Pre-print version of:

Macleod, C. (2013). Teenage pregnancy. In T Teo (Ed.) Encyclopedia of Critical Psychology. New York: Springer: SpringerReference. Published online at http://www.springerreference.com/docs/html/chapterdbid/304961.html.

Introduction

In a book on preventing early pregnancy and poor reproductive outcomes in developing countries, the World Health Organisation (2011) declares that ‘adolescent pregnancy’ contributes to maternal, perinatal and infant mortality, and to a vicious cycle of poverty and ill-health. This statement reflects the common public assumption that ‘teenage pregnancy’ represents an individual, social, health, educational and financial risk that requires remediation. This kind of public perception is spurred by media coverage in which young girls with large protruding stomachs are etched in profile and stories of calamity are told (e.g. *Time* (21 June 2005) magazine).

And yet the very notion of 'teenage pregnancy' is a relatively recent one. Depending on the country one talks about, it has been around since between the1960s and 1980s. In the United States, for example, the rise of ‘teenage pregnancy’ as a social problem was associated with a shift in gendered power relations. Prior to the late 1960s the morally loaded concepts of 'unwed mother' and 'illegitimate child' were used to describe young women who conceived. For the most part, young pregnant women were excluded from society, with the accompanying shame around the lack of proper conjugal arrangements. The use of the term 'teenage pregnancy' removed the implied moral judgment and replaced it with seeming scientific neutrality. Young pregnant women now became publicly visible and thus the object of scientific scrutiny (Arney & Bergen, 1984).

Definition

By straightforward definition ‘teenage pregnancy’ refers to a woman between the ages of 10 and 19 who conceives. Differentiation in reportage on the rates of pregnancy (calculated per 1 000 of a specific population) is often made within public health on the basis of pregnancy in women aged 15-19 and those aged 10-14. A distinction is also made between ‘teenage fertility’ and ‘teenage pregnancy’. In the former the pregnancy results in birth, while the latter includes pregnancy resulting in a birth, abortion and miscarriage.

Traditional debates

The research questions asked within traditional debates about 'teenage pregnancy' can be categorized into three broad questions: (1) What are the consequences of teenage pregnancy? (2) What are the causes of teenage pregnancy? (3) What interventions are effective in preventing 'teenage pregnancy', or ameliorating its negative effects once it takes place? The first of these questions forms the foundation of the other questions: it only makes sense to explore the causes of teeage pregnancy or effective interventions if the answer to the first question is that there are negative consequences. In relation to abortion amongst teenagers, a key debate is the capacity of the young woman to make an independent decision regarding terminating a pregnancy.

The consequences of 'teenage pregnancy', as listed in the traditional approaches, are: the disruption of schooling; the perpetuation of a cycle of disadvantage or poor socio-economic circumstances; poor child outcomes in terms of health, emotional development and learning; health risks associated with the pregnancy; welfare dependency; contribution to higher fertility rates in certain countries; and the association of teenage pregnancy and HIV. The causes of 'teenage pregnancy' are seen as: reproductive ignorance; the earlier occurrence of menarche; risk-taking behavior; psychological problems; cognitive deficiencies,; poor academic performance; peer influence; coercive sexual relations; dysfunctional family patterns; poor health services; poor socio-economic status; and cultural factors. Proposed primary preventive interventions include: better or different sexuality and reproductive health information and education (with debates around the merits of abstinence only or comprehensive education abounding, particularly in the USA); creating better educational and other opportunities for young women; and accessible and acceptable contraceptive services. Secondary and tertiary measures (once pregnancy has occurred) include: promoting early detection of pregnancy and use of antenatal care; accessible and acceptable antenatal and postnatal care; measures to encourage and support return to school; accessible and acceptable termination of pregnancy services. Intervention guidelines, such as those provided by the WHO, are frequently generalized, and fail to take the nuance of local context into consideration.

Critical debates

Critical approaches to teenage pregnancy can roughly be divided into two broad camps: revisionists and social constructionists, although these are not necessarily mutually exclusive.

Revisionists argue research on the consequences of 'teenage pregnancy' fails to adequately account for confounding variables such as socio-economic status, ethnicity, marital status, life-style factors, family structure, parity, and prenatal and other health care. When research takes these kinds of factors, in particular socio-economic status, into account, the effect of early reproduction, *in and of itself*, on health, educational or economic outcomes is found to be far less negative than commonly assumed. Geronimus (2003), in summarizing well-designed comparative studies, concludes that these outcomes are "slightly negative, negligible, or positive" (p. 881).

