer wearing her engagement ring—she and John had broken up when the baby was six months old, and they had not seen each other since. This time, she stayed three days. The center had an open-enrollment policy, which meant new members could join whenever they chose, rather than waiting for the beginning of a new semester, and Blair took advantage of this policy. Every two months or so, she and her son came back to the center, met with the program director, and laid out a plan that would enable her to graduate as quickly as possible. A few days later, without fail, Blair would phone in and say she was not coming back. She had no interest in being a student: all she wanted to do was be a mother.

In the chapters that follow, I weave together anecdotes and quotes from Sunshine, Kristina, Blair, and a number of their peers from the Teen Center. Together, their stories paint a picture of young women whose lives have been transformed as a result of their early motherhood. Contrary to the public conception of teenage childbearing as replete with costs, the young women at the Teen Center come to view their early

motherhood as the best thing that ever happened to them. I explore the sociodemographic and cultural factors that explain how they came to view motherhood in this way, and I examine how these feelings manifest themselves in their aggressive efforts to defend their decisions to become mothers, the way they parent, and the kinds of relationships they have with their boyfriends.