

The Distraction

IVALESSE: “I HAVE TO DO FOR MY OWN”

Ivalesse was born in Connecticut, raised in Puerto Rico, and returned to Connecticut when she was 13, becoming pregnant two years later. The interview was conducted in a weave of Spanish and English. Ivalesse and her two younger brothers were adopted when she was young. Her adoptive mother had a ninth-grade education and her adoptive father finished sixth grade (she refers to them as her mother and father). At the time of the interview, Ivalesse was 20 and had two children. Her story illustrates many of the themes developed in subsequent chapters: strict parenting strategies, child sexual abuse, partner violence, impoverished and neglected neighborhoods, inadequate schools, and barriers to contracepting.

I was sexually molested when I was a child by a friend of my family. I had to be less than six years old. He used to molest my brother too. Every time that guy used to come, we used to hide each other. I haven't seen him for like so long and honestly I don't want to see him. I tried to black it out. It's like I put it to one side of my brain, decided I don't want to be bothered with that section; it's like I don't want to remember anything. What I want to do is, I want to forget.

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My mother's really caring for her children, she's really loving, you know, she's there when you need her. She never turns her back on you no matter

what. She's what we call the perfect mother because she, she's, she's everything. She's the head of the family even though we have my father.

My mother would never hit you, she talks and she lets you know you did it wrong. My father is the one that likes to hit. He's the one, if he gets out of control, he'll hit you with whatever he finds—one time he actually hit me with his hand and he had a big ring. He slapped me right on the mouth and I got cut. My mother's more of a calm person, she knows that hitting you is not going to solve anything. What it's going to get you to do is catch that anger, hold it inside so you're going to hate them.

My mother has to see what's going on with a situation, but my father, his word is the last thing. I used to clean the kitchen and mop the floor every single day, and my mother let me go out to a friend's house three streets away, and so one day I said, "I'm done with the kitchen will you let me go out with my friends?" My mother was like, "yeah sure it's no problem," but when [my friends] came to pick me up, [my father] didn't let me go. So, my mother wanted to give me a little more liberty, but him, no. I think that's one of the reasons I got my boyfriend and had my children, you know, I didn't have any liberty. I didn't have any privacy, [my father] is coming to check all your drawers, whatever you have there. And I don't think that was fair you know.

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I'm in high school now; this is my senior year. I'm going to graduate as a CNA [Certified Nursing Assistant] and [with] my high school diploma, so I'll be able to get a job and then go on to college. The high school I'm at doesn't have books. They're so behind. They actually have come out in the papers that we're the worst school in Hartford. They don't have the supplies for the school, um, the teachers are, well, you know, high school is supposed to educate for two stuff in life: it's either to confront the real world outside the school, [or] for college—and we're not getting that type of education.

I'm a pretty good student, not an honor student, but a pretty good student. I was supposed to graduate last year but I didn't have enough credits, so the only reason I go to school is to get those three credits—math, USA history, and civil rights and biography—so I'll be able to get my diploma. That's all I really care about. My certification for CNA I'm done with.

I took general courses until my sophomore year. In my sophomore year, this teacher was doing a presentation about the Allied Health Group and one English teacher tells me, "You should get into the Allied Health. That'd be good for you, you have a kid and when you finish school you

would be able to have a job and then if you want to go on, you would go to whatever college is here.” It was not a bad idea. And actually, because that teacher, I have my CNA certification when I graduate.

I never dropped out. When I got pregnant [at age 15], I was in eighth grade for my daughter; then for my son I was in high school already, so I didn’t drop out because they [my parents] were like, “If you drop out of school you aren’t going to be anybody. You’re going to be working in a factory and we don’t want you to do that. We want you to go to college or if you don’t go to college, just please finish school, things are going to be so much easier for you.” So that’s what I’m doing, I was like, hey it’s true if I don’t want to work in a factory when I just make what, \$7.00 an hour at minimum wage. No. I prefer to have a job that pays well and, like, CNA is a job that so many people depend on you and it’s in the health care. It’s a pretty good job. Then you go to college and you get to be an RN. So those are the plans that I have right now. Just keep going, I have to do for my own, nobody else is going to do it for me.

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Luis is my husband. [He is the father of both her children; they are not legally married.] He is in jail. This is his second time. He was in for 10 months; he violated the probation so he’s back in again. He always calls or he writes. I go to see him like twice a week, depends what days I have off. He’s in the Young Man’s Institute and thank God it’s not that far, but what I do is one day I bring his son and the other day I’ll bring his daughter. So he gets to see them. His daughter actually gets to talk to him.

I met him at West Side Middle School. We were in seventh grade. He’s older than me by a few months. In science class I noticed he was looking back and so one day he decided to ask me out. I started laughing. I was like No. And after that we started just being friends. We used to talk, we used to make fun of stuff. I think it was for his birthday, at school, I kissed him and after that I was trying to help him out with schoolwork and everything so he started coming to my house. I started showing him to my parents, you know, he was my friend and everything and then he asked me out and since then our relationship started. We used to do everything. We used to play like little children outside. We used to talk for hours. We used to get together in a group, all our friends and stuff like that. So it’s been six years now.

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I went to the doctor because I always had a regular period and he comes and tells me, "Well, you're pregnant." I started laughing in his face and I was like, "I'm sorry I'm not having any children right now, I'm too young." Luis was scared, he didn't know what to do, he didn't tell his mother. He didn't want anything to do with me, so um, after a while we started realizing, hey, this is no joke. It's like ok you have to be more mature and even if you're 15, you have to grow up years older and that's what I did. I was like okay this is no joke and I have to do it myself, and that's what I do. That's why I go to school.

My mother was crying, she was like, "How you could do this to me?" My father wanted to kill him [laughing]. After a while it changed. Hey there's nothing we can do. What's done is done. I think parents have their own faults because if you don't have communication with your children, I mean, how are you going to tell them what sex is all about. If you don't do that, they are going to find out on their own. I think that's what happened with us. I discovered everything on my own; I think that's one of the problems.

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Hartford's not good. I just want a place where I can prosper and my children can move forward. Hartford doesn't have any jobs, they don't have programs for children. I don't have any neighbors. I live in a building that is next to the highway and I only had the factory next to me [laughs] and the people came to fight over here. The projects are there, and the police are always there. They burned a car or they stole a car or they take all the parts of the car. One time a girl fell asleep, the little boy knocked over the lamp, there were clothes on the floor and they caught on fire. One time it was a couple selling drugs here; they took them. Another man who lived by himself had problems with alcohol, he started a fire. And then another couple had a fight in the parking lot of the factory and they were talking, rubbing in each other's faults in each other's faces and I cannot sleep. Of all the places, they come here and I have to wake up at seven o'clock in the morning because I'm opening [at Walgreen's]. The police came and took them, they come here all the time. That's why I don't want to be here.

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This month I started to cashier at Walgreens. It's only part-time because I go to school. I started working when I was 16, in a factory. That was a summer job only. I was a machine operator and maintenance [laughs]

so I have tried everything. A job is a job, it doesn't matter how low it is or how honorable, it's a job. You can always earn a little money.

In Walgreens I get eight dollars an hour. I like it but you are always angry because you have to work with a lot of customers. The people yell at you, they fight, they think that everything is your fault. You try to be nice, try to have smile on your face, but sometimes you cannot. It's really different in a hospital, because in a hospital you give a smile to a patient that's sick, that person appreciates you way more than a person that you give a smile in the store, they don't care. So it's a real difference. I get more satisfaction in the hospital.

I think as long as you have a job, the more beneficial it is for you because then you're responsible, you're able to work. I don't ask nobody for money, I am the one who gives the money. I don't ask nobody for money I just try to make it on my own.

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When I was 18 I got pregnant again so I had an abortion because I couldn't have another kid. When I got pregnant with my son [at age 20] that was the difficult part, you know, for [my parents] to still help me out. They haven't turned their back on me. So that's pretty good. I think I'm really fortunate to have my parents, you know, help me out.

If I could be young again I would try to take life slower, not to live it all at once, because I think that's what I tried to do. The boyfriend—that's normal—but having children—I should've wait, I should've.

