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Damned if you do: culture, identity, privilege, and teenage childbearing in the United States

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Abstract

Why is the broad American public disapproving of urban African American teen mothers and unaware that the scientific evidence on the consequences of teen childbearing, per se, is equivocal? I focus on the links between culture, identity, and privilege. I argue that the broader society is selective in its attention to the actual life chances of urban African Americans and how these chances shape fertility-timing norms, in part, because this selective focus helps maintain the core values, competencies, and privileges of the dominant group. Delayed childbearing is an adaptive practice for European Americans and an *intensely* salient goal they have for their children. Yet early fertility-timing patterns may constitute adaptive practice for African American residents of high-poverty urban areas, in no small measure because they contend with structural constraints that shorten healthy life expectancy. European Americans put their cultural priorities into action ahead of the needs of African Americans and employ substantial resources to disseminate the social control message meant for their youth that teenage childbearing has disastrous consequences. Their ability to develop a more nuanced understanding of early childbearing is limited by their culturally mediated perceptions. Thus, cultural dominance can be perpetuated by well-meaning people consciously dedicated to children's well-being, social justice, and the public good. The entrenched cultural interdependence of and social inequality between European and African Americans leads African Americans to be highly visible targets of moral condemnation for their fertility behavior, and also sets up African Americans to pay a particularly high political, economic, psychosocial, and health price.

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The power of authoritative knowledge is not that it is correct but that it counts.

—Brigitte Jordan (1997, p. 58)

The scientific evidence that teen childbearing, per se, has large negative consequences for teen mothers, their children, or society is subject to debate (see for example, Geronimus, 1987, 1997; Hotz, McElroy, & Sanders, 1996; Lawlor, Shaw, & Johns, 2001; Lawlor & Shaw, 2002a,b; Luker, 1996; Nathanson, 1991). Indeed, some evidence suggests that early childbearing among African Americans in high-poverty urban areas mitigates the consequences of the severe health risks they face during

their reproductive and working age. For example, in these populations, early childbearing may act to reduce rates of infant mortality and the risk of being widowed or orphaned, along with their adverse effects on family economies and caretaking systems (Geronimus, 1987, 1996a; Geronimus, Bound, & Waidmann, 1999). Few people are aware of this. Well-publicized conventional wisdom continues to hold teen childbearing to be, in all cases and in every aspect, an antisocial act and an important public health problem, *especially* when practiced by urban African Americans. Meanwhile, a significant body of reputable scientific evidence has existed for more than a decade that casts doubt on the conventional wisdom but does not get the same public “air time” (Geronimus, 1991, 1997; Nathanson, 1991). This may occur because myopia on this issue is useful to the dominant culture and to the work of parents in the dominant group.

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The current and historical contours of the socially unequal relationship between European Americans and African Americans have implications that are key to this formulation. Of course, the European and African American populations are each very heterogeneous. For the purposes of this analysis, I downplay their heterogeneity in order to focus on the dialogical relationship between the European and African American communities, writ large, in their respective status as the culturally dominant versus the subordinated or marginalized group. In particular, important variation by gender, ethnicity, or socioeconomic position within each group is not addressed. In part, this approach mirrors the ideology that allows for the form of “stratified reproduction” (Colen, 1995) I discuss, whereby teen motherhood is deplored. Stratified reproduction is a process of power relations that “helps us to see the arrangements by which some reproductive futures are valued while others are despised” (Ginsburg & Rapp, 1995). In the US case, race-related power relations have created a context in which African Americans suffer disproportionately from social, economic, and political marginalization, if not outright exclusion (Cohen, 1999; Collins & Williams, 1999; Geronimus, 2000; O’Connor, 2001; Oliver & Shapiro, 1995); in which African Americans face severe health risks, perhaps greater than any other socioeconomically disadvantaged group in the United States (James, 1993, 1994; Williams & Collins, 1995; Collins & Williams, 1999; Geronimus, 2000). (Although not the focus of this paper, American Indians also have a compelling claim here); in which African Americans may find early childbearing and multigenerational extended family norms to be adaptive practices (DeLeire & Kalil, 2002; Geronimus, 1987, 1992, 1994, 1996b, 1997; Geronimus, Korenman, & Hillmeier, 1994; Morgan, McDaniel, Miller, & Preston, 1993; McDaniel & Morgan, 1996; Stack, 1974, 1996; Stack & Burton, 1993; Sullivan, 1989); and in which European Americans either condemn African Americans for these practices, or naively assume that if African Americans adopt the nuclear family and delayed fertility-timing norms of European Americans, this alone would induce social, economic, and political equality.

Here I explicate three reasons for which European Americans adopt this last position, focusing on the links between culture, identity, and privilege. First, European Americans tend to take for granted the broad and ubiquitous range of resources that help support the social, economic, and physical well-being of their nuclear families. This support goes largely unnoticed, allowing European Americans to see themselves as self-sufficient in these areas, and to be unaware of the energy and strategies required of African Americans to secure family well-being in the absence of the same range of resources. Second, delayed childbearing is an adaptive practice for European Americans and an *intensely*

salient goal they have for their children. These circumstances motivate European Americans, as *good parents*, to employ their substantial and far-reaching resources to disseminate the social control message that teenage childbearing has disastrous consequences (including expending energy to discredit or, in effect, censor alternative perspectives) (Geronimus, 1991, 1997; Nathanson, 1991). Their culturally mediated perceptions also limit their ability to develop a more nuanced understanding of early childbearing. Third, the public “damning” of African Americans for early childbearing helps European Americans rationalize and perpetuate their dominant status and its associated benefits. This condemnation does not require the conscious intent of European Americans. As I explain below, it follows naturally from the cultural system in which they participate and that shapes their interpretation of appropriate social behavior. In fact, cultural dominance can be perpetuated by well-meaning people consciously dedicated to children’s well-being, social justice, and the public good.

