

Dubious Conceptions: The Politics of Teenage Pregnancy

Sheryl Buske

Follow this and additional works at: <https://via.library.depaul.edu/law-review>

Recommended Citation

Sheryl Buske, *Dubious Conceptions: The Politics of Teenage Pregnancy*, 51 DePaul L. Rev. 963 (2002)
Available at: <https://via.library.depaul.edu/law-review/vol51/iss3/10>

This Book Reviews is brought to you for free and open access by the College of Law at Via Sapientiae. It has been accepted for inclusion in DePaul Law Review by an authorized editor of Via Sapientiae. For more information, please contact digitalservices@depaul.edu.

BOOK REVIEW

DUBIOUS CONCEPTIONS: THE POLITICS OF TEENAGE PREGNANCY. By Kristin Luker. Harvard University Press, Cambridge, 1997. 283 pages. Paperback \$14.95

*Reviewed by Sheryl Buske**

INTRODUCTION

In *Dubious Conceptions: The Politics of Teenage Pregnancy*,¹ University of California at Berkeley law and sociology professor Kristin Luker challenges traditional notions of “babies having babies.” Her central premise, that poverty results in early childbearing, is contrary to conventional wisdom that early childbearing results in poverty.² She argues that early pregnancy is merely a marker of poverty, not a cause. In *Dubious Conceptions*, a follow-up to her earlier book *Abortion & the Politics of Motherhood*,³ Professor Luker considers the historical attitudes and economics associated with early pregnancy and childbearing. She traces the earliest American ideas about family and childbearing to the current, though misplaced, conceptualization of the “epidemic” of teen pregnancy. According to Professor Luker, the real “epidemic” of early childbearing occurred in the 1950s when teens had roughly twice as many babies as they did in earlier decades. Aside from that event, teen pregnancy rates have remained fairly consistent through most of this century.⁴ Nonetheless, early pregnancy and childbearing have become the lightning rod for all sorts of social ills.

* Legal Writing Instructor, DePaul College of Law; B.A., 1992, DePaul University; J.D., 1996, DePaul College of Law. I am grateful to Maureen B. Collins, Director of Legal Writing, and Andrea Kaufman, Assistant Director of Legal Writing and Executive Director, Family Law Center, for their support and encouragement and to Dean Emeritus Terec Foster and the Dean's Research Fund for their generous support. And, as always, I am continually grateful to Jane Rutherford for her unwavering support and encouragement that began when I was a law student. Any errors are my own.

1. KRISTIN LUKER, *DUBIOUS CONCEPTIONS: THE POLITICS OF TEENAGE PREGNANCY* (1996).

2. *Id.* at 192.

3. KRISTIN LUKER, *ABORTION AND THE POLITICS OF MOTHERHOOD* (1984).

4. LUKER, *supra* note 1, at 8. Professor Luker acknowledges that in the 1950s most teen mothers were married, in contrast to today. However, in a broader context, teen mothers account for only a very small number of unmarried mothers.

Part II of this review examines Professor Luker's basic premise that poverty results in early childbearing. In Part III of this review, I question some of the assumptions she seems to make in arriving at her basic premise.

II. POVERTY RESULTS IN EARLY CHILDBEARING

Professor Luker begins her book with an overview of the vast literature concerned with early childbearing. Her analysis of the considerable statistics is impressive, yet retains a human face through her discussions of individual teens.⁵ She argues there are two popular interpretations of the choices teen mothers who keep their babies make.⁶ One interpretation suggests that although the mother selfishly puts her desires before the child's long term needs, she does so out of immaturity and ignorance; accordingly, any harm to the child is unintended.⁷ On the flip side, the other interpretation suggests that the mother is much more calculating and has determined that the welfare benefits of having the child outweigh the costs.⁸ These competing interpretations, Professor Luker argues, raise age-old questions about age, sex, and marriage. More importantly, they also raise questions about how American society understands poverty, dependency, and "family values."⁹

Professor Luker believes the current discussions about "babies having babies" are nothing new and are, in fact, influenced by earlier discussions beginning with the Puritans.¹⁰ She believes there are three major threads in the current debate over teens and pregnancy: 1) unmarried women having children; 2) who is "too young" to have a child; and 3) what it means to be "ready" (often referred to as "fitness") to parent.¹¹ First, Professor Luker suggests that children born

5. *Id.* at 7. Professor Luker introduces Michelle and her son, David, in the first page of the book. *Id.* at 1. David, born a month premature to seventeen-year-old Michelle, attends daycare, which belongs to the high school his mother attends. *Id.* at 1-2. David's father works full-time at a minimum wage job, but is not entitled to health benefits. *Id.* at 2. Consequently, even though Michelle is sometimes uncomfortable with accepting welfare, she cannot afford to marry and lose the health benefits that David still needs. *Id.* Although Professor Luker returns to Michelle and David throughout the book as an example of what many consider the "epidemic" of teen mothers, one wonders how representative they are of teen mothers and their children.

6. LUKER, *supra* note 1, at 4.

7. *Id.* Professor Luker offers that while this interpretation does not hold the mother morally responsible, it does deny her "full personhood" capable of making her own decisions and being accountable for them.

8. *Id.* In contrast, Professor Luker suggests here, at least, the mother is seen as able and entitled to make her own decisions.

9. *Id.* at 3.

10. *Id.* at 15.