HISTORICAL NARRATIVES, DEMOGRAPHIC REALITIES, AND LOCAL CONTEXTS

On June 2, 2008, Nick Carbone, a 71-year-old former deputy mayor of Hartford, Connecticut, was brutally beaten by young street ruffians on his way to breakfast. Three weeks later, a photo of Carbone appeared on the front page of the *Hartford Courant*, his face still swollen and scarred, with an article identifying the factors that he believed “fueled urban violence: predatory lenders; teenage pregnancy; incarceration; the release of inmates into the city; failing schools and judicial systems.” There were teen mothers—sandwiched between predators and criminals—listed as one of the “root causes of urban poverty.”¹ A few months later, Bill Cosby made an appearance at the Legislative Office Building in Hartford and placed a number of social problems—burgeoning black incarceration

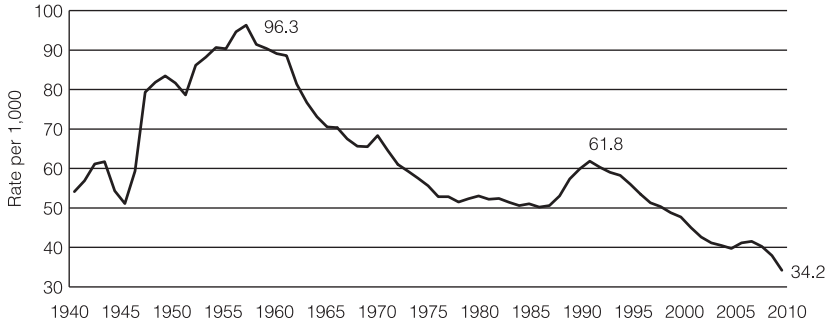


FIGURE 1. Birth Rates for Teens Age 15 to 19, 1940–2010. Sources: Ventura, Mathews, and Hamilton 2001, table 1; Martin et al. 2012, table 4.

rates and an overburdened foster care system—on the shoulders of black teen mothers and absent fathers.

Why teen mothers? Where does this idea come from? Not, it would appear, from the numbers. Only a small percentage of teenagers are actually having babies. In 2008, 4 percent of teens 15 to 19 gave birth.² Nor has this rate been increasing. Beginning in 1991, the rate declined continuously until 2005, when the teen birth rate was less than half of what it was when it peaked in 1957 (see figure 1). And although the rate increased slightly in 2006 and 2007, it continued to decline in 2008 and by 2010 it was at its lowest in recorded history.

The decline in the teen birth rate is a result of fewer pregnancies, and not more abortions. Both pregnancy and abortion rates have been declining in tandem with birth rates (see figure 2). Abortion rates have declined steadily since the late 1980s, and the percent of pregnancies that were aborted declined from roughly one-third in 1990 to one-quarter in 2008.³ In that year, only 7 percent of teens 15 to 19 had a pregnancy and the pregnancy rate was at its lowest since 1976.⁴ So, where *is* the problem? Fewer teens are getting pregnant, fewer teens are having abortions, and fewer teens are having babies.

One reason for the concern is that, despite the decline, the US teen birth rate remains considerably higher than most advanced industrialized countries: three times the Canadian rate, seven times the Swiss and Danish rates, 11 times the Dutch rate, and even two times higher than predominantly Catholic countries like Ireland and Poland where abortion is illegal except under extenuating circumstances.⁵ But then, the United States does not compare well with these countries on a number of measures—poverty, inequality, incarceration, medically uninsured, or infant mortality—and

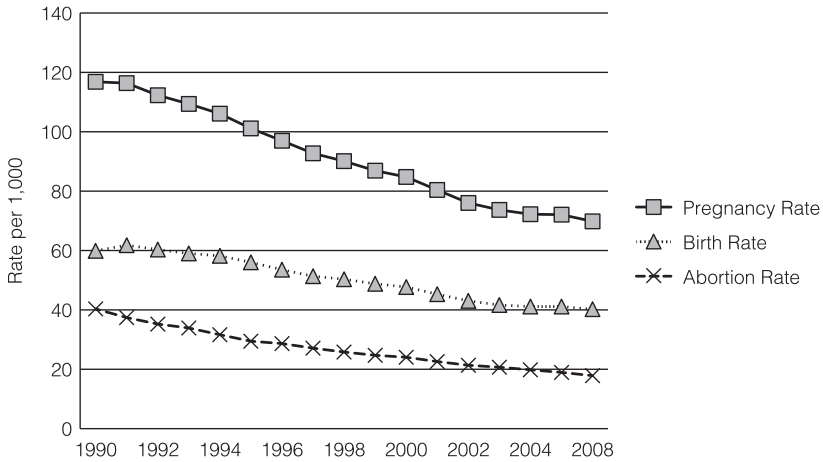


FIGURE 2. Birth, Pregnancy, and Abortion Rates for Teens Age 15 to 19, 1990–2008. Source: Ventura et al. 2012, table 2.

these issues do not evoke the same moral outrage as teen motherhood. In short, teen birth rates are lowest in areas where there is less inequality and higher welfare benefits; and compared to other advanced industrialized nations, the United States has higher rates of inequality and lower levels of welfare support.⁶ And, not surprisingly, higher rates of teen births.

Perhaps what underlies much of the preoccupation with teen motherhood is that most of the births are out of wedlock and represent what Senator Rick Santorum (R-PA) defined as “the calamity of illegitimacy in our generation.”⁷ At the peak of teen motherhood in the 1950s, about 80 percent of teen mothers were married; by 2007, over 85 percent were unmarried.⁸ This upward trend in unmarried teen births started in the black community (bolstering narratives of black urban pathology); however, as sociologist Frank Furstenberg pointed out, “black women were only at the vanguard of a new pattern of family formation” since both white women and nonteens, especially women in their 20s, are now increasingly having children outside of marriage.⁹ By 2007, 40 percent of all children in the United States were born to unmarried women and less than a quarter of these births were to teenagers (see figure 3).¹⁰ On this issue, European comparisons do not set off alarms. In the same year, at least one-half of births in Sweden, Norway, France, and Iceland were to unmarried women.¹¹

Despite this growing trend, unwed mothers are not equally distributed across class lines; they are more likely to have lower incomes and

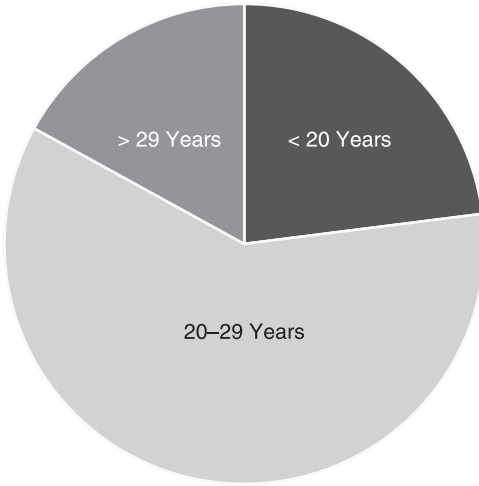


FIGURE 3. Percent of Children Born to Unmarried Women by Age of Mother, 2007. Source: Ventura 2009, figure 5.

less education.¹² Marriage is still considered the norm for college-educated, middle-income adults, and this contributes to the continuing negative attitude toward unwed mothers. In a 2008 national survey, two-thirds of the respondents believed that the trend in “more single women having children” was a “bad thing” for society.¹³

Perhaps another reason teen mothers attract attention is because they have been commodified in television programs such as *16 and Pregnant* and its sequel, *Teen Mom*. The emotional traumas that often accompany unintended pregnancies create drama that sells products. The commodification of “celebrity” crisis was blaring on one magazine’s headline: “TEEN MOMS IN CRISIS” (all in caps with fire-engine yellow block letters). Underneath was written, “Accusations of neglect for Amber: ‘The baby nearly fell out the window!’”¹⁴ Stakeholders and the general public have suggested that there is a “craze” among high school youth because Hollywood has “glamorized teen pregnancy.”¹⁵ We find no evidence, however, of a “craze” in the declining teen birth rate. And while these programs may create celebrity for a few teen mothers, they do not glamorize their lives. These shows are morality tales, not fairy tales. In most episodes, the fathers of the babies leave or talk trash about the mothers; the pregnant teens get fat and argue with their parents; and once they have the baby, the programs are a reminder that a baby is a pooping and crying full-time responsibility.¹⁶ In fact, studies have shown that teens and parents believe these shows depict a negative image of

early, unplanned pregnancies, and one study even suggested that the show has contributed to the downward trend in teen births.¹⁷

Despite falling teen birth rates, we continue to expend state resources to prevent teen pregnancies, even during periods of fiscal crises.¹⁸ A 2010 national survey found that nine in 10 adults and teens believed that teen pregnancy is an important problem.¹⁹ And in the 2013 State of the Union address, President Obama followed in the footsteps of his Republican and Democratic predecessors by drawing attention to our need to “reduce teenage pregnancy.” Should we anticipate that the concern will subside with time or will we continue to have Teen Pregnancy Prevention Month every May? We have our doubts that the issue is going away because public preoccupation—or what Furstenberg calls “public obsession”—with teen motherhood is not about the empirical reality, but about political and cultural constructions of teen motherhood.²⁰ It is not the numbers but rather the interpretive frames through which the numbers are understood that matter—in other words, the preoccupation is not about teen mothers, but about what they have come to signify.