Background

The consequences of Teen Childbearing

The concept of teenage childbearing as a social problem is relatively new, dating back roughly to the 1970s (see Nathanson, 1991; Luker, 1996 for historical and political analyses of the emergence of this social construction). Although studies in the 1970s and 1980s documented an association between teenage childbearing and poor outcomes for teen mothers (occasionally fathers), their offspring, and society at large, from a methodological stand point the conclusion that teenage childbearing *caused* these poor outcomes was premature (Geronimus, 1987; Geronimus & Korenman, 1992). In the United States, those who become teen mothers differ from the larger population in countless and consequential ways—all of which would increase the chance of poor outcomes for women of any age (Abrahamse, Morrison, & Waite, 1988). The question policy makers and social scientists need to answer is the following: would social or public health problems be alleviated *if the same women who become teen mothers postponed childbearing to older ages?*

The past 15 years have witnessed the publication of a raft of studies designed to approximate this counterfactual condition. Unlike the simple comparisons made between teen and older mothers in early studies that had few or no control variables (e.g. Furstenburg, Brooks-Gunn, & Morgan, 1987; Hardy, Welcher, Stanley, & Dallas, 1978; Hayes, 1987), more recent researchers have tried to approximate an experimental approach by comparing teen mothers to older mothers who otherwise

match them more closely in other respects. For example, investigators have compared outcomes among national samples of *sisters* (e.g. Geronimus & Korenman, 1992, 1993) or between teenage mothers and teenagers who became pregnant but *miscarried* (Hotz et al., 1996).

When the assessment of the consequences of teen mothers is based on these studies, a different picture emerges from the entrenched wisdom. For example, Hotz et al. (1996) review studies that use various approaches to account for unobserved background factors that may confound the relationship between teenage childbearing and long-term educational and economic outcomes. They conclude that selection bias “vastly” overstates the negative consequences of teenage childbearing estimated in cross-sectional studies. They find that the reviewed studies “provide no support that there are large, negative consequences” (p. 83). They further conclude that the range of uncertainty is over whether the effects of teenage childbearing on educational and economic outcomes are “slightly negative,” “negligible,” or “positive”.

On the relationship of teenage childbearing to infant health or outcomes in early childhood, there is strong evidence to *refute* the idea that the association between teenage childbearing and poor infant or child outcomes is due to maternal age, *per se* (Geronimus, 1987, 1996a; Geronimus & Korenman, 1993; McCarthy & Hardy, 1993; Rosenzweig & Wolpin, 1995). This is evident for African Americans both in cross-sectional studies and in natural experiments. Among African Americans, rates of low birthweight and infant mortality are *lowest* for babies whose mothers are in their mid to late teens. The increase in infant risk with advancing maternal age through the twenties and early thirties is steepest for African Americans in high poverty urban communities (Geronimus, 1996a, 2001; Rau, Andrews, & Garfinkel, 2001; Rich-Edwards, Buka, Brennan, & Earls, 2003). For example, in Harlem, infant mortality rates for teens are *half* those for older mothers (Geronimus, 2001). Among first births in the poorest African American communities in Michigan, infants with 15-year-old mothers are one-half as likely to be low birthweight as those whose mothers are 25, and one-third as likely as those whose mothers are 35 (Geronimus, 1996a).

Nor do empirical findings related to child development and school achievement provide consistent endorsement for the political viewpoint that teen childbearing harms children. Even findings from multivariate, cross-sectional studies of child development indicators arrive at conflicting estimates of the magnitude of any effects of teen childbearing depending on the outcome, the maternal age groups compared, or whether the focus is on black or nonblack children (Moore, Morrison, & Greene, 1997; Levine, Pollack, & Comfort, 2001). Moore et al. (1997) find that, among black children in their national sample of 4–14 year olds, those

whose mothers were 18 or 19 at their birth performed *better* in reading and math than those whose mothers had been in their early 20s. Geronimus, Korenman, and Hillemeier (1994) studied the performance of preschool and elementary school age children of a national sample of sisters who experienced their first births at different ages. They found differences between children with teen versus older mothers on several standard tests of achievement and cognitive development were most often insignificant. Those tests where statistically significant differences were estimated usually *avored* the children of teen mothers.

Several studies that employ detailed multivariate analyses fail to show teen mothers to be at increased risk of abusing or neglecting their children. Based on her empirical work, Massat (1995) concluded that the prevailing wisdom “that adolescent parents are more likely to maltreat their children than are older parents appears to be a myth entrenched in the popular culture...resources might better be used to cope with harms that research has shown to occur” (pp. 333–334).