11. *Id.* at 15-6.

outside of wedlock are the focus of the oldest teen pregnancy issue.¹² She argues that the early Colonists' concern with children born outside of wedlock was grounded in their strict ideas about morality and sin, but by the eighteenth century, the focus had shifted from morality to the economic consequences of children born out of wedlock.¹³ Simultaneously, reformers began advocating for the children as innocent parties on moral and practical grounds and for the women as victims of social and economic circumstances.¹⁴ By the twentieth century, the women and their children had become the target of social reform and thus, "a legitimate topic of government concern".¹⁵

Professor Luker suggests that the second strand of discussion is concerned with the question of "how old is old enough?"¹⁶ She traces the evolution of American ideas about age and maturity.¹⁷ She notes that early Americans allowed girls to marry at age twelve and boys at age fourteen.¹⁸ Over time, however, society began to accept adolescence as a distinct developmental period when adolescents gradually mature into adults. According to her, this acceptance was a double-edged sword: as society came to accept this gradual maturing, it also became critical of adolescents who did engage in "adult" behaviors, such as sexual activity and childbearing, even though this same behavior had historically been accepted, even encouraged.¹⁹ This tension surrounding the discussion of who is "old enough" to parent continues today.²⁰

12. LUKER, *supra* note 1, at 17.

13. *Id.* at 17-19. Professor Luker notes that the early Colonists harshly punished the sin of bastardy. *Id.* at 17. For example, in the seventeenth century, an unmarried Maryland woman was sentenced to twelve public lashes for having a child out of wedlock. *Id.* Other states had similar penalties, although, as Luker notes, while the penalties were theoretically applicable to men and women, they were more often imposed on women because of the visibility of the parent/child relationship. *Id.*

14. *Id.* at 19-20.

15. LUKER, *supra* note 1, at 22-3.

16. *Id.* at 25.

17. *Id.* at 26-8. For example, it was not until the late 1800s and early 1900s that "children" were thought of as a distinct group with distinct developmental stages. *Id.* at 28.

18. *Id.* at 26. Likewise, the age of consent, for statutory rape purposes, first set by the British common law at seven years old, was only gradually raised to an average of fourteen. *Id.* at 27.

19. LUKER, *supra* note 1, at 36.

20. RUTH HOROWITZ, *TEEN MOTHERS* 119 (1995). Even professionals who work with teen mothers on a daily basis are split on this issue. Horowitz's observations of the professionals involved in an outreach program for teen mothers clearly demonstrated the competing points of view: some believed that even though the teen mothers were "still children both socially and emotionally . . . they need time to party. They have to go through the same stages of development as everyone." *Id.* Other professionals believed that the teen mothers "had no right to act as children as they had responsibilities." *Id.*

Finally, Professor Luker suggests the third strand of discussion focuses on “readiness” or “fitness” to parent.²¹ For the most part, but for three exceptions, there were few restrictions on marriage until the early 1900s.²² By the early 1900s, public policy began to shift, reflecting growing concern over rising immigration, poverty, welfare enrollment, and crime.²³ With this as a backdrop, society formed assumptions about human nature and, influenced by the eugenics movement of the time, it became common to divide individuals between “superior” and “inferior” classes.²⁴ The next step was to prohibit “inferior” people from marrying.²⁵ However, although these prohibitions prevented “inferior” people from marrying, they did not prevent them from having children.²⁶ Accordingly, the response then was to deprive the “inferior” of not just the right but also the ability to have children through sterilization programs.²⁷ Many states aggressively implemented sterilization laws for a time, but the laws did gradually fade away.²⁸ Even so, the “fitness” debate continued through the 1960s, evolving from a legal issue derived from state laws and judicial enforcement to a medical issue fueled by physicians and social workers.²⁹

According to Professor Luker, the “fitness” of “inferior” people was only half of the issue. She argues that by the mid-1800s, there was a growing uneasiness that the “best” people were not having as many children as the “lesser stocks,” namely the poor, Catholics, and Afri-

21. LUKER, *supra* note 1, at 30.

22. *Id.* at 30-1. Professor Luker notes that until the early 1900s, only relatives, slaves, and people of different races were generally prohibited from marrying. *Id.*

23. *Id.* at 31.

24. *Id.* at 32.

25. *Id.* By 1930 almost every state had passed laws denying “‘lunatics,’ ‘idiots,’ ‘imbeciles,’ and the ‘feebleminded’ the right to marry.” LUKER, *supra* note 1, at 32.

26. *Id.* at 33.

27. *Id.* Professor Luker argues that sterilization was a “favored remedy” of the time. *Id.* at 34. What started as a social response to a perceived cause of social ills was eventually sanctioned by the United States Supreme Court in the 1927 case of *Carrie Buck*. *Id.* In the decision to uphold a state sterilization statute, Justice Holmes, echoing much of the public sentiment of the time, declared that “three generations of imbeciles are enough.” *Id.*

The legal result of *Carrie’s* case is familiar to many; however, Professor Luker goes further, detailing the human story from which the legal case came. LUKER, *supra* note 1, at 34. *Carrie* was an inmate in the Virginia Colony for Epileptics and the Feeble-Minded. *Id.* Professor Luker suggests that it is more likely *Carrie* was institutionalized because her daughter was born out of wedlock, than because of any mental disability. *Id.* *Carrie’s* sterilization was officially ordered because she, her mother, and her daughter were feeble-minded, of which there was no evidence. *Id.* Interestingly, Professor Luker notes the decision to sterilize *Carrie’s* daughter *Vivien* was made when the child was only a few months old. *Id.* at 213-14 n.67.

28. *Id.* at 35.

29. LUKER, *supra* note 1, at 35.

can-Americans.³⁰ The government responded by limiting a woman's right to obtain contraceptives or therapeutic abortions, as determined by physicians, in an attempt to ensure that the "best" people "bore their fair share of children."³¹ Ironically, this policy actually contributed to the decline in childbirth among the "best" people. The "best" people—the targets of the policies—were the very people most likely to have the resources to acquire "therapeutic exemptions" from their personal physicians.³² There were some limited exceptions to the bans on contraceptives and abortions, but generally birth control remained a controversial subject linked to morality and obscenity through the 1960s.³³

The 1960s brought changes across virtually every aspect of American life, including contraception and abortion. The birth control pill, and later the intrauterine device (IUD), profoundly changed fertility; women now had safe and highly effective but reversible forms of contraception.³⁴ However, because both forms required a doctor's care, the division between women with access to such care and those without it widened even further.³⁵ This time, however, the concern was focused on the excess fertility of the unfit classes, rather than the insufficiency of the superior classes.³⁶ By the 1960s, the "unfit" were

30. *Id.* at 43-4. She notes that demographers now refer to the different reproductive rates between groups as "differential fertility." *Id.* at 43. Professor Luker offers a couple of interesting examples reflective of the public's preoccupation and concern with reproductive patterns: in 1902, Harvard President Charles Eliot determined that Harvard alumni were reproducing only at about a 70% rate needed to replace themselves and in 1903 Theodore Roosevelt referred to the dilemma as a "race suicide." *Id.* at 44.