HISTORICAL NARRATIVES OF BLAME AND SHAME

Teen mothers have made their way into the public lexicon because they are perceived to be part of what Adolph Reed sardonically calls the “transmission belt that drives the cycle of poverty.”²¹ While the term “teen mother” is a descriptive term referring to the age of the mother, it has also become a marker of immorality, what Brett Williams describes as the “touchstone of pathology among the poor.”²² Where did this moral discourse originate and why does it continue? We identify three overlapping historical narratives of stigmatizing discourse.

The first is the *underclass* narrative that originated in response to a growing black urban population and ghetto uprisings of the 1960s. White, middle-class, native-born Americans have long feared the higher reproductive rates of undesirable populations; at the turn of the twentieth century, the undesirables included white immigrants as well blacks.²³ This changed in the second half of the twentieth century when poverty became more publicly associated with black urban ghettos that produced an even more negative, unsympathetic, and undeserving public disposition toward the poor, which became symbolized by the term “the underclass.”²⁴ Gunnar Myrdal first used the term “under-class” in 1963, although it lacked a racial connotation and was instead rooted in struc-

tural unemployment and economic marginalization.²⁵ Herbert Gans traced the evolution of the term from the loss of its hyphen in 1964 to its initial transformation into a more behavioral and racial reference in a 1973 *Public Interest* article, to the cover of *Time* magazine in 1974 and then again in 1977, where its reiteration reached full transformation into a reference for unseemly black poverty.²⁶ The cover of the 1977 *Time* article described the underclass as a “Minority within a Minority,” and estimated that somewhere between seven and 10 million black Americans fit a loose criteria that included juvenile delinquents, school dropouts, drug addicts, welfare dependents, looters, arsonists, violent criminals, *unmarried mothers*, pimps, pushers, and panhandlers.²⁷ It was not unlike Nick Carbone’s commentary three decades later, where unmarried mothers were sandwiched between criminals and pimps.

It was Ken Auletta who solidified public use of the term in his now famous series of stories, first appearing in the *New Yorker* in 1981, where he provided a reformulated culture-of-poverty description of the black urban poor that emphasized behavioral pathologies. Auletta described the underclass as antisocial, deviant, welfare-dependent, and violent, with “bad habits” and a “welfare mentality.”²⁸ Social scientists gave legitimacy to this public discourse, often unintentionally, with a language of “ghetto-specific culture,” “black underclass,” “dysfunctional” or “disorganized culture,” and “tangle of pathology.”²⁹ Illustrating the full reach the concept had acquired by the early 1990s and its implications for unmarried adolescent mothers, Harvard scholar Christopher Jencks subdivided the moral underclass into the jobless, the criminal, and the *reproductive* underclass.³⁰ Research foundations provided further legitimacy by funding grants on the topic.³¹ By the 1990s, the term was in the public consciousness and teen births were woven into the presumed tapestry of pathology. As historian Linda Gordon writes, “teenage pregnancy often becomes a rhetorical surrogate for a more general 1980s discourse about single mothers, welfare, and the ‘underclass.’”³²

The second narrative is the *politics of blame and gain*. In the shifting post-Keynesian state of economic insecurity in the 1970s and 1980s, a conservative backlash mounted toward the achievements of the Civil Rights Movement and the aspirations of the Great Society. Blame was directed at black welfare mothers, irresponsible black fathers, and black street criminals, as well as at white liberals, who had presumably given license to immoral behavior and urban pathology through generous and unaccountable welfare legislation.³³

In the 1960s, at the same time that the rate of unwed births began to increase in black communities, welfare rolls exploded as the War on Poverty along with the Civil Rights and Welfare Rights movements resulted in large numbers of black mothers, who had been denied public assistance in the past, gaining access to the rolls.³⁴ Daniel Patrick Moynihan was among the first to sound the alarm in his now famous 1965 report, where he asserted that “the breakdown of the Negro family led to a startling increase in welfare dependency.”³⁵ Moynihan attributed the crisis in the black family to the structural unemployment of black men, but his thesis about the threats posed to the traditional family by black matriarchy had larger and longer-lasting implications. Moynihan suggested that strong, independent black women had destabilized the black family by emasculating black men and raising a generation of poorly socialized black male youth.³⁶ Essentially, Moynihan flipped a public switch in which racial oppression and structural unemployment were supplanted by the controlling image of the black matriarch and, subsequently, the welfare mother.³⁷

Federal policies directed at lowering poverty rates subsequently became intertwined with family planning policies. In 1964 federal funds became available for birth control for low-income women and, in 1970, Title X of the Public Health Services Act included family planning services. Birth control was understood as a way of decreasing family size, especially among low-income populations. Increasingly adolescent girls were accessing these services and, in 1978, Title X was amended to articulate clearly that family planning services were to be available to all adolescents.³⁸ This was considered pragmatic legislation intended to stem the tide of teen pregnancy, unwed births, and increased welfare funding. Linda Gordon has suggested, however, that the “propaganda campaign” in the 1960s that raised concern about overpopulation in the United States and pushed for public assistance for birth control “incorporated much eugenic thinking, that is, emphasizing the high fertility rates of selected and allegedly less desirable groups.” She provides examples of birth control campaigns that linked birth rates to urban crime and argues “urban crime was a *sotto voce* call upon racism.”³⁹

While the 1970s laid the conceptual groundwork for the black underclass, moralism replaced pragmatism in the 1980s and the dysfunctional black family became the lightning rod. As the economic crisis deepened at the end of the 1970s, conservatives went on the offensive, blaming liberals for a bloated welfare state that subverted traditional American values like hard work, self-sufficiency, and marriage—or, in other words,

for creating the problems in black ghettos and in single-parent families more generally.⁴⁰ Neither liberals nor conservatives contested the link between teenage pregnancy and poverty, but conservatives sought to control sexual behavior while liberals wanted to provide access to contraception. In this way, liberals were painted as the “permissive” politicians who encouraged immoral behavior (teenage sex outside of marriage) by providing access to federally funded contraception.⁴¹

Here was a political football that “the Gipper,” Ronald Reagan, could run with to turn moral blame into political gain. Furthermore, the politics of blame narrative extended beyond the poor or black underclass to include War on Poverty elites, liberal reformers, and social engineers, who had failed to communicate to poor teen mothers that they should take a vow of chastity and invest in their futures through work and marriage. In 1981, soon after Reagan took office, the Adolescent Family Life Act (AFLA) was passed, which banned the use of federal funds for abortion counseling and promoted sexual abstinence initiatives for teens—the so-called chastity bill. In this discourse, promiscuity, irresponsibility, and poor discipline were placed at the center of the “teen mom problem.”⁴²

The blame to gain strategy has deeper historical roots. The politics of gain was an explicit electoral strategy developed by Republicans to lure white southern Democrats and white working-class northerners out of the Democratic Party. Goldwater planted the seed in his 1964 campaign, followed by Nixon’s “southern strategy” and law and order campaign, which then culminated in Ronald Reagan’s first presidential campaign, in which his subtle mastery of racially coded language won him the support of the so-called Reagan Democrats (the 22 percent that defected from the party to elect him). With paternalistic charm, Reagan argued that the Democrats had abandoned traditional values, such as the work ethic, a restrained sexual morality, religious conviction, and the nuclear family, and had instead become the party of big government that represented the special interest groups, by which he meant blacks, homosexuals, welfare recipients, criminal offenders, *unwed mothers*, and illegal immigrants.⁴³ Reagan’s 1984 campaign slogan was a direct appeal to the white working class: “You haven’t left the Democratic Party,” he insisted, “the Democratic Party left you.”⁴⁴