As a group, the few studies that consider the effect of teen motherhood on adolescent or young adult anti-social behavior in a multivariate context find at most small effects and leave open the question of whether any negative effects of teen childbearing on adolescent and young adult children of teen mothers would remain in the presence of more comprehensive controls. Levine, Pollack, and Comfort (2001) mention, but do not report, estimates based on within-family comparisons, noting that they are suggestive, if not conclusive, that employing such comparisons could *eliminate* the effects they observed of teen childbearing on behavioral outcomes for adolescent and young adult children.

Of particular interest, given the widely held belief that teen mothers are very expensive to society, are the empirical findings of Hotz et al. (1996), who compared teen mothers to those who would have become teen mothers, but for the accident of miscarriage. This approach approximates random assignment to teen motherhood and, thus, yields estimates that approximate true effects (Hotz, Mullin, & Sanders, 1997). Hotz et al. (1996) estimated that if all current teen mothers delayed childbearing, “the total expenditures on public assistance would *increase* slightly” (pp. 85–86). Moreover, since they estimated that lifetime earnings of teen mothers would *decrease* if they delayed childbearing, and, hence, so would their contribution to the tax base, they calculated “the *net* (of taxes) annual outlays by government for cash-assistance and in-kind transfers to these women would actually *increase* by 35%, or \$4.0 billion. This increase in net expenditures associated with delaying childbearing would amount to over \$1200 per teen mother” (pp. 85–86).

The possibility that delaying childbearing by teen mothers might, on balance, *increase* spending on public

assistance is never considered in legislative debates. Instead, the presumption that preventing teen childbearing would result in substantial cost *savings* is taken as axiomatic. Although large numbers are quoted by politicians, and advocacy organizations have announced evidence of large social costs such figures are, in truth, speculative. They are calculated using estimates of the effects of teen childbearing that are almost certainly exaggerated. For example, a summary report released at a White House Press Conference in 1996 by the Robin Hood Foundation claimed enormous social costs resulting from teenage childbearing (ranging from 6.9 to 29 billion dollars per year). Although the report's conclusions were widely publicized, the social cost estimates were arrived at by ignoring cautions offered by many of the investigators whose research formed the basis for the report. In fact, Hotz et al. (1996) were the researchers studying the key question of government outlays for public assistance for this report, and, as noted above, they had come to the opposite conclusion.

Culture, social control, and social support

In light of the actual scientific evidence, why does the conventional wisdom on the consequences of teen childbearing continue to be at once overstated and never in doubt? A useful conceptualization of culture and its dynamic relationship to structure and identity can be formulated to address this question. The primary premise of this conceptualization is that cultures share basic universal imperatives which include promoting economic security and ensuring healthy reproduction (Levine et al., 1994), both literal (childbearing, child rearing, and child caretaking) and figurative (promulgating world views).

Levine and colleagues (Levine, 1982, 1988; Levine, Miller, & West, 1988; Levine et al., 1994) focus on the critical role parents play (and I extend this more broadly to adults or elders) in employing and adapting cultural traditions to promote children's economic and reproductive success and cultural competence. Such parenting goals "constitute a framework for adaptation, since local conditions threatening their fulfillment motivate parents to develop strategies for minimizing perceived risks to children and for maximizing their welfare" (1988, pp. 4–5). Once specific adaptive practices become cultural traditions, Levine states they are "carried out by parents as tested commonsense formulas that embody a folk wisdom greater than the parents themselves can conceive or explain but which reduces or prevents their anxiety." (1988, p. 5).

The second premise of this conceptualization of culture is that *all* people participate in and help maintain cultural systems that outline ideals for behavior (fertility and otherwise), which are distilled into a pervasive

logical structure (e.g., Geertz's (1983) "common sense", Levine's (1988) "folk wisdom", or Jordan's (1997) "authoritative knowledge") that shapes the interpretations and decisions group members make, the realm of possibilities they consider open to them, and the potential strategies for pursuing available goals. Participants in a culture provide and find support for even questionable views through shared inter-subjectivity; the group members concur that the logical or scientific basis for these views is solid. As others have observed, whether knowledge is accepted as correct may have less to do with its "truth value" than with the power relations that support it (e.g. Bourdieu & Passeron, 1977; Hubbard, 1983; Jordan, 1997). One implication is that conventional wisdom can endure even when it is misleading or false; it can also be generalized to circumstances where it does not apply.

Furthermore, to the extent that cultural participants benefit in tangible or other meaningful ways from their version of "common sense," they have little incentive to question it. At the point where the costs of maintaining a cultural system outweigh the benefits, individuals or groups may resist it or press for change. Examples include the feminist and civil rights movements. Those who are burdened by a cultural system, but who remain sensitive to its social control messages or are unable to change the system, enjoy relatively few of the benefits of participation while absorbing a disproportionate share of the costs. In the case of fertility-timing, this describes the circumstance for many African Americans.

The guidelines a cultural system sets for childbearing and family behavior are deeply salient to individual group members. Cultural ideals are well-recognized within the group. Parents/adults work actively to enable children to recognize and follow local ideals. Cultural ideals are central to the development of personal identity and, thus, to personal susceptibility to specific social control messages, and personal receptivity to specific forms of social support. Conversely, cultural ideals are central to the intensity and rigidity with which parents/adults express specific social control messages and to their willingness to provide social support, and to whom. For example, a new mother's parents (or the state) may gladly provide resources to her and her child if she is married, but withhold the same resources if she is not. Social support becomes a vehicle for social control that is offered or withheld to realize beliefs about appropriate ages and circumstances for childbearing in a self-fulfilling way. In this way, individual fertility-related behavior, while not culturally determined, is culturally mediated and responsive to social control *and* social support.