31. *Id.* at 44. One example of the attempts to prevent women from "selfishly" evading their duty to reproduce was The Comstock Act of 1873. The Act prohibited anyone from mailing supplies or information about abortion or contraceptives. *Id.* at 45.

32. LUKER, *supra* note 1, at 46. Professor Luker notes that

[a]lthough state and federal laws limited the rights of *women* to control their fertility, the ban on contraception and abortion was never total. Under the so-called therapeutic exemption, *physicians* retained the right to prescribe contraceptives and perform abortions when, in their professional opinion, such measures were necessary to preserve a woman's life or health.

Id.

33. *Id.* at 48-51. Professor Luker cites two exceptions to the bans on contraceptives and abortions. The first occurred during the Depression when southern states allowed county health departments to fund and provide family planning information. *Id.* at 48. The second occurred in the 1940s as part of the war effort. *Id.* at 49. Professor Luker argues that although "the Social Security Act of 1935 included authorization for modest contraceptive programs" through The Children's Bureau and later the U.S. Department of Health, Education, and Welfare, nothing really happened until women's participation in the workforce became necessary and withholding the information seemed unpatriotic. *Id.*

34. LUKER, *supra* note 1, at 51. As Professor Luker notes, it was the first time sex and procreation were distinctly separate. *Id.*

35. *Id.* at 52.

36. *Id.*

increasingly seen as people dependent on what had become known as "welfare." Professor Luker argues that in place of the earlier poor immigrants, the large numbers of African-Americans who migrated to northern cities after World War II were the newly "unfit."³⁷ The problems of poor African-Americans in urban neighborhoods went on to become one of the predominant topics of the latter half of the twentieth century.³⁸

In an attempt to explain why urban poverty and welfare have become such charged issues, Professor Luker begins with a detailed history of the Social Security Act (Act). As she notes, the original Act contained multiple parts, "each aimed at a specific segment of the poor: the elderly . . . , the disabled, the infirm, and single mothers."³⁹ The benefits allotted to single mothers fell under Aid to Dependent Children (ADC), later renamed Aid to Families with Dependent Children (AFDC).⁴⁰ In short, Professor Luker argues that the current reality is that most Americans consider Social Security an entitlement *except* for AFDC benefits, which have come to be viewed as welfare and are thus different from the other benefits.⁴¹ She believes this distinction between entitlement and welfare stems from racial and gender assumptions built into the original Act.⁴² Specifically, she argues that the earlier ADC, which was intended for single mothers, was really envisioned as short-term assistance for "deserving" women—white widows.⁴³ However, the social and economic changes of the 1960s drastically changed the face of single mothers from blameless, "deserving," white widows to unwed, divorced, or deserted, mostly African-American, single mothers.⁴⁴ The public perceived this new population of single mothers as "failures" and AFDC as their "last resort."⁴⁵

37. *Id.*

38. *Id.*

39. LUKER, *supra* note 1, at 52.

40. *Id.*

41. *Id.* at 53.

42. *Id.* at 53-4.

43. *Id.* at 54. Professor Luker explains that ADC was only expected to be necessary as a temporary solution until enough men acquired life insurance policies that would support their widows if necessary. *Id.*

44. LUKER, *supra* note 1, at 54. Professor Luker discusses a number of these changes: longer life expectancy in men resulting in fewer widows with young children to support; increased divorce and desertion rates, and the results of the massive south to north migration (thousands of African-Americans previously ineligible for Social Security because they were domestic or agricultural workers were now eligible). *Id.* at 54-5.

45. *Id.* at 56.

Professor Luker argues that against this backdrop, attitudes about the link between poverty and fertility took on new and distinctly racial overtones.⁴⁶ When studies of the time indicated that poor, non-white families wanted smaller families than even the wealthy wanted, public policies that denied the poor access to contraception seemed ludicrous. Making sure that poor women had access to birth control became a “natural government function” that enjoyed bipartisan support.⁴⁷

Initially, the emerging War on Poverty through birth control only peripherally included teens.⁴⁸ Professor Luker maintains that understanding how teens became legitimate recipients of family planning services is important because it forever shaped society’s view of unwed pregnant teens.⁴⁹

By the early 1970s, surveys indicated an increasing likelihood that single people, particularly teens, would engage in premarital sex.⁵⁰ Furthermore, out-of-wedlock births seemed to be increasing as well.⁵¹ Consequently, the focus shifted from older women having late, unplanned pregnancies to pregnant teens.⁵² According to Professor Luker, the problem of teen mothers might have remained only the concern of strategic professionals if a group of powerful advocates, committed to accessible contraception for all women, had not decided that teens were included in that group.⁵³

By the mid-1970s, an unmarried teenager’s right to contraception was far from clearly established.⁵⁴ In an attempt to carve out some sort of guarantees for teens, the advocates portrayed teens as the “final frontier” of poor women who were denied access to contraception.⁵⁵ Although the arguments on behalf of the teens borrowed from earlier arguments that women were denied contraception because they were poor, the new version now claimed that teens were poor

46. *Id.*

47. *Id.* at 57-60. Professor Luker argues that both sides of the political aisle favored birth control programs for the poor. *Id.* at 58. According to her, the liberals supported the programs because they gave poor women the same access to contraception that affluent women had all along. LUKER, *supra* note 1, at 59. The conservatives endorsed the programs for fiscal reasons—reducing the number of AFDC recipients. *Id.* at 59-60.

48. *Id.* at 60.

49. *Id.*

50. *Id.* at 61.

51. *Id.* at 62.

52. LUKER, *supra* note 1, at 62.

53. *Id.* at 64.