Reagan’s rhetorical mastery is even more astonishing when we consider that the teen birth rate had been in decline since 1960 and did not begin to increase until near the end of Reagan’s second term. And yet, as Wanda Pillow points out, in the 1980s teen motherhood became

synonymous with the black welfare mother and was constructed as an epidemic associated with poverty, immorality, and promiscuity.⁴⁵ General economic insecurity coupled with racial fear and changing family norms seduced a growing segment of the white population into believing these rhetorical messages.⁴⁶

When birthrates to white mothers began to decline faster than birthrates to black and brown mothers, *Time* magazine, once again, marked the development. Just as it had run cover stories on the black underclass two decades earlier, in 1990 *Time* contributed to the moral panic with a front cover that displayed an American flag with the white stripes replaced with yellow, brown, and black stripes, and a caption below warning about “America’s Changing Colors” with a question above: “What will the U.S. be like when whites are no longer the majority?” The blame for a changing America was directed at black and brown teen mothers, liberal welfare legislation, Civil Rights’ elites, and the Democratic Party.

These allegations had their effects on the Democratic Party. In the 1980s, several of the more liberal candidates failed to get the party’s presidential nomination—most notably, Ted Kennedy and Jesse Jackson—while the Party’s moderately liberal nominees in the 1980s, Walter Mondale and Michael Dukakis, failed at the voting polls. By 1992, stung by the politics of blame and gain, Bill Clinton and the Democratic Party were fully on board with the prevailing conservative rhetoric, invoking the language of personal responsibility, three strikes and you’re out, and the “epidemic of teen moms,” which Clinton defined as a our “most serious social problem” in his 1995 State of the Union address.⁴⁷ Clinton did nothing to reduce abstinence spending, and between 1996 and 2006 over 1.5 billion dollars was spent on these programs.⁴⁸ In addition to AFLA monies, funding for abstinence programs was appropriated in welfare reform legislation in 1996, which also created stricter policies requiring that “programs may not in any way advocate contraceptive use or discuss contraceptive methods except to emphasize their failure rates.”⁴⁹ While most conservatives and liberals support the teaching of abstinence, only a subset of extreme conservatives favors abstinence-only programs.⁵⁰ And yet, monies were appropriated for these programs as the blame for rising poverty rates shifted to the bellies of young mothers.

The third—and again overlapping—discourse is the *neoliberal* narrative embedded in the reorganization of the state and capitalism beginning in the 1970s. A series of economic recessions in the 1970s spelled trouble for economic elites, who had watched profit rates decline since

the 1960s. The recession from 1973 to 1975 was indicative of deeper economic problems that more conventional Keynesian remedies were unable to resolve. Keynesian social democratic strategies emphasized the importance of the government in regulating markets, in establishing the parameters for capital and labor bargaining, in pumping money into a lagging economy through public investments, and in socializing the costs of preparing and sustaining labor needs.⁵¹

The neoliberal turn reenacted economic principles that existed prior to the New Deal and that had provided the basis for criticism of the New Deal through much of the post-World War II period. Neoliberalism was a return to principles integral to a dominant political and cultural narrative of America that championed self-regulating markets, individual freedom and self-sufficiency, entrepreneurship, and limited government.⁵² Neoliberal policies resulted in the state deregulation of the economy, a downward restructuring of taxes, a retrenchment of welfare entitlements, a military buildup, and the privatization of the public sector. This political realignment and economic transformation dramatically increased social inequality as the redistributive function of the state was sacrificed to corporate profitability.⁵³ Moreover, it reinvigorated earlier twentieth-century preoccupation with the undeserving poor and resulted in a reorganization of the US welfare system that enhanced its authoritarian role.

Cutting public entitlements became a central part of the Reagan economic strategy—or perhaps more accurately, shifting these costs to the military and later to the drug war and prison expansion had the effect of increasing the repressive arm of the state apparatus for both foreign and domestic purposes. Within this context, teen mothers became not only too expensive, but a segment of the undeserving poor that the Great Society had unwittingly supported. In short, if young black and brown mothers continued to reproduce at rates higher than white mothers, and if they remained unmarried and welfare dependent, then the future of America was being compromised—its moral fabric along with its international competitiveness. The world had changed and the United States could no longer assume its economic dominance; instead, the role of the US government would be focused almost exclusively on capital accumulation at home and abroad. The public costs of assistance to the poor would be reduced by changing eligibility standards and reducing benefits, privatizing services, requiring that the poor meet behavioral expectations to receive benefits, and eventually supplanting entitlements with temporary support. These policies affected unmarried teen mothers.

The first mention of teenage pregnancy in a US legislative hearing did not occur until 1975, at the beginning of the transition to the neoliberal era and, ironically, amid a 15-year decline in teen birth rates.⁵⁴ Rapidly rising welfare rolls and projected welfare costs increased the scrutiny of young unwed mothers.⁵⁵ The Federal Office of Child Support Enforcement was established through legislation this same year to more aggressively identify fathers and pursue child support to reduce welfare eligibility and costs. The chastity bill mentioned earlier was passed in 1981, and was followed by 1984 legislation that attempted to reduce the welfare rolls by including the income of anyone residing in the household when calculating benefits. Further, this legislation required that states pass through \$50 of child support to mothers, a portion of the money that the states had collected from fathers if their children received welfare benefits. The pass-through money to the mothers was provided as an incentive for them to cooperate more fully in identifying nonresidential fathers so that states could recover a greater share of welfare expenditures. The Family Support Act (FSA) passed in 1988 included specific language that targeted unwed teen mothers, *allowing* states to require formal residency with a parent, school attendance, and, for older teen mothers, work or job-training activities.⁵⁶ The culmination of these efforts, however, occurred under Democratic President Bill Clinton, when he signed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996.

The historical irony mentioned earlier was again apparent; the legislation was passed even though teen birth rates had been on the decline since 1991. Still, unwed teen mothers were at the center of this legislation, as were noncustodial fathers, and they were painted as a resource drain.⁵⁷ State incentives included in the FSA now became federal requirements: teen mothers younger than 18 *had* to live with a parent or in an adult-supervised home and were required to attend school or a training program in order to qualify for cash assistance. Like everyone else, the mother, once she turned 18, was subject to the five-year lifetime limitation on cash assistance established under PRWORA that ended cash welfare as an entitlement. This provision also allowed states to adopt shorter time limits, and Connecticut championed the cause, establishing the strictest time limit in the nation at 21 months. PRWORA also gave the states the option to eliminate the \$50 child pass-through to the mother, a measure that 31 states adopted.⁵⁸ Finally, the preoccupation with unwed teen motherhood in PRWORA also included an aggressive campaign to prosecute men for statutory rape (an issue we take up in the next chapter).

All three of these narratives—the underclass, the politics of blame and gain, and the neoliberal narratives—stigmatized as they informed the public’s understanding of teen births. They were distinct in their particular aims and objectives, their strategies, and the rationales that they employed, but it was the intersection of the three that provided a powerful historical discourse that deeply embedded teen mothers in public scorn and dehumanizing jeopardy. The reorganization of capitalism and the state, combined with the political strategies of both parties and the narratives of moral culpability directed at the urban underclass and “misguided” War on Poverty liberals, has placed vulnerable citizens—young low-income mothers and their children—in social and economic peril.

As Ann Phoenix wrote in her article on the social construction of teenage motherhood in *The Politics of Pregnancy*: “Once an issue (like teenage motherhood) has been defined as problematic, that definition gains its own momentum. Thus, negative findings concerning a minority of individuals are overgeneralized to include the whole group, and individuals within the group are considered only in relation to the problem status. The cause of the problem is couched in individualistic terms which result in victims blamed for causing the perceived problem.”⁵⁹ In this political-economic-social context, the declining rates of teen motherhood become irrelevant. Even though teen births, pregnancies, and abortions have been decreasing for more than 20 years, the hierarchies of race, gender, and class drive the narratives.