In addition, revisionists postulate that early childbearing represents an adaptive choice for teen-aged women in particular circumstances. For these women, there is little advantage in delaying childbearing. For example, they argue that having children early in situations of poverty is functional in a number of ways: these young mothers have better access to the familial caregiving nexus than older women; and they will enjoy a longer healthy parenting time owing to health inequities that ensure that women in these cicumstances have foreshortened healthy life expectancy (Geronimus, 2004).

Social constructionist writers argue, on the other hand, that we should be vigilant about the power relations that the very notion of 'teenage pregnancy', and the associated research and interventions, allow. This involves an analytics of the gendered/raced/classed power relations that cohere around young women and reproduction and refusal of abstractions that pre-define the pregnant teenager.

Broadly speaking researchers in this paradigm do not ask 'What is the true nature of the pregnant teenager or teenage pregnancy?', but rather 'How have scientific and professional discourses constructed or positioned the pregnant teenager as a subject and what power relations are contingent on this positioning?'. For example, Wilson and Huntington (2005) argue that in the USA, UK and New Zealand young mothers are vilified not because of poor outcomes but because they do not conform to a life trajectory that dovetails with governmental objectives of economic growth through higher education and increased female workforce participation. Breheny and Stephens (2007) show how health professionals in New Zealand draw on 'Developmental' and 'Motherhood' discourses to position adolescent mothers as problematic. The simultaneous deployment of these discourses allow for young mothers to be positioned as unable to mother properly as the characteristics of an 'adolescent' cannot be reconciled with the attributes of a 'good' mother. Macleod (2003; 2011) analyses how the dominant construction of adolescence as a transitional stage: (1) acts as an attempt to decide the undecidable (viz. the adolescent who is

neither child nor adult, but simultaneously both); (2) relies on the ideal (masculinised, white, heterosexual, middle class) adult as the endpoint of development; and (3) is saturated with colonialist assumptions concerning human development.

The examples presented above indicate how critical scholars analyse power relations cohering around the technologies of representation and of interventions surrounding 'teenage pregnancy'. The power relations implicit in these technologies are not uniform or stable, and will change historically and across circumstances. What is important about these kinds of analyses, however, is the activity of unpicking taken-for-granted assumptions and drawing out the gender, class and raced relations that underpin many scientific statements and professional interventions with regard to pregnant and parenting teenagers.

A difficulty with much critical work in the area of 'teenage pregnancy' is that it engages in the politics of critique, with little active involvement in the messy business of care or interventions. More work needs to be done in terms of advocating for pre-, ante- and post-natal care and interventions that are attuned to gendered dynamics and that are aimed at empowering young women. Essential in such work is a reproductive justice approach that highlights the contextual nature of women's lives and the overarching socioeconomic inequalities, racism and sexism that shape women's lives, but also identifies, within this, the commonality of conditions that are necessary for comprehensive reproductive and sexual freedom (Chrisler, 2012).

References

Arney, W. R., & Bergen, B. J. (1984). Power and visibility: The invention of teenage pregnancy. Social Science and Medicine, 18, 11–19.

Breheny, M., & Stephens, C. (2007). Individual responsibility and social constraint: The construction of adolescent motherhood in social scientific research. Culture, Health & Sexuality, 9(4), 333–346.

Chrisler, J. (2012). Reproductive justice: a global concern. Santa Barbara: Praeger.

Geronimus A. T. (2003). Damned if you do: Culture, identity, privilege, and teenage childbearing in the United States. Social Science & Medicine, 57(5), 881–893.

Geronimus, A. T. (2004). Teenage childbearing as cultural prism. British Medical Bulletin, 69, 155–166.

Macleod, C. (2003). Teenage pregnancy and the construction of adolescence: Scientific literature in South Africa. *Childhood*: A Global Journal of Child Research, 10(4), 419-438.

Macleod, C. (2011). ‘Adolescence’, pregnancy and abortion: constructing a threat of degeneration. London: Routledge.
Wilson, H. & Huntington, A. (2005). Deviant (M)others: the construction of teenage motherhood in contemporary discourse. Journal of Social Policy, 35(1), 59 – 76.
World Health Organisation (2011). Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Geneva: World Health Organisation.