54. *Id.* at 65-6. Professor Luker describes the “legal landscape” as a “patchwork of local practices, common law, and evolving policy” complicated by differences in the age of majority between states. *Id.* at 65.

55. *Id.* at 67.

because they were denied access to contraception.⁵⁶ Professor Luker argues that this inversion of the original argument is critical because it set the stage for how society would come to view teen mothers.⁵⁷

By the mid-1970s, "teen pregnancy" was a recognized social problem that was often the subject of congressional hearings.⁵⁸ Professor Luker explains that Congress became so convinced that teen childbearing went hand-in-hand with future poverty that it hinged eligibility for subsidized birth control services on the teenagers' financial status instead of that of their parents, making virtually all teenagers eligible.⁵⁹ Consequently, teenagers, like the poor women before them, were now legitimately eligible for subsidized birth control.

The earlier public policies of making subsidized birth control available to poor women had been very successful: pregnancies and birth rates declined because poor women prevented pregnancies they did not want. The public policies aimed at teens assumed that pregnancies and births among teens would also decline.⁶⁰ To the surprise of many, however, teens did not appear to adjust their behaviors, and pregnancy rates did not decline.⁶¹ Professor Luker maintains that this effect "eventually undermined the fragile consensus uniting Congress and the Supreme Court."⁶²

In 1980, political power shifted to a Republican President and Senate and with them came a "new kind of conservative"—one that was content with nothing less than a complete reversal of what it saw as unacceptable social trends.⁶³ As for teens, the New Right (i.e., the new conservatives staunchly supported by evangelical Christians) framed the problem as the teens' sexual activity, not their

56. *Id.*

57. LUKER, *supra* note 1, at 67-9. Professor Luker explains that this argument was compelling to many, and the growing acceptance of the right of teens to contraceptives and abortions was reflected in three United States Supreme Court decisions. *Id.* at 67-8. First, in *Griswold v. Connecticut*, 381 U.S. 479 (1964), in the context of married couples, the Court struck down Connecticut's restrictive contraceptive law. *Id.* at 67. In *Eisenstadt v. Baird*, 405 U.S. 440 (1972), the Court extended *Griswold*, holding that the right to contraceptives also included unmarried people. *Id.* at 68. Finally, in *Carey v. Population Services International*, 431 U.S. 678 (1977), the Court struck down a New York law that prohibited the sale of non-prescriptive contraceptives to anyone under sixteen, holding that even unmarried minors should have some access to contraceptives. *Id.* The effect of this gradual expansion was that fertility decisions "were grounded in the right of privacy," and thus was an individual right that could not be restricted to married couples. *Id.* at 68-9.

58. LUKER, *supra* note 1, at 71.

59. *Id.* at 69.

60. *Id.* at 75.

61. *Id.*

62. *Id.* at 76.

63. *Id.*

pregnancies.⁶⁴ They argued that extending subsidized birth control services to teenagers, including minors still living with their parents, meant that teenagers could, “with the tacit support of the state, engage in behavior” of which their parents might disapprove.⁶⁵ Professor Luker notes that the growing tension between liberals and the New Right was even reflected in two Supreme Court cases.⁶⁶ Against this backdrop, the subject became part of the national debate, and most Americans began to believe teens were becoming pregnant at “epidemic” rates.⁶⁷

Professor Luker finds the congressional and public acceptance of the “epidemic” perplexing, especially in light of the fact that the numbers of teenagers *having* babies actually declined in the 1970s and 1980s.⁶⁸ At the same time, other broader demographic trends, relative to men and women of all ages, were somehow viewed as problems peculiar to teenagers.⁶⁹ Professor Luker argues that “the teenage mother—in particular, the black teenage mother—came to personify the social, economic, and sexual trends that in one way or another affected almost everyone in America.”⁷⁰

The answer to how this came to be, according to Professor Luker, is grounded in the persuasive arguments of the advocates for teens in the 1970s. The story they told—that teens were poor because they became pregnant prematurely due to their inability to obtain contra-

64. LUKER, *supra* note 1, at 76.

65. *Id.* at 79.

66. *Id.* See *Hodgson v. Minnesota* 497 U.S. 417 (1990) (holding unconstitutional a statute that required two parent notification for a minor to obtain an abortion); *Ohio v. Akron Center for Reproductive Health*, 497 U.S. 502 (1990) (holding that statute requiring minors to receive parental notification prior to obtaining an abortion was constitutional and did not constitute an undue burden).

67. LUKER, *supra* note 1, at 81. Professor Luker notes the rising awareness of “teenage pregnancy” was reflected in the media: by 1978, only a dozen articles a year were published on the topic, however, that number doubled by the mid-1980s and by 1990, there were a couple of hundred. *Id.*

68. *Id.* at 81-2. According to Professor Luker, after the number of teens having babies peaked in the late-1950s, the numbers returned to earlier levels and stayed consistent. LUKER, *supra* note 1, at 82. Accordingly, she finds this preoccupation with the number of pregnancies, particularly in teens, curious. *Id.* She argues that although the number of pregnancies actually increased for all groups of women, they were offset by the greater increases in the numbers of abortions after its legalization. *Id.* Therefore, while more women became pregnant, fewer actually carried the pregnancy to term, resulting in fewer live births. *Id.* Professor Luker finds it odd that the public was consumed with the numbers of pregnancies rather than the number of abortions. *Id.*

69. *Id.* at 83. For example: studies from the 1970s and early 1980s indicated numerous disturbing trends, including: more single women were having babies (surprising to some, older women and white women were gradually replacing African-Americans and teens in the numbers of single mothers) and increases in the number of divorces. LUKER, *supra* note 1, at 82-3.