BLACK, BROWN, AND WHITE: NUMBERS AND INTENTIONS

Leon Dash’s book *When Children Want Children* documents the lives of six teen mothers in one of the poorest areas in Washington, DC.⁶⁰ While he provides a compelling picture of poor blacks living in an urban ghetto, it is only one snapshot of adolescent motherhood. Unfortunately, his account and others that focus only on black inner-city teen mothers reinforce the perception that the face of teen mothers is black. It is easier to define teen pregnancy and births as “epidemics” and “crises” in a tone that carries a moral note when they are perceived to be black and brown problems.⁶¹

The numbers tell a different and more complex story about teen motherhood, race, and ethnicity. First, given the argument that the US teen birth rate is a “problem” because it exceeds rates in other industrialized countries, it is important to note that the *white* teen birth rate in

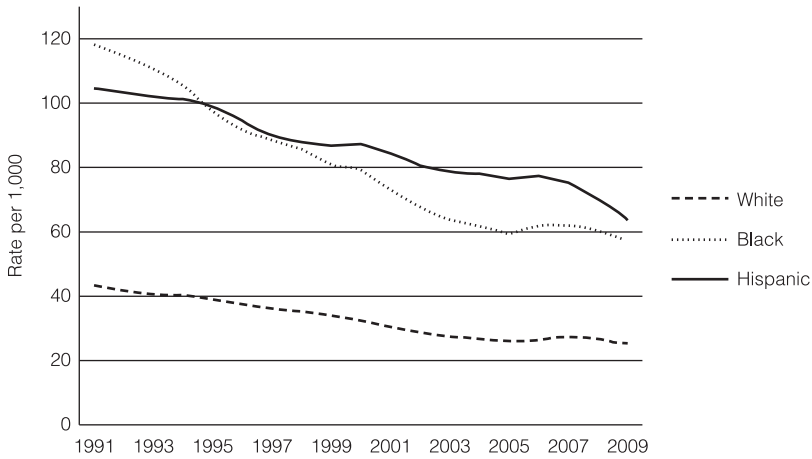


FIGURE 4. Birth Rates for Teens Age 15 to 19 by Race and Hispanic Origin, 1991–2009. Source: Martin et al. 2012, table 8.

the United States alone exceeds the rates in other countries.⁶² Second, while blacks are more than twice as likely as whites to become teen mothers, in 2008, just under one-quarter of the mothers who gave birth before age 20 were black, one-third were Hispanic, and almost 40 percent were white.⁶³ Moreover, while birth rates have declined significantly for all teens, black teens had the steepest decline at 52 percent (see figure 4). In 1995, the Hispanic teen birth rate surpassed the black rate and has since remained the highest.⁶⁴ Connecticut mirrored these national trends, and in 2005 the Hispanic birth rate for teens age 15 to 19 also exceeded the black rate.⁶⁵

In our national preoccupation with racial and ethnic differences, however, what is often lost is the relationship between poverty and teen births. For example, for Puerto Ricans, the fertility rate is similar to the general US population, but their teen birth rate is 25 percent higher.⁶⁶ Puerto Ricans are also one of the poorest groups in the United States, which suggests that for Puerto Ricans, poverty may play a significant role in early childbearing.⁶⁷

Girls who grow up in impoverished neighborhoods, attend inadequate schools, and live in households with scarce resources are more likely to become teen mothers, regardless of whether they are black, white, or Hispanic.⁶⁸ Urban areas have higher rates of teen births because of concentrated neighborhood poverty; blacks and Puerto Ricans have higher rates of teen births because they have higher rates of

poverty and they are more likely to live in areas of concentrated neighborhood poverty. But poverty also exists among whites living in small towns and isolated rural areas. And since four in 10 teen births are to white mothers, we need to understand adolescent motherhood as more than a black or brown inner-city problem, especially when black and brown faces become camouflage for larger problems and thereby make it easier to engage in narratives of blame.

Narratives of blame that single out black and brown communities tend to blame the culture in these communities for teen births, drawing on deeply embedded culture-of-poverty or underclass theses. In these instances, early pregnancies are construed as intended and part of the so-called cycle of poverty. In the opening pages of Dash's book, a young African American teenager tells the readers: "Girls out here get pregnant because they *want* to have babies. . . . *None* of this childbearing is an accident."⁶⁹ Dash reports that he "did not find a single incident in which procreation had been accidental on the part of *both* sexual partners."⁷⁰ He also talked to only six couples, but his well-written and widely read book provides support for the assumption that young mothers intend their pregnancies. When viewed this way, it is assumed that early childbearing is a cultural phenomenon. Dash, however, traces this culture back to slavery and postbellum black family structures in the rural South.

Taken out of historical or structural contexts, the "unwed teen mom" invokes racial stereotypes of young girls intentionally violating social norms, leaving them open to criticism and blame. References to single mothers or "welfare moms" are often signifiers for black and brown mothers and a culture of poverty that supports childbearing outside of marriage. While black women of all ages are more likely than white women to give birth outside of marriage, when controlling for poverty, these rates are not so dissimilar.⁷¹ The bottom line is that in the United States, the unwed teen mother is white as well as black and brown.

White teen mothers have not been entirely impervious to media scrutiny. As we pointed out, shows like *16 and Pregnant* and *Teen Mom* have brought young white mothers into the conversation. And in 2008, rumors circulated about a group of girls—all white—at Gloucester High School in Massachusetts who made a pact to get pregnant. The framing of the issue, however, never reached the level of cultural attribution, as is more common when black and brown neighborhoods are involved. Instead, public concern hinged on the fear that the glamour and appeal of early motherhood had misled these impressionable teens—the so-called Gloucester 18.⁷²

Culture is difficult to characterize because it is inseparable from structural conditions and because it is rarely monolithic; it instead comprises contradictory tendencies, logics, and dispositions, which are manifest in identities that are fluid and situational. Academic studies estimate that one-quarter to one-third of teenage pregnancies are intended.⁷³ And while studies report that some teens are pleased to be pregnant, this is different than having intended the pregnancy.⁷⁴ In general, most teens do not want to be pregnant, nor do their parents or “culture” encourage them to get pregnant.⁷⁵ In our study, only two of the 108 young mothers said that their mothers encouraged their pregnancies, and only 23 said that their pregnancies were intended or wanted. Most of the young mothers said they did not want or intend to get pregnant, and as you will soon hear in their stories, they were upset (as were their parents) when they first found out they were pregnant.

This issue becomes muddled, however, with young women in our study like Rachel, who was “shocked” when she learned she was pregnant even though she had been in a sexual relationship with her boyfriend for over a year and they had not been using contraception. Many others took the same “unintended” route—that is, they did not want to get pregnant and yet they did not take any precaution to prevent a pregnancy. Were they intended or accidental births or what Kathryn Edin and Maria Kefalas have described as “somewhere in between”?⁷⁶ Or what Katherine Trent and Kyle Crowder refer to as “more an unintended result of risky behavior than a result of rational choice”?⁷⁷

Several scholars take issue with the notion of accidental motherhood. Kristin Luker points out that when middle-class professional women decide to postpone childbearing until they are older, this is seen as a career strategy, but “the actions of poorer and younger women are often thought of as accidents, rather than as efforts to cope with the same pressures using different resources.”⁷⁸ Luker refers to Arline Geronimus, who argues that it is often a rational strategy for poor women in impoverished neighborhoods to have their children when they are younger and healthy, and when the child’s grandmothers are also younger and healthy enough to support them.⁷⁹ To define the pregnancy as an accident confounds women’s right to choose motherhood, and certainly deciding to carry the pregnancy to term and to keep the child rather than surrender it to adoption is no accident. This is part of what we try to explain in this book: For those who did intend the pregnancy, why did they? For the others, why not choose abortion or adoption as strategies to resolve an unintended pregnancy?