Recognition of a group's norms, sensitivity to its social control messages, and the need for social support from the group limit the range of behavior among

individual group members. In practice, individuals will not always fulfill their cultural ideals, but group recognition of these ideals generates social expectations, sanctions, and norms that regulate individual behavior. These cultural influences affect the range of feelings among individuals who deviate from cultural scripts: e.g., how conflicted, guilty, or ashamed they feel about specific deviations and the lengths they feel compelled to go to avoid or conceal them. Cultural frameworks also shape the social, material, or psychological means available to resolve contradictions between cultural norms and behaviors. For example, “shot-gun weddings”, adoption, and abortion—available or acceptable in some cultural groups, but not in others—are all means by which individuals who violate cultural ideals of marital sex/childbearing through extramarital pregnancy may attempt to reduce their public humiliation, internal conflict, or the pain their actions may cause to significant others. In addition to the emotional discomfort such humiliation, conflict, or pain can stimulate, tangible practical consequences for the resources available to support children and families can be actuated.

A final premise of this conceptualization is that cultural ideals are not entirely arbitrary or relative, but develop and evolve to accommodate the facts of people’s lives in specific physical or social environments, as well as the values and traditions they bring from other environments. In actively implementing “commonsense formulas”, parents/elders are likely to be aware of their high motivation to secure the best for their children as they see it. They are less likely to be aware of the ways in which their particular strategies or cultural traditions are suited to their distinct mix of social and economic opportunities and constraints and might not be suitable in others. Inasmuch as European Americans and African Americans draw on different cultural traditions and historical experiences and face different environments, resources, and constraints, cultural variation in family ideals and the ensuing patterning of family related behavior is expected—even inevitable.

The cultural imperatives toward economic and reproductive success suggest that, for any group, culturally regulated fertility and family behavior will be exquisitely attuned to ensuring economic and reproductive success, not adversarial it. Furthermore, it suggests that groups subjected to chronic threats to their very survival, such as African American residents of high-poverty urban areas, might mobilize a great deal of their cultural capital to protect and support the reproductive and economic success of group members. In this light, it is curious that the dominant culture currently argues the opposite when discussing high rates of teen childbearing in high-poverty, urban, African American communities.

Fertility-timing norms and distributions

One way to understand population differences in fertility timing distributions is to consider them as reflecting collectively patterned “fertility timing norms”, which are adaptive cultural or population practices. Fertility-timing norms are critical mechanisms through which the basic cultural imperatives toward economic and reproductive success are pursued; at their best, fertility-timing norms are well calibrated to support and draw support from local family economies and caretaking systems. For example, in communities such as high-poverty, urban areas, where income is low and precarious and healthy life expectancy is uncertain (Geronimus, Bound, Waidmann, Colen, & Steffick, 2001), the vitality of the community may be enhanced by early childbearing norms *coupled with* a normative family structure that is multigenerational and extends the responsibility for children’s well-being beyond the biological parents (Geronimus, 1987, 1997; Geronimus & Korenman, 1992; Stack, 1974, 1996; Stack & Burton, 1993; DeLeire & Kalil, 2002). In the context of collective health uncertainty, African American parents in poverty may experience legitimate worries of leaving their children orphaned or of becoming compromised in their capacity to provide for them (Bound, Shoenbaum, & Waidmann, 1996). Parents who value providing consistent emotional and material support for their children may develop, invest in, and rely on extended family or kin to insure their children have caring adults who are willing and able to supplement or even substitute for parental support. Children may fare best 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.

By early childbearing norms, I mean that childbearing in the mid-teens to the early twenties is, at a minimum, tolerated, and may even be socially encouraged or expected (Stack & Burton, 1993). Generally, childbearing in the youngest teen ages is *not* approved, even in populations where later teen childbearing is acceptable. This norm is often coupled with the social expectation that a network of peers and elders will *actively support* young mothers and their children (Geronimus, 1992; Stack, 1974; Sullivan, 1989). *Thus, fertility-timing norms guide the behavior of both youth and their elders.*

Having an early childbearing group norm does not imply that all members become or are encouraged to become young mothers. Individual youths may have personal agendas that do not include early childbearing. Moreover, as low-income, African American families configure themselves, youths who show promise as economic providers or have other talents that give them the opportunity to overcome structural barriers to social mobility may be discouraged from early childbearing,