70. *Id.* at 83.

ceptives—affirmed for many that teen mothers were a “serious social problem,” which created a whole host of new social problems.⁷¹ Nonetheless, Professor Luker argues that the public could not have been convinced of this theory had it not helped explain other changes occurring at the same time.⁷²

For starters, Professor Luker notes attitudes about sex were rapidly changing.⁷³ Simply put, with the arrival of reliable contraception, more people were having sex outside of marriage.⁷⁴ At the same time, but not in the same spotlight, the “reproductive revolution” was profoundly changing family structures.⁷⁵ Women of all ages were more willing to have children outside of marriage.⁷⁶ Moreover, according to Professor Luker, significant changes in the middle class were intimately tied to the public’s acceptance of out-of-wedlock births to older, affluent, white women, but not for young, poor, minority women.⁷⁷ She refers to the “hollowing out” of the income distribution; she argues that changes in the American economy resulted in more and more people finding themselves at the top or bottom of the income distribution.⁷⁸ Consequently, poor families are getting poorer. She argues that the “new” middle class has responded by postponing marriage and children, having fewer children, and creating marriages with two working partners.⁷⁹ Consequently, it was not surprising to her that for many who made those changes, they explain other’s pov-

71. *Id.* at 84. Specifically, Professor Luker suggests that it easily answered in part, if not completely, difficult questions such as why babies born to teens were often premature, why the United States’ infant mortality rate was comparatively higher than other countries, why the high school drop-out rate was so high, and why AFDC costs were ‘skyrocketing.’ *Id.*

72. *Id.* at 86. For example, spreading poverty, persistent racial inequalities, and illegitimacy.

73. *Id.* at 87-95.

74. LUKER, *supra* note 1, 87-95. Professor Luker ventures that many people remember the changes in sexual behavior that occurred in the 1970s, but she wonders if they have not forgotten, just how fast it happened. *Id.* at 87. She cites a number of interesting statistics. For example, “in the 1960s half of the women who engaged in premarital sex did so” only with their fiancé; by the mid-1980s, this percentage was less than 25%. *Id.*

75. *Id.* at 95-100.

76. *Id.* at 95. Professor Luker offers that this willingness is often attributed to the fact that there was no longer any stigma attached to illegitimacy. But, she argues this cannot be the whole story. She seems to suggest that society began to accept that pregnancy outside of marriage was no longer “a fate worse than death,” but a neutral event, or even, something women could rightly choose. *Id.*

77. LUKER, *supra* note 1, at 100.

78. *Id.* Professor Luker offers some examples of the causes of “hollowing out” and why this generation will likely not do as well as their parents. *Id.* Specifically, she points to the decline in real wages (meaning the loss of purchasing power), the decline in traditionally middle-class blue-collar jobs, international competition for jobs, and the changes in the workforce due to immigration. *Id.* at 101.

79. *Id.* at 102.

erty by their refusal to adapt.⁸⁰ She argues that the “deck is stacked against” people at the bottom of the income scale—leaving aside the fact that well-meaning, middle-class people urge them to just get an education and establish themselves before they start having children.⁸¹ In short, she believes the idea that young people would be better off if they just worked hard and postponed having children is “simply not true.”⁸²

In response to those who claim that having a baby is detrimental to a teen mother’s future, Professor Luker offers demographer Jane Menken’s earlier finding that the negative outcomes generally associated with early pregnancy have more to do with “*the kinds of people who become pregnant as teenagers* than they had to with the age at which women become pregnant.”⁸³ She argues that the teens that do become pregnant are usually the disadvantaged and discouraged and that many of the conditions that are traditionally attributed to teen pregnancy are really the results of poverty.⁸⁴ For the teens who do become pregnant, she believes that they do so only through a series of steps and, at each of those steps, affluent teens are screened out.⁸⁵ Put another way, she believes that the “process by which young women become teenage mothers (especially unmarried ones) acts like a sieve, filtering out the rich and successful, letting mostly the poor and discouraged through.”⁸⁶ Therefore, simply postponing childbearing is unlikely to change their futures because the teen mothers were *already* poor and, therefore, more likely to be discouraged and disadvantaged. Accordingly, she argues that the relevant question is not whether early childbearing has negative consequences, but whether

80. *Id.* at 105-06.

81. LUKER, *supra* note 1, at 107.

82. *Id.* In fact, Professor Luker believes that if a teen parent would ultimately be in the same position if they postponed having children, then the postponement merely pushes their problem back to a later date. *Id.*

83. *Id.* at 114.

84. *Id.*

85. *Id.* Professor Luker suggests that a number of factors contribute to which teens become pregnant: poor and minority teens are typically sexually active at earlier ages—thus expanding the time frame in which they can get pregnant, poor and minority teens are also more likely to delay using contraceptives and to use them ineffectively when they do. LUKER, *supra* note 1, at 114.

Furthermore, Professor Luker suggests that of the poor and minority teens, it is the more “disadvantaged” teens that become pregnant. *Id.* at 115. This group includes teens who did not do well in school, had lower tests scores, were more likely to be living in a female-headed household, and were more likely to have a history of disciplinary and truancy problems at school. *Id.*

86. *Id.* at 116.

early childbearing has any *additional* negative consequences.⁸⁷ She concludes that after taking various background variables into account, the differences in the later lives of young mothers and older mothers is significantly reduced.⁸⁸

Professor Luker next considers the child of a teen mother.⁸⁹ She concludes that the “jury is still out” on what sort of parents teens make.⁹⁰ She reasons that because most teen mothers had such difficult lives on so many levels before they had a child, it is not surprising that their children will feel those effects.⁹¹ But, she argues, there are many adult parents with similar histories and no clear evidence exists as to the best “time” to have a child.⁹²

So then, why do so many teens have babies?⁹³ Some, according to Professor Luker, have babies for the same reasons some older women do: they want a child.⁹⁴ For others, either they do not use contracep-

87. *Id.* at 117. Professor Luker uses the term “disadvantaged” to describe poor and minority teens; she uses the term “discouraged” to describe teens who experience little encouragement and believe they have few choices or little control over their lives. *Id.* at 115-17.