CLASS, GENDER, AND MARRIAGE

As the frames for viewing and stigmatizing teen motherhood suggest, the politics surrounding early births gather energy as a defense of the institution of marriage. Adolph Reed made this observation years ago when he asserted that “the concern is not even so much with teenage childbearing in general as when it occurs out of wedlock; to that extent the teen pregnancy issue is a subset of the out-of-wedlock birth issue.”⁸⁰ Few elected officials would publicly disagree with the statement prefacing the PRWORA legislation: “Marriage is the foundation of a successful society.”⁸¹ Of course, with the out-of-wedlock birth rate around 40 percent and the divorce rate around 50 percent, the “foundation” would appear to be crumbling, which has created alarm among conservatives like Patrick Fagan at the Heritage Foundation, who argues that the “effects of the abandonment of marriage” for the child are “retarded cognitive development” as well as problems with “impulse control” and “warped social development.” Further, he asserts, the “path to decent income is well known and traditional: complete school first, then get a job, then get married, then have children—in that order”; having a baby out of wedlock “derails” progress.⁸² In 2008, the conservative wing of the Democratic Party, the Democratic Leadership Council, agreed with Fagan’s comments when they asserted that the “root cause” of poverty and dependency is “unwed childbearing.”⁸³

Unwed teen mothers raise the hackles of elected officials and the public, who associate the early births with increased costs to taxpayers.⁸⁴ In 2001, California Congressman Wally Herger articulated this position: “Teen pregnancy cuts short the teen parents’ opportunities to build a promising future, and puts their child at a fundamental disadvantage in so many ways. It means years of dependence for many struggling young families, which is a cycle that has repeated itself too often in recent generations. It is easy to see why preventing and reducing the incidence of teen pregnancy is absolutely critical to progress on welfare reform.”⁸⁵ For conservatives like Herger, poverty and poverty-related problems are largely attributable to the decay of traditional family values, and a good dose of hard work, self-sacrifice, and religious faith would go a long way toward restoring the American family and solving problems like unwed adolescent childbearing.

Liberals, on the other hand, are more likely to focus on the opportunity structure and institutions that provide social mobility for low-income groups. If schools are effective, neighborhoods safe, housing

decent, and medical care available, then low-income groups can work to improve their individual and family circumstances and begin to climb the proverbial income ladder. In this formulation, however, liberals tend to agree with conservatives that early childbirth is an obstacle to individual and family success, that it proscribes opportunities, inhibits social mobility, reproduces poverty, and betrays the standard pathway to success that Fagan describes: school first, then a job, then marriage, then children.

Implicit in both conservative and liberal scripts is that people should not have children until they have enough money to raise children without having to rely on state assistance (you can rely on parents or inherited wealth, but not the state).⁸⁶ This script assumes that, in the United States, everyone can acquire the resources they need to raise children if only they postpone childbearing, pursue education, and work toward individual achievement. In the past 30 years, however, the so-called opportunity structure has been torn asunder by dramatic increases in economic inequality, the redistribution of income and wealth upward, the retrenchment in public expenditures and social welfare, and the restructuring of the tax burden away from the wealthy and corporations.⁸⁷ Recent mobility studies indicate that movement across income groups, particularly at the higher and lower ends, has become more stagnant in the United States.⁸⁸

Those embracing the “up and out” model of poverty ignore the “stickiness” of being located at the bottom of the income ladder. Focusing on opportunities can result in altering systemic barriers, and can lead, for instance, to making investments in human capital, but it can also focus the blame on individual behavior. The preoccupation with sexual behavior is a good example of the latter. In these instances, poor teens become morally culpable for their own poverty and the scorn of the public who see the “cycle of poverty” hinging on the behavioral choices of the poor. If they would only abstain, intones the right; if they would only contracept, preaches the left.

The assumptions about when to have children, encoded in a middle-class culture of aspiration and meritocracy, are problematic, to say the least, since large numbers of people at the bottom of the class structure cannot and will not ever achieve economic stability. If poor women have little chance of going to college, getting married, and securing a well-paying job, then the proscription to wait is a *de facto* statement to stop reproducing.⁸⁹ Of course, the idea that poor women should not procreate is not publicly stated this bluntly since it would violate civil freedoms.

And yet, this position is implicit in many arguments against teen motherhood, in taxpayers' fury about the poor, and in public sentiments that steal in under the cloak of "common sense": don't have children until you can afford them; two-parent families—father and mother—are better than one.⁹⁰ These statements ignore the economic and social context within which young women have babies, place the blame on the behavior of young men and women, and morally remind them that there is a right time and place to have babies—"right" according to middle-class lifestyles.

This classed and gendered message is racially encoded in our public policies. The push for welfare reform in the 1990s was reflexively a push against the "pathologies" of the urban "underclass," which, as we have seen, included teen motherhood and, we might add, father absence. The symbol of social decay and cultural licentiousness was not Bristol Palin, the daughter of the 2008 US vice presidential nominee, but the 16-year-old, unmarried, black or Latina mother. Scholars and policymakers, both liberal and conservative, want to know: "why are they having babies?" Yet no one asks middle-class women why they have babies. Middle-class women, married women, women of all races have babies because they want children—to give their lives focus, to provide an existential reason for being, to have someone to love and someone to love them, and, mostly, because they are women and that is what they are socialized to do and what their families and friends expect them to do, and what their bodies conspire with them to do.⁹¹ Poor, unmarried, young women have children for the same reasons. Motherhood is a mark of achievement—not just for teen mothers but also for most women; it fulfills expectations and provides a source of status. Having a child completes a biological destiny—across class, gender, and race. No one challenges the natural desire for women and men to procreate; so, when discussing teen mothers, isn't it equally odd to ask why they want children?

THE ROLE OF SCHOLARS

Scholarly research is laden with correlations that associate early child-birth with infant mortality, low birth weight, low educational achievement, delinquency, incarceration (for boys), poor cognitive functioning and language skills, and child abuse and neglect.⁹² Studies also assert that when compared to the general population, teen mothers are less likely to complete high school and find adequate employment, and are

more likely to be poor.⁹³ These findings reach beyond scholarly journals and are reproduced in the media, at state legislative hearings, and by heads of public and private agencies seeking money to address these problems.

A smaller number of scholars, however, have argued that poverty may be more of a cause than consequence of early childbirth. Kristin Luker and Arline Geronimus were among the first to do so, departing from the more normative and conventional negative constructions of teen births. Disentangling the correlation between teen births and poverty, Luker argued persuasively in *Dubious Conceptions* that poverty generally precedes most early childbirth, while Geronimus added that childbearing for poor teens does not represent “irrationality and the abdication of personal responsibility” but instead “the struggle by the poor to work actively to fulfill the values of self-sufficiency, hard work and responsibility to children and elders in an environment that constrains and changes the available routes for attaining these goals.”⁹⁴

More recently, scholars who originally supported the belief that poverty and other related problems are negative consequences of teen births have reversed their positions. Most notably, prominent sociologist Frank Furstenberg, whose early findings demonstrated that having a child as a teen led to a variety of negative consequences, found that, as mothers aged, many of the consequences were not so devastating. He now agrees with Geronimus and Luker that the “the timing of first births among highly disadvantaged women is largely a marker of, not an important causal factor in shaping, the life course of low-income women and their children.”⁹⁵ While many factors limited the life chances of the young women in his study, he no longer believes that having a baby was one of them—or, at least, it is not nearly as significant a factor as he once thought. With a critique of the field that includes himself, he writes that “early social science evidence greatly exaggerated the impact of early childbearing on mothers, and probably its impact on their offspring as well.”⁹⁶

Much social science research overstates the negative consequences of early childbirth because they compare teen mothers to peers in national surveys without taking into consideration preexisting conditions. Teen mothers are more likely to come from low-income families, stressful and violent neighborhoods and households, and poor school districts, so it is no surprise that after they have children they remain economically disadvantaged, in stressful environments, and poorly educated. And it is no surprise that when compared to the larger population on

indicators of education, income, and health, the teen mother and her child come up short. However, when researchers control for preexisting disadvantages to get a better estimate of the real effects of the early birth, the negative consequences to the mother and child dissipate.⁹⁷ When comparing women who live in similar social and economic circumstances, young mothers do as well as (or as poorly as) those who delayed childbirth; moreover, some aspects of the adolescent mother's life may even improve after they give birth.⁹⁸ One example of this is education. While it is true that, compared to the general population, teen mothers have higher rates of school dropout, studies that examine more closely the sequence of events find that school disengagement usually precedes the pregnancy.⁹⁹ And studies that try to control for preexisting economic disadvantages find that teen mothers are as likely to complete high school (by diploma or GED) as their peers, perhaps because having a child becomes an incentive to stay in school or return to school.¹⁰⁰