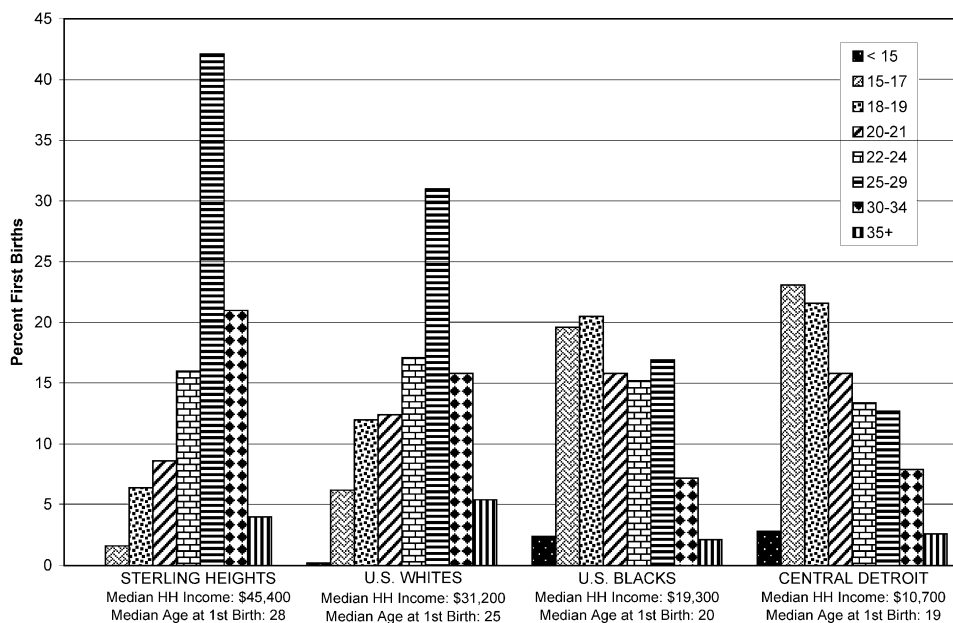


Fig. 1. Percent of first births by maternal age—selected black and white populations (1990). Data for national distributions are drawn from Detailed Birth Certificate Files, United States, 1990 (National Center for Health Statistics); Data for Sterling Heights and Central Detroit are drawn from Detailed Detroit Tri-county Birth Certificate Files, 1989–1991 (Michigan Department of Health).

despite a broader norm (Ladner, 1971; Stack, 1974; Stack & Burton, 1993). Peers and elders who themselves have little chance at social mobility may rally around and invest in supporting these exceptional youth, becoming important parts of their eventual social or economic success.

In contrast, youths in the dominant group can typically expect access to high-quality and advanced education's, whether or not they are gifted, as well as to opportunities for financial security, rewarding careers, and long lifetimes. They face no pressure in terms of their health or domestic responsibilities, or encouragement from their elders to grow up fast or to bear children at a young age. Quite the opposite. The nuclear family norm in which they have been reared both frees them from active participation in the family economy or caretaking system to pursue academic, social, and extracurricular activities that extend their adolescence *and* provides them the practical lesson that they should wait to take on nuclear family responsibilities until they are completely prepared to assume them (Geronimus, 1996b). The nuclear family ideal calls for biological parents to be self-sufficient in the care of their children—that is, not to expect support from others whom they cannot afford to pay. Early childbearing in the dominant culture, by constraining the use of extensive educational and career opportunities and their concomitant economic benefits, conflicts dramatically with the nuclear family ideal. Given these opportunities and

ideals, youth in the dominant group have every reason to believe they will be better providers for their children if they delay parenthood. It is highly adaptive for parents in this group to use their influence to discourage early childbearing and to emphasize to their children—early and often—its potentially disastrous consequences.

Indeed, population-variation in fertility timing distributions can be seen as illustrations of the regulation of fertility according to cultural imperatives given social opportunities and constraints. Fig. 1 shows the 1990 distributions of maternal age at first birth (fertility timing) for white and black mothers nationwide, and for two local populations chosen to illustrate the extremes of US socioeconomic advantage and disadvantage: white mothers in Sterling Heights, Michigan, an affluent suburb of Detroit (1990 median income was \$45,400) and black mothers in a high-poverty area of Detroit's central city (1990 median income was \$10,700). It should be noted that the 1990 median incomes for whites and blacks nationwide were \$31,200 and \$19,300, respectively.

The fertility-timing distributions are generally older for white than for black populations, while each population shows a distinct pattern. In Sterling Heights, fully two-thirds of first births are delayed until age 25 or older, a mere 8% of first births are to teens, and the median age at first birth is 28. Nationwide, the median age at first birth is 25 for white women, with most first births occurring among women in their 20s, about 18%

to teens, and a smaller percentage to women in their late 20 and early 30s than in Sterling Heights. Thus, in comparison to whites nationwide, the fertility timing distribution for Sterling Heights is more skewed toward older ages.

Unlike the white populations, the vast majority of first births in the two black populations examined occur *before* age 25. The generally earlier fertility timing distribution is less uniform for blacks in Detroit than for blacks nationwide, and is more heavily skewed to younger ages. The median age at first birth is 19 for the black Detroiters and 20 for blacks nationwide, and the modal age for first births is 15–17 years and 18–19 years, respectively.

Note also that across all four populations, despite widely disparate proportions of births to mid- to late-teenagers, very few births occur *anywhere* to teens under age 15. These distributions suggest that comparing patterns of age at first birth (and perhaps, more versus less skewed distributions) is a better way to characterize population variation in fertility timing than focusing on births before and after the age of 20. Economically better-off and socially privileged populations have older distributions of age-at-first-birth than others. More generally, the parameters of fertility timing distributions appear to vary with race/ethnicity and socioeconomic group, suggesting they reflect collective processes, not simply individual acts. For example, teenagers in Sterling Heights rarely bear children; this can be interpreted to indicate the effectiveness of dominant cultural ideals and the social control/support mechanisms that enforce them in this affluent, white community.