88. LUKER, *supra* note 1, at 128. Professor Luker discusses a number of variables. For example, poor women in general often have difficulty getting routine medical and prenatal care. *Id.* at 117. Additionally, poor woman often live in stressful situations, and do not eat a healthy diet. *Id.* These things can effect a woman’s health—regardless of her age. *Id.* at 118. But, where teen mothers do receive medical and prenatal care, many of the health risks associated with early pregnancy are alleviated. *Id.* at 117-18. (Professor Luker does acknowledge that mothers younger than fifteen are often an exception.) Another variable is whether the teen mother graduates from high school. Professor Luker questions the conventional wisdom that early childbearing is necessarily the direct cause of a woman curtailing her education. *Id.* at 119. She points out problems with the data that is often used to support the conventional wisdom: 1) it is often difficult to tell whether the teen mothers dropped out of school and then got pregnant or got pregnant and then dropped out, 2) in many early studies comparisons were made between teen mothers and all women who never had children—not just those that waited until later in life. LUKER, *supra* note 1, at 120.

89. *Id.* at 128.

90. *Id.* at 130.

91. *Id.*

92. *Id.* at 130-31. For example, Professor Luker notes that many believe parents who are “too old” tend to spoil their children.

93. *Id.* at 135. According to Professor Luker, approximately one million American teens get pregnant each year and more than half of those will carry the pregnancy to term. LUKER, *supra* note 1, at 135.

94. *Id.* at 142. Professor Luker reminds us that married teens are included in this group. Other researchers have suggested that an adolescent’s desire for a child is critically influenced by their own values and needs and the extent they believe a child will meet those values and needs. Nine specific values of having children are identified as follows:

1. Adult status and social identity. The need to be accepted as a responsible and mature adult member of the community.
2. Expansion of self. The need to have someone carry on for oneself after one’s death, as well as the need to have new growth and learning experiences and to add meaning to life.
3. Moral values. Need for moral improvement, including becoming less selfish and learning to sacrifice, making a contribution to society, or satisfying one’s religious requirements.
4. Primary group ties and

tives because they do not intend to get pregnant or they use contraceptives ineffectively and/or inconsistently. Sometimes contraceptives simply fail.⁹⁵ Still others get pregnant out of ambivalence—they are not trying to get pregnant but they are not trying not to get pregnant.⁹⁶

The answers to why pregnant teens make the choices they do between abortion, giving their child up for adoption, or raising the child themselves are equally complex. First, as Professor Luker notes, the difficult decision about abortion is greatly affected by class, race and socioeconomic status.⁹⁷ She concludes that the more successful a young woman is—and more importantly, expects to be—the more likely she is to have an abortion.⁹⁸ To the contrary, far fewer poor teens are likely to have abortions.⁹⁹ Assuming a pregnant teen does not undergo an abortion, it is difficult to understand for many why a

affection. The need to express and attain intimacy with another person, as well as to be the recipient of such feelings from someone else. 5. Stimulation and fun. The need to experience the interest and excitement that children provide. 6. Achievement and creativity. The need for accomplishment and creativity that come from having and raising children, and watching them grow. 7. Power and influence. The need to have influence over another person. 8. Social comparison. The need for the prestige that comes through the favorable comparison of one's children with the children of others. 9. Economic utility. The need to have children to help with the parent's work or to contribute to the family income.

See JUDITH S. MUSICK, *YOUNG, POOR, AND PREGNANT* 118-19 (1993).

95. LUKER, *supra* note 1, at 143-45. Although more teens are using contraceptives than ever before, more teens are sexually active than ever before. Many teens get pregnant the first time they have sex because they did not anticipate the need for contraceptives or did not use it correctly. *Id.* at 145. (Unfortunately, this group often includes teens whose sexual activity is not consensual.) Others get pregnant during transitions between forms of contraceptives or between partners. *Id.*

In her discussion of teens that become pregnant because they did not anticipate the need for contraceptives, Professor Luker discusses, in part, why so many young women are often unprepared. Many teens, especially women, feel conflicted about being proactive and obtaining contraceptives. In short, society frowns on women, particularly teens, who obtain contraceptives as being "easy." *Id.* at 146. On the one hand, they are encouraged by some to "act responsibly" if they are going to engage in sexual activity, but at the same time, "good girls" do not engage in sexual activity. *Id.* at 147.

96. *Id.* at 151-53. Professor Luker suggests understanding this ambivalence is complicated by the concepts of "wantedness" and "unintendedness." For example, it may be very difficult for some mothers, of any age, to admit they did not want to be pregnant. But, an unwanted pregnancy may very well turn into a wanted baby. And, even wanted babies are often unintended at the time they were conceived. LUKER, *supra* note 1, at 152.

97. *Id.* at 154.

98. *Id.* Of affluent teens who get pregnant accidentally, about 75% have abortions; of poor teens that get pregnant accidentally, less than 50% have abortions. Furthermore, about 60% of white teens have abortions, but only about 50% of African-Americans and Latinos have abortions. Professor Luker suggests that as abortions by affluent teens become more common, the question should be raised of whether this is due to public policy or individual choice. *Id.* at 155.

99. *Id.* at 154.

teen mother would choose to raise the child.¹⁰⁰ The answer, according to Professor Luker, consists of a number of things. First, like generations before them, a significant number of pregnant teens marry before they give birth or shortly thereafter, making it unlikely they would put their child up for adoption.¹⁰¹ For others, the traditional reasons for putting a child up for adoption are grounded in the belief that the child will have a better life.¹⁰² Professor Luker argues that for many, “in its starkest aspect,” this means “placing more value on cold hard cash than on a young woman’s capacity to love.”¹⁰³ Beyond these reasons, Professor Luker offers another explanation.¹⁰⁴ She argues that poor, unwed teens and affluent, older, married women are not so different in the choices they make. Specifically, rather than an unplanned accidental pregnancy, they both make rational decisions about when is the “best” time to have children.¹⁰⁵ Affluent, older, married women have adapted to the changing economy by postponing marriage and childbearing while they acquire advanced educations and “establish themselves.”¹⁰⁶ On the other hand, poor unwed teens often determine that the “best” time for them to have children is while they are young, continuing the traditional pattern of early childbearing.¹⁰⁷ Professor Luker argues that both groups of women are really coping with the same pressures—balancing motherhood and jobs—by using the resources that are more readily available to them.¹⁰⁸ She reasons that the “new” middle-class women postpone childbearing until they can afford reliable childcare; young teens, on

100. *Id.* at 157.