While the consequences of early childbirth for the mother are not as problematic as scholars once thought, neither are the negative outcomes for the children of teen mothers when studies take preexisting factors into account. Children of poor mothers have more problems than children of affluent parents, but behavioral, developmental, and health problems associated with early childbirth are also associated with poverty, violent neighborhoods, inadequate schools, family instability, emotional and physical stressors, and racism.¹⁰¹ While scholars do not say there are no negative consequences to early childbirth, they now admit that the young age of the mother is not the most significant variable.¹⁰²

Consistent with these positions, and with the arguments made more than two decades ago by Luker and Geronimus, we suggest in this book that the focus on the presumed, and often inflated, negative consequences of early childbirth is a distraction from more serious and related problems that precede the early births.¹⁰³ The life stories of the young mothers in our book challenge policy-makers like Congressman Herger, who believes that “opportunities to build a promising future” are cut short by an early birth. Instead, we argue, their opportunities were cut short by child sexual abuse, impoverished neighborhoods, undiagnosed illnesses, and inadequately funded schools—all of which preceded the early births. Every one of the costs of early childbirth to the mother, the child, and the taxpayer corresponds to the costs of an economic and social system that creates and exacerbates inequality. And while researchers point out that our teen birth rates, while declining, are still

significantly higher than they are in comparable countries, it is also the case that the level of inequality in the United States is greater than in those countries.¹⁰⁴ The focus on adolescent mothers serves merely to distract us from more systemic problems that will not be solved by a campaign to prevent teen pregnancy.

In this book we move the gaze away from the belly and the baby carriage and, instead, take a wide-angle view of life events leading up to the pregnancy and delivery. The life stories of 108 teen mothers help us to understand what it was like growing up in their homes, schools, and neighborhoods. All of the mothers were under the age of 25 at the time of the interview. Their young age precludes any informative analysis of the consequences of early childbirth.¹⁰⁵ Our focus in this book, then, is on the antecedents to the early births, and in particular on the conditions of structural inequality as manifest in gender, class, and racial hierarchies.

PATRIARCHY, POVERTY, AND RACISM

Using a critical paradigm to understand how the organization of power and domination shaped the trajectories of these young mothers, we examine the grooves of systemic inequality, in particular, patriarchy, poverty, and racism. It seems odd, but many discussions about teenage pregnancy are skewed toward discussions of poverty and race, and overlook the distinctly gendered experience of inequality. Linda Gordon writes: “Teenage pregnancy, like many reproductive problems, is problematic largely because of the social inequalities it thrives upon and helps to reproduce. But these inequalities include those of gender as well as class and race, and if recognition of the first is suppressed, solutions are unlikely to be found.”¹⁰⁶ While we begin here with a discussion of poverty, it is only because this concept is easiest to present as systemic inequality.

Poverty is more than simply a measure of income, despite the frequent public reference to a “poverty line.” Poverty refers to systemic deprivation—a lack of material and social resources through which people exercise the freedom to create their lives. The markers of systemic deprivation include deteriorating neighborhoods that are regulated by interpersonal and structural violence; unhealthy environments that lead to chronic health problems such as asthma, hypertension, malnutrition, diabetes, obesity, and lead poisoning; underfunded schools that cannot serve as vehicles of economic mobility; and racial and class segregation that isolates and stigmatizes communities. Impoverished

communities exist in both rural and urban settings, where people live “in” poverty. Poverty is thus a manifestation of economic and social inequality.

The conditions of poverty shape strategies for living, but the expectations of the larger society shape how those strategies are evaluated. Fertility-timing norms vary by class, but the expectations of the larger society are shaped by the norms of the middle class. In this worldview, having a child at the age of 16 appears irrational and irresponsible. These middle-class assumptions about when women should bear children overlook the realities of people living in poverty—where, as Geronimus found, infants born to mothers in their twenties are more likely to die than those born to mothers in their teens.¹⁰⁷ She argues that fertility-timing norms are established with resources and economic needs and pursuits in mind. In areas with high poverty and poor health indicators, a successful strategy is early childbirth within extended multigenerational families so that care for children is shared. Geronimus asserts that it may be the best practice for the child “if their birth and pre-school years coincide with their mother’s peak health and access to social and practical support provided by relatively healthy kin.”¹⁰⁸ And given what she has termed the “weathering” effect that poverty has on the health of its residents, women are healthiest when they are younger.¹⁰⁹

While Geronimus’s research has focused on extremely poor, black, urban areas (Detroit and Harlem), Linda Burton examines fertility-timing norms in a semi-rural community and also concludes that early childbearing is a life-course strategy in poor communities with few marriageable men or job opportunities. Shortened generations in poor communities make it practical for the child’s grandmother (in her 30s) to parent the newborn, while the teen mother (who was often parented by her grandmother) takes care of her grandmother. An accelerated timetable for childbirth, Burton argues, is a rational response to the conditions of poverty.¹¹⁰

Patriarchy, like poverty, is a systemic problem. Just as poverty is not simply about income, patriarchy is not simply about men. Like class inequality and racial injustice, it is about power. Patriarchy is organized across and within institutions (for example, the family, the economy, the polity, and the media) and is manifest in disparate valuations of men and women as well as in formal and informal rules for behavior that limit opportunities for women by shaping the expectations that they have for themselves and that others have for them. For example, child care is still primarily the responsibility of women (even though most women are working outside the home), and child care is considered an individual

responsibility and not a citizenship right. The routine talk about “working mothers” but not “working fathers” expresses different expectations for parenting. As Anita Iltis Garey points out, the dominant cultural model of working mothers assumes a dichotomous and contentious relationship between work and family, one that places women in no-win situations: they are seen as less committed mothers when they work, and less committed workers when they mother.¹¹¹ These expectations evolve from a system whereby work outside the home, traditionally done by men, is privileged over work done in the home, traditionally done by women. These cultural messages are encoded in a patriarchal system.

Similarly, patriarchy is the context in which unmarried mothers are demonized. Policy-makers and social scientists did not label teen births as an epidemic when the rate was at its highest in the 1950s and 18- and 19-year-old mothers were much more likely to be married (then it was the young marriage that was the problem). Today it is the absence of a man, both husband and father, that makes the early birth a problem. Sociologist Ruth Sidel argues that in the public’s eye, a family without a man “is faulted as deficient, defective, disrupted, broken.” She adds that an “ideology that defines any family without a live-in biological father as inferior, unstable and even harmful will make single mothers feel like outsiders and indeed encourage others to perceive them as beyond the pale.”¹¹²

A focus on patriarchal structures rather than on depraved men moves the discussion of teen births away from blaming individuals. We examine systemic gender inequalities in our discussions of statutory rape, child sexual abuse, and interpersonal violence. Patriarchy contextualizes the gendered violence intertwined with sexual relations, gender performance, and power. How to be a woman can be shaped at the end of a violent slap or by the violation of unwanted penetration. Childbirth is then an articulation (volunteered, coerced, or forced) of womanhood.

Finally, as our earlier description of the overlapping narratives of blame suggests, no group of young mothers has been more demonized than black teens. Racism is oppression rooted in capitalism and white supremacy, manifest historically in systems of slavery and colonization, Jim Crow and urban ghettos, and contemporarily in interlocking institutions that create stratified patterns of inclusion and exclusion.¹¹³ Racism is not about racists but about an organization of social relations, power, and opportunity. For example, in Connecticut, poor black and brown students are overrepresented in underperforming urban schools, while white and, to a lesser extent, black middle-class students thrive in

well-funded suburban schools. When our attention shifts away from deviant teen mothers to the problems of underfunded and overburdened schools, we are confronted with the larger systemic problem of educational inequality undergirded by racial and economic apartheid. In the life stories of mothers who dropped out of high school before they had children, we see the cumulative effect of disadvantage that materialized in their failed transition from middle school into high school; and for those who stayed in school, we see the benefits of racial and economic privileges.

THE LIFE-STORY STUDY IN CONNECTICUT

The young mothers in this study were all participating in a home-visitation program for first-time mothers in Connecticut. As part of a larger assessment of the program, the life-story interviews were designed to help program leaders better understand their families.¹¹⁴ We asked the young mothers to tell us what it was like growing up. They talked about their families, neighborhoods, school experiences, friends, and boyfriends. They told us how they found out they were pregnant and about their decision to carry the pregnancy to term.