White elders, black teens: In loco parentis or la vida loca?

But what motivates dominant group elders to condemn or try to change the fertility timing norms of African American residents of high-poverty urban areas? Clearly, the notion that the ages seen as appropriate for childbearing can vary across generations and cultural groups is not beyond our grasp. Many of our grandmothers became mothers as teenagers. Why is the broader public so disapproving of current African American teen mothers?

As noted, the most common justifications are open to question (i.e. that African American children would benefit if their biological mothers were not teenagers; and that large social costs justify a broad societal interest in African American fertility timing). Moreover, there is little public concern about the social costs of increasing rates of childbearing delayed to the late 30 and 40s among the most socio-economically advantaged women in the United States, suggesting a double-standard. Other widely accepted rationales

also rely on the folk wisdom of the dominant group, such as:

Early childbearing was once adaptive behavior, but is no longer because healthy life expectancy has lengthened, reproductive technology has advanced, and women's educational and career opportunities have expanded. Although this explains why the age at childbearing would rise in the dominant group, it ignores the unequal distribution across segments of society of these reasons to delay childbearing.

Preventing teen childbearing preserves reproductive freedom. History provides good reason to be vigilant in preserving the reproductive freedom of African Americans. However, this concern justifies empowering all women and men to fulfill their own autonomous reproductive goals; it does not justify telling them what those goals should be or ignoring the constraints the facts of their lives place on their reproductive options.

Teen births increasingly occur outside of marriage. This answer conflates teen births with non-marital births, ignoring that birth rates have been declining among black teens and that non-marital birth rates have risen most rapidly among white mothers generally and among those who have postponed childbearing to ages well beyond their teens, in particular. Moreover, it obviates the possibility that distinct social or cultural groups may give different weight to the importance of legal marriage; that they may draw on other key relationships for social and economic support and emotional sustenance; or that they may not view the nuclear family as the center of the family economy or caretaking system (Dressler, 1999; Levine & Scrimshaw, 1983).

Researchers have highlighted the political hay that advocacy organizations and politicians have made from constructing teen childbearing as a quintessentially antisocial act (Luker, 1996; Nathanson, 1991; Ward, 1995). They argue that without the efforts and resources of such organizations and individuals, it is unlikely that this distortion would have become so entrenched. They, along with others (e.g., Macintyre & Cunningham-Burley, 1993; Phoenix, 1991, 1993) note that although “teenage pregnancy” is used as a categorical term by politicians and advocates, it is, in fact, an imprecise concept. But a label that draws on culturally mediated axioms—the “common sense” or “authoritative knowledge” that tells us that teen childbearing is bad—does not need to be precise. “Teenage pregnancy” is more a political tool than a valid construct. The label “teenage pregnancy” is an absorptive shorthand that strikes exposed dominant cultural nerves about race, responsibility, and sexuality along with rank feelings of

disappointment and resentment. The negative salience of teenage pregnancy follows easily from the dominant culture's particular cherished version of "family values". In this context, promoting the view that teen childbearing is an antisocial act can be viewed as a means by which adults in the dominant culture put their cultural priorities into action. And representatives of the dominant group have use of the public stage—through control of the media, advocacy organizations, political campaigns, the legislative process, public school curricula, scientific research funding, and publishing—to broadcast the social control message intended for their children that cultural competence requires the postponement of childbearing. This message gains maximum force when it is seen as absolute.

Indeed, Nathanson (1991) interprets the enormous success at which advocacy and other organizations have propagating the premature judgement that teen childbearing is a mammoth social problem, and have benefited from that judgement, as importantly owing to its adeptness as a social control message whose target audience is middle-class, teenage girls coming of age during or after the sexual revolution and women's movement. She suggests that dominant group parents/adults experienced a moral panic initially stimulated in the late 1960s and early 1970s by changing and contested boundaries of permissible sexual behavior. Political support for their potent desire to prevent pregnancy among their youth has provided them welcome reassurance while also funneling material resources to support their cultural goals.

To the extent that teen pregnancy prevention has been officially controversial, it has engendered debate between generations, between political liberals and conservatives, between cultural conservatives and feminists, and among different advocacy organizations, *but all within the dominant group*. None of these factions question whether teenage childbearing is a major social problem to be prevented; they merely argue over appropriate solutions on a continuum ranging from expanded access to sex education, contraception, and abortion to promoting "family values," abstinence, and welfare reform. And they contest who has the authority to use available public and private funds to spearhead and oversee the solution to teen pregnancy—the medical profession, advocacy organizations, the welfare state, faith-based organizations, or the family (Nathanson, 1991).

However, extending Nathanson's argument, one can identify in the societal struggles over fertility timing the elements that help define and secure membership in dominant versus marginal groups. If postponed childbearing maximizes the reproductive and economic success of European Americans, while early fertility timing patterns constitute adaptive practice for African American residents of high-poverty, urban areas, a

societal conundrum is created. The means to fulfill the shared cultural imperatives of healthy reproduction and economic security are diametrically opposed for these two socially unequal populations. Promoting delayed childbearing norms helps socio-economically advantaged teens maintain their privilege while the social control messages against teenage childbearing contribute to maintaining the marginal status of African Americans.