101. LUKER, *supra* note 1, at 157. Professor Luker relies on several studies that indicated that roughly 30% of babies born to teens were born to married women. Aside from the married couples, other studies have suggested that as many as another 20% of the children born to unwed teen mothers, were born to women in stable relationships, some of whom eventually married. *Id.*

102. *Id.* at 163.

103. *Id.* at 163. Professor Luker notes that for some mothers, both black and white, sentiments traditionally associated with the black community that adoption is “giving away your own flesh and blood” and disrupts generational ties does so without any guarantee that the adoptive parent can or will love the child anymore than the biological mother could. *Id.* at 164.

Professor Luker also argues that advocates for adoption generally ignore what she calls “a number of inconvenient facts.” *Id.* at 161. Specifically, although most prospective adoptive parents want to adopt healthy white newborns, white teen mothers—who account for roughly 60% of teens giving birth out of wedlock—are more likely to marry, making them unlikely to release their child for adoption. LUKER, *supra* note 1, at 161. Consequently, according to Professor Luker, this would simply mean more black children in foster care. *Id.* at 161.

104. *Id.* at 170-72.

105. *Id.* at 170-71.

106. *Id.* at 170.

107. *Id.*

108. LUKER, *supra* note 1, at 170.

the other hand, reason that they can more easily have children while they are young and before they enter the workforce because they can make “moral claims” on family for daycare.¹⁰⁹

Professor Luker concludes her book with the premise she started with: early childbearing does not make women poor; rather, poverty makes women bear children at an early age.¹¹⁰ She recognizes that pregnancy and childbearing in teens is a serious problem, but she also makes a good case that even though society has failed teen parents in many ways, it now seems also to want to make them responsible for those failures.¹¹¹

III. UNANSWERED QUESTIONS

Professor Luker has written a fascinating and compelling tale about how the “epidemic” of teen pregnancy came to be. I am willing to accept many, if not most, of her assertions and supporting data. However, a number of her conclusions appear to be based on assumptions that deserve, if not full blown skepticism, at least a second glance.

A. *Postponing Pregnancy and Childbearing*

First, starting with her premise that it is poverty that causes early childbearing rather than the reverse, she disagrees with those who argue that teens would be better off in the long run if they simply postponed having children.¹¹² She views a postponement as merely pushing a problem back to a later date. She seems to conclude that for poor teens, the timing of pregnancy and childbirth is really inconsequential to their long-term life situation. In fact, she seems to go so far as to suggest that for poor teens, earlier childbearing, rather than later, is to their benefit because they can make “moral claims” on their family for childcare.¹¹³

This conclusion is problematic for a number of reasons. First, it seems to rest on the notion that the “later” events and surrounding circumstances would be exactly the same as “earlier” ones and result in the same decision. This is unlikely. Regardless of how much time passes between “earlier” and “later” (something that Professor Luker

109. *Id.* Professor Luker notes that while both of these “strategies” entail costs, there is little talk about the cost associated with postponed pregnancies, including the increasing costs of fertility treatments for older women and the likelihood of medical complications to child born to older mothers. *Id.*

110. *Id.* at 192.

111. *Id.* at 193.

112. *Id.* at 107.

113. LUKER, *supra* note 1, at 170.

never seems to address), people grow and change, especially adolescents. Not all of the teens would make the same decisions “later” as they did “earlier”—some might not get pregnant, others might terminate the pregnancy, and still others might put the child up for adoption. It seems overly simplistic to suggest that nothing would change if the decision to become pregnant and have a child was merely postponed.

That young women might make different decisions later in life is often acknowledged by the teens themselves. For example, Professor Luker quotes a sixteen-year-old Colorado mother as saying,

I was going to have an abortion since I was only fifteen, but my family talked me out of it because of their religion, I love my baby now, but I'm only sixteen. I feel like I'm still a child—and here I have a child. It's completely changed my life. I look at other sixteen-year-olds and know that I can never be like them again. I sometimes wonder if an abortion wouldn't have been better.¹¹⁴

Another teen mother describes her experience:

It's hard to be a parent by yourself. If I had it to do over again, I'd do things really different. When people tell you it's going to be difficult, believe them. My child is with me all the time . . . shopping, school, wherever I go. It's even harder than they say it is. I knew it would be hard, but not this hard.¹¹⁵

But, even if Professor Luker is only referring to the group of teens who will have a child either “earlier” or “later,” her conclusion is still problematic. Presumably, everyone gains some additional wisdom and skills with time, even if they do not come from a formal education. That can only benefit the child.

According to Professor Luker, having a child “earlier” allows the teen to make “moral claims” on family members for support and childcare.¹¹⁶ This may or may not be the case. Professor Luker's assertion rests on some critical assumptions: first and foremost, the availability and willingness of family members to care for the child. Professor Luker likely refers to the grandmothers, although that is not completely clear. However, in the case of teen parents, the grandmothers are likely to be fairly young themselves and still in the workforce.¹¹⁷ The same could be said of the teen parents' older sib-

114. *Id.* at 134-35 (quoting EWY & EWY, *TEEN PREGNANCY*, 212 (1985)).

115. *Id.* at 135 (quoting Kathleen Thorton, *Comprehensive Evaluation of Teen Pregnancy and Parenting Program 196* (1992) (dissertation, University of Pennsylvania)) (alteration in original).

116. *Id.* at 170.