As sociologists, we examine structural forces of systemic inequality that precede these early childbirths to understand why they had children when they were teenagers. Many of the mothers, however, used a personal responsibility frame to explain their behavior. Socialized in a culture of individualism and knowing that society disapproves of their early motherhood, they constructed self-blame and bootstrap-determination narratives. Some called themselves “lazy” and gave this as a reason for dropping out of school. Others talked about the need for “hard work” and “stepping up” to meet their “responsibilities.” More than one mother said: “I was responsible enough to have sex; I can be responsible enough to raise the child.”

In addition, many of these young mothers were critical of people who “suck off the state,” but they also wished the state would act more efficiently, empathetically, and effectively. Most agreed with Ivalessé that state assistance “should be for people that need it. I need it because I earn honestly and it’s not enough for me and for my children. The unemployment office can help because sometimes it’s hard to find a job. The problem is that the majority of people do not have a car.” But she also believed that “the government is at fault because they let the factories go. And it shouldn’t be like that because we have to work, we have

families to feed.” Ivalessé was one of the few mothers who tied her own job opportunities to educational disparities, transportation problems, and deindustrialization. Others pointed the finger at themselves with statements like “I didn’t get that job at Blockbuster because there was someone more qualified.” The mothers wanted to become financially independent from their parents and the state—as Ivalessé said, “I have to do for my own”—but sometimes this made them more economically dependent on men or the streets.

Similarly, mothers complained about men but they did not talk about systemic gender inequality. There was general agreement among the young mothers that they were responsible for their children. In their minds there was a traditional gender division, where men were disciplinarians and providers, and women were caretakers—and they believed that this made sense biologically.

Appendix A provides an expanded methodological discussion about the interview procedures and ethics as well as the process of analysis and the construction of life-story vignettes. The 108 teen mothers in the study were ethnically and racially diverse with 36 non-Hispanic white, 36 Puerto Rican, 18 African American, 11 biracial, three other Latina (that is, not Puerto Rican), two West Indian, and two Asian mothers. This breakdown by race and ethnicity roughly reflects statewide births of teen mothers.¹¹⁵ They were all living in Connecticut, with a little more than one-half residing in large and small cities and the others in towns and rural areas. The urban-rural divide also parted along racial lines: 83 percent of whites lived in towns and rural areas, and 85 percent of blacks and Puerto Ricans in small cities and urban areas.

From a distance, Connecticut has a high-earning, highly educated populace. At the time of the study, it was the wealthiest state in the union.¹¹⁶ This image, however, masks stark conditions of inequality in the state, where poverty and racial minorities are geographically concentrated and income disparities are among the highest in the union. For instance, the capital city, Hartford, has one of the highest child poverty rates in the country: in 2006, 43 percent of children 17 years and younger lived below the poverty line, the sixth highest rate in the nation.¹¹⁷ Teen birth rates follow accordingly, with Hartford leading the state in teen births (18 percent of all teen births in 2005).¹¹⁸ Beneath the facade of prosperity, Connecticut exemplifies a state that has been torn apart by economic and social inequality in the past 30 years.¹¹⁹ The stories we tell in this book are from the mothers who live in the shadows of wealth and prosperity.

The geographical organization of socioeconomic disparities in the state is even more pronounced when we include race in our analysis, illustrating social and economic conditions that are approaching what we may fairly call racial apartheid in Connecticut. The 2000 census reported that almost one-half of Latinos (45 percent) and blacks (49 percent) in Connecticut lived in the four largest—and poorest—cities, where 14 percent of the state population lived, while 78 percent of Connecticut towns were more than 90 percent white.¹²⁰

The mothers in our study were recruited into the voluntary home-visitation program from birthing hospitals throughout the state. They were first-time mothers who were offered parenting support because they were identified as vulnerable, or “at-risk” of being bad parents.¹²¹ Eligibility in the program required that the mothers meet a combination of factors that constituted a “risk” index. These factors included being young, poor, single, socially isolated, having less than a high school education, or experiencing family problems, poor mental health, a cognitive deficit, late or limited prenatal care, drug or alcohol abuse, or repeated abortions.¹²² In other words, the women in our study provide a window onto a population of vulnerable teen mothers; but their situations varied, as some of the mothers were considered vulnerable only because they were young and single and had not yet finished high school, while others displayed a much greater breadth of problems. Table 7 in appendix B provides a demographic description of the sample.

The mothers in our study are younger than the national aggregate of teen mothers—another aspect of their vulnerability—with 60 percent younger than 18 when they had their first child, roughly two times the national and state averages (see table 8 in appendix B for state data). Many of their life trajectories were punctuated by child abuse, domestic violence, and substance abuse. Only 15 girls grew up with both original parents, and one-third were currently living in blended families. More than one-third had no contact with at least one of their parents as a result of death, incarceration, or abandonment.¹²³ Many, but not all, of the mothers came from educationally impoverished families (over one-half of the babies’ grandparents had not completed high school, but one-half of their grandmothers had some postsecondary education). Some grew up in families that were desperately poor, but most were just-getting-by working class. A few were stable working-class immigrants, others were working-to-middle-class climbers, and a few were middle-class sliders destabilized by divorce and alcoholism. Less than one-quarter of the mothers grew up in areas of concentrated poverty,

and even there, some lived in households that were relatively stable economically and emotionally. Education interacted with family income and neighborhood so that the poorest families had the least education and lived in the most impoverished neighborhoods.

Studying a vulnerable sample of young mothers is useful because they resemble the population of teen mothers nationally, who are more likely to be poor, to have experienced sexual violence, and to have done poorly in school; however, having chosen a vulnerable population, we risk reproducing stereotypes about adolescent mothers. Their struggles may invite moral contempt and reductive interpretations. We counter this telescopic tendency with sociological storytelling that widens our focus to include an analysis of the social structures and larger forces of inequality that cradle their backstories. Moreover, the mothers in our study represent considerable diversity in race and ethnicity, geographical location, family stability, life experiences, and even age when we consider the differences between young adolescents and older teen mothers. We remind readers that even within poor communities and vulnerable families, the majority of young girls do not become teen mothers and life experiences do indeed vary. The Puerto Ricans in our study are no more representative of a Puerto Rican culture than white teen mothers are representative of white culture.¹²⁴ This is why chapter 6 is important, where we discuss the narratives of 15- to 17-year-old girls with high academic achievements who were not troubled by violence and abuse. These stories of the black, white, and brown “good girls” challenge stereotypes about teen mothers and call into question dismal deterministic life-course predictions often associated with early motherhood.

At the time of the interviews, roughly two-thirds of the mothers were still teenagers who had only one child under the age of two years. Their young age influenced the tone of their life stories. Some mothers articulated their feelings and perceptions well, and detailed stories tumbled from their mouths in long full paragraphs. Many of these “talkers” were simply good storytellers with interesting stories to tell. Others had childhoods that had been heavily managed by the state—child protective services, foster homes, psychiatric institutions, detention centers, courts, jails—and they appeared to know the routine of reporting their scripted stories to people who asked, which made them deft at telling facts while hiding meaning. A small number had received enough psychotherapy to not only tell their life stories but analyze them as well.

At the other extreme were the reluctant narrators. One 14-year-old defiantly answered in monosyllabic yeah/nah, shoulder shrugs, and the

“I dunno” mantra of a sulky adolescent who distrusts adults. A few mothers’ cognitive and emotional impairments limited their language. Some mothers were unwilling to revisit painful memories and were reluctant to offer more than the skeleton of an abuse narrative. And finally, a few mothers appeared to be under the influence of drugs (prescription and otherwise) and were a bit groggy during the interview.

The voice of the mother is a reflection of gender and class, race and ethnicity, personality and biography, and mind and self.¹²⁵ It is also a reflection of the interview performance—the telling of one’s life story to another person. We encourage readers who are interested in the methodological issues related to the interview context (characteristics of the interviewers, descriptions of the setting, and issues related to intersubjectivity) to read appendix A. For others, it is important to remember that the life story is a constructed performance, not an absolute set of facts, and these particular storytellers were telling stories not only of their lives, but also of the creation of a new life.