Social inequality, social control, and social identity: The costs to African Americans

A key reason, then, that dominant group elders are unable to view early fertility timing norms in high poverty, African American communities with equanimity may be the following: cultural variation in family ideals is a relatively straightforward and tolerable concept when the varying cultures are politically, economically, and socially *distinct* from one another. Accepting cultural relativity in deeply cherished, fundamental family ideals becomes more difficult, complicated, and threatening, however, in a society that is multicultural and stratified. In such a society, although the dominant culture may be identified as the "mainstream" and others as minority groups, the cultures are not distinct. To the extent that they coexist in the same political and economic space, they will share some ideals, have some common access to the broad popular culture, and have some mutual effects on one another, including that their contours and adaptive practices will, in part, reflect their exposure and relationship to one another. If one group depends on the subordination of another to fulfill its cultural imperatives or to maintain its identity, these effects may be profound. This is the historical relationship between European Americans and African Americans. The fate, cultural integrity, and well-being of African Americans is inextricably entwined with that of European Americans, and vice versa.

The effects of this historical relationship can be seen in the public racial coding of behaviors that are deemed irresponsible or even threatening by European Americans, such as teenage childbearing. This includes paying disproportionate attention to early fertility timing of African Americans, not only compared to white Americans (who are the bulk of teen mothers), but also compared to other ethnic groups. For example, European Americans express less public concern and expend fewer resources to understand the root causes of, or stigmatize teen childbearing among, Latinas than among African Americans, although the black teen birth rate is only marginally higher than the Latina teen birth rate, and both are substantially higher than the white (Small & Newman, 2001).

The entrenched cultural interdependence of European and African Americans not only selects African Americans to be the primary targets of moral condemnation, but also sets up African Americans to pay a particularly high psychosocial price in response to racial inequality: they face heightened vulnerability to stigma (Goffman, 1963), lifestyle or status incongruity (Dressler, 1995), and their adverse effects on mental and physical health in comparison to other ethnic or economically disadvantaged groups whose identities are not yet “American” (e.g., new immigrants) or have not been forged in the same crucible of long-term subordination to whites as has the African American identity (James, 1993). As multigenerational Americans, African Americans are responsive to the family ideals of European Americans. The fact that they cannot always follow them poses a painful, poignant, and potentially humiliating personal contradiction. Consider the pivotal conditions for stigma and social identity that Erving Goffman (1963) outlines:

The stigmatized individual tends to hold the same belief about identity as we do... His deepest feelings about what he is may be his sense of being a “normal person,” a human being like everyone else, a person, therefore, who deserves a fair chance and a fair break.... Yet, he may perceive, usually quite correctly, that whatever others profess, they do not really ‘accept’ him and are not ready to make contact with him on ‘equal grounds.’ Further, the standards he has incorporated from the wider society equip him to be intimately alive to what others see as his failing, inevitably causing him, if only for moments, to agree that he does fall short of what he really ought to be (p. 7).

Meanwhile, the ever-present viewpoint that African American fertility and family behavior contradicts dominant cultural norms for family structure and childbearing can wear away the ability of African Americans to protest this caricature of themselves as morally marred (either in terms of their self-respect or in the public political arena). As DuBois (1961/1903) wrote more generally:

It is a peculiar sensation, this double-consciousness, this sense of always looking at one’s self through the eyes of others, of measuring one’s soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness,—an American, a Negro... (p. 17).

The dominant culture has proven itself capable of extending (white) privilege to ethnic or immigrant subgroups when it is politically advantageous to do so. Ironically, when other ethnic groups with humble beginnings in the United States ultimately realize dominant cultural ideals for economic and reproductive

success—or, as Brodtkin (1998) terms it, “become white”—they increase the force of dominant cultural racial ideologies and undergird salient social control messages. Notably, the structural supports—for example, access to the benefits of the GI Bill (Brodtkin, 1998; Turner & Bound, 2001)—that aided other ethnic groups or socio-economically disadvantaged whites in their social mobility often go unacknowledged in dominant culture narratives. Similarly, individual African Americans who achieve socioeconomic success are also offered as evidence that the primary deterrent to racial inequality is the character failures of some blacks themselves. Again, neither the fact that socially mobile African American youths tend to be a select, extremely talented group nor the fact that their success is enabled by the support of their communities is highlighted. And, although their success has clear benefits, it can also be exacting for the youths and others engaged in the collective effort to promote them. In adulthood, socially mobile youth may bear the responsibility of delivering on the social investment of their community of support. And, no longer completely part of their cultural group of origin, yet structurally disabled from accruing full cultural capital in the dominant group, they may experience additional personal costs (Cose, 1993; hooks, 1995; Patillo-McCoy, 1999).

Moreover, the interpretation that African Americans experience self-inflicted wounds perpetuates entitlement and privilege while providing a compelling object lesson for dominant group youth, namely that deviations in personal behavior from cultural ideals may be calamitous—perhaps leading to loss of social support, ostracism, or even class suicide. Socially liberal or progressive, as well as socially conservative, dominant group parents may share a common desire for their children to learn this lesson, even if they endorse different ways to act on it.

Conclusion

The well-being of children and families, and, by extension, the vitality of communities and their economic and reproductive success, is likely to be enhanced when the adults charged with the primary care of children have reliable social resources outside themselves. The illusion that US parents in socio-economically advantaged nuclear families raise their children independently is an artifact of the availability of a range of social resources that supplant the need to depend on relatives, neighbors, or friends for the day-to-day care and socialization of their children. In addition to these child rearing resources, socio-economically advantaged parents take for granted the ways their social and economic resources help ensure their health and vigor and that of their children (Link & Phelan, 1995).

More hidden is the help these parents derive from the dominant culture in reinforcing the social control messages and values they want their children to internalize. Even the age-grading of academic and work institutions fits the cadence of dominant life-course demands and norms of care and responsibility across and within generations; it thus reinforces dominant cultural perspectives on the proper timing and sequencing of life course events, including fertility timing.

At their best, these resources—the material, the institutional, the health-related, and the ideological—support and reinforce the parents, while also facilitating their children's engagement in academic, extracurricular, and social pursuits that promote their development and eventual socioeconomic success. These pervasive and mutually reinforcing resources help their children learn to be culturally competent members of the dominant group, acquire important cultural capital, maintain their privilege, and transmit it intergenerationally.

For several reasons, African American residents of high-poverty, urban areas experience only partial success in their efforts to amass resources comparable to those the more affluent take for granted. They face structural barriers to the achievement of some of these goals. For example, residential segregation imposes limits on their neighborhood or housing options (Massey & Denton, 1993; Oliver & Shapiro, 1995), often confining low-income African American parents to raising children amid poverty, crime, and urban decay (Kelley, 1997; Mullings, 1995). Thus, helping African American children in high-poverty areas to achieve cultural competence or accrue cultural capital (by either local or dominant standards) is complicated by structural barriers, material hardship, and their negative impacts on health and well-being (Collins & Williams, 1999; Geronimus, 2000; James, 1994; Thompson, 1998; Williams & Collins, 1995; Williams, Yu, Jackson, & Anderson, 1997).

To achieve the resources for themselves and their children that the more affluent buy or have readily available, less socio-economically advantaged families must actively enlist and maintain the informal support of a broader array of kin than the nuclear family (Stack, 1974; Stack & Burton, 1993). Although beneficial, even necessary, active participation in kin networks can pose physical and emotional demands that fuel stress-related disease and override the pursuit of personal agendas (Geronimus, 1994, 2001; James, 1994; Stack & Burton, 1993; Mullings, 1995). In addition, the work of kin networks is made more difficult and costly by dominant ideological forces that directly conflict with the ideologies, values, and life-course timetables needed to sustain it.

For example, recent welfare reform measures requiring all adult family members to work in the labor force as a condition of temporary assistance deplete the

reserve of kin members available to offer childcare to others, and may impose further perturbations on the protective systems worked out by kin networks. More broadly, the success of the dominant culture in ghettoizing African Americans has disrupted and undermined urban African American kin networks, leaving them with fewer resources to spread across greater needs (Mullings, 1995; Geronimus, 2000). Networks now have a hard time absorbing “down and out” members. Some may even, as Stack and Burton (1993) note, “reluctantly ‘let go’ of family members who cannot pull their weight.” This amounts to a structurally induced breakdown of supportive family and community systems. This breakdown has profound effects on the health of high-poverty urban populations, but it emanates from the dominant culture.

In sum, a danger of social inequality is that dominant groups will be motivated to promote their own cultural goals, at least in part, by holding aspects of the behavior of specific marginal groups in public contempt. This is especially true when this behavior is viewed as antithetical or threatening to social control messages aimed at the youth in the dominant group. An acknowledgment that teen childbearing might have benefits for some groups undermines social control messages intended to convince dominant group youth to postpone childbearing by extolling the *absolute* hazards of early fertility. Moreover, to acknowledge cultural variability in the costs and consequences of early childbearing requires public admission of structural inequality and the benefits members of dominant groups derive from socially excluding others. One cannot explain why the benefits of early childbearing may outweigh the costs for many African Americans without noting that African American youth do not enjoy the same access to advanced education or career security enjoyed by most Americans; that their parents are compelled to be more focused on imperatives of survival and subsistence than on encouraging their children to engage in extended and expensive preparation for the competitive labor market; indeed, that African Americans cannot even take their health or longevity for granted through middle age (Geronimus, 1994; Geronimus et al., 2001). And one cannot explain why these social and health inequalities exist without recognizing that structural barriers to full participation in American society impede the success of marginalized groups (Dressler, 1995; Geronimus, 2000; James, 1994). To acknowledge these circumstances would be to contradict the broader societal ethic that denies the existence of social inequality and is conflicted about cultural diversity. And it would undermine the ability the dominant group currently enjoys to interpret their privilege as *earned*, the just reward for their exercise of personal responsibility.

But the failure to acknowledge these circumstances results in a disastrous misunderstanding. As a society,

we have become caught in an endless loop that rationalizes, perhaps guarantees, the continued marginalization of urban African Americans. In the case at hand, by misunderstanding the motivation, context, and outcomes of early childbearing among African Americans, and by implementing social welfare and public health policies that follow from this misunderstanding, the dominant European American culture reinforces material hardship for and stigmatization of African Americans. Faced with