117. For example, one study determined that poor mothers become grandmothers at much younger ages, on average, than more affluent mothers do. Susan Williams McElroy & Kristin Anderson Moore, *Trends over Time in Teenage Pregnancy and Childbearing: The Critical Changes*, in *KIDS HAVING KIDS* 47 (Rebecca A. Maynard ed., 1997). In areas with very high

lings. Additionally, aside from their availability, the willingness of family members to help with childcare is also subject to question. As Professor Luker notes, of the population of poor young women, it is generally the most “disadvantaged and discouraged” who become pregnant.¹¹⁸ For many of these young women, being “disadvantaged” is a result of the family’s economic situation, but being “discouraged” is often reflective of dysfunctional family relationships. Unfortunately, in some families, substitute caregivers are little, if any, improvement over the teen parent. For some, “home” is not a happy or healthy place and pregnancy is a means of escaping it, leaving in question whether “moral claims” will be made or honored.¹¹⁹

B. One or More Children

In addition to being unclear about the time between “earlier” and “later,” Professor Luker is equally unclear on the number of children born to the teen mothers that she has incorporated into her thesis. What seems clear, though unacknowledged, is that the sooner a woman starts having children, the more she can have. For example, by age thirty, teen mothers have been found to have about twelve percent more children than other mothers.¹²⁰ And, regardless of the age of the mother, the number of children she has will critically impact all of their lives in many ways. Not only are teen mothers more likely to have more children, they have also been found to spend roughly ten percent more time since age fourteen as single mothers.¹²¹ This is particularly disturbing in light of the growing literature indicating that the absence of fathers negatively affects their children. Ultimately, the lives of families with only one child are simply not the same as the

poverty rates, roughly 25% of the mothers became grandmothers while in their early forties, as compared to the roughly 5% of mothers in more affluent areas. *Id.* at 49. This means “moral claims” made on these grandmothers could be made when the grandmothers are roughly twenty years from retirement. And, if the cycle continued through to another generation, the grandmothers could be great-grandmothers before the traditional retirement age. *Id.* at 47-9.

118. LUKER, *supra* note 1, at 115.

119. MUSICK, *supra* note 94, at 138. One teen explained:

When girls get pregnant, it’s either because they want something to hold on to that they can call their own or because of the circumstances at home. Because their mother doesn’t pamper them the way they want to be pampered or they really don’t have anyone to go to or talk to or call their own. Some of them do it because they resent their parents.

SUZANNE WYMELLENBERG, INSTITUTE OF MEDICINE, SCIENCE AND BABIES: PRIVATE DECISIONS, PUBLIC DILEMMAS 74-5 (1990) (quoting LEON DASH, WHEN CHILDREN WANT CHILDREN, THE URBAN CRISIS OF TEENAGE CHILDBEARING (1989)).

120. V. JOSEPH HOTZ ET AL., *The Impacts of Teenage Childbearing on the Mothers and the Consequences of those Impacts for Government*, in KIDS HAVING KIDS, *supra* note 117, at 71-2.

121. *Id.*

lives of families with more than one child. This would seem to be especially true for poor families.

C. *Effects on the Children*

Professor Luker briefly touches on the children born to teen mothers, but quickly concludes that because a teen mother's life was difficult even before her pregnancy, a "constellation of psychological, emotional, and cognitive traits" can be expected to also affect her child.¹²² This easy and superficial dismissal of the issue seems to consign the child to the mother's fate without asking important questions. For example, what aspects of the child's well-being are negatively affected by being born to a teen mother and do these negative affects vary across the child's life? And, how and/or do the circumstances of the teen mother's life account for and/or affect the child? Moreover, this dismissal of the issue seems to conceptualize teen childbearing as one-sided, primarily concerned with the teen mother but not the child.

Although Professor Luker briefly acknowledges that children born to teen mothers are more likely to have developmental and behavioral problems, in addition to learning disabilities, she seems to gloss over the extent of that effect.¹²³ In fact, children born to teen mothers are significantly disadvantaged. For example, the quality of the home environment of children born to mother's under seventeen years of age is significantly lower than that of children born to mother's twenty-five years of age and older.¹²⁴ Children of young teen mothers are also at a disadvantage in terms of their cognitive development; they have lower math, reading recognition, and reading comprehension scores.¹²⁵ These children are often not promoted to the next grade level and, by high school, are not as performing well as their peers.¹²⁶

In addition to developmental delays, children born to teen mothers often exhibit behavioral problems and are often expelled.¹²⁷ These problems are seen in their "poor anger control, fearfulness, and feelings of inferiority."¹²⁸ Additionally, they are often rebellious, aggres-

122. LUKER, *supra* note 1, at 130.

123. *Id.* at 129.

124. KRISTIN ANDERSON MOORE ET AL., *Effects on the Children Born to Adolescent Mothers*, in *KIDS HAVING KIDS*, *supra* note 117, at 150-53.

125. *Id.* at 151.

126. *Id.* at 168.

127. WYMELENBERG, *supra* note 119, at 83.

128. *Id.*

sive, and impulsive.¹²⁹ Early sexual activity and substance abuse are also common among children of teenage mothers.¹³⁰

In addition to development issues, children born to teen mothers are significantly more likely to be abused and/or neglected and placed into foster care.¹³¹ This is especially true for children born to younger teen mothers.¹³² In addition, sons born to teen mothers are more likely to be incarcerated in their twenties.¹³³

In fairness, Professor Luker may be correct in collapsing the problems of children born to teen mothers into the bigger life circumstances of their mothers. It may be that the mother's poverty, educational level, family dynamics, and her mothering abilities have a greater effect on her child than her age. More definitive research is needed in this area; until then, collapsing the problems of these children into the broader circumstances of their mother's life is shortsighted.

IV. CONCLUSION

Dubious Conceptions: The Politics of Teenage Pregnancy is a critical account of the "epidemic" of teen pregnancy. Professor Luker clearly and methodically dismantles many of the myths surrounding teen pregnancy and childbearing. She presents an interesting and thought-provoking take on an age-old problem that should be mandatory reading for anyone interested in understanding the choices teen mothers make and the social policies that attempt to respond to those choices.

129. *Id.*

130. *Id.*

131. ROBERT M. GEORGE & BONG JOO LEE, *Abuse and Neglect of the Children*, in KIDS HAVING KIDS, *supra* note 117, at 228.

132. *Id.*

133. JEFFREY GROGGER, *Incarceration—Related Costs of Early Childbearing*, in KIDS HAVING KIDS, *supra* note 117, at 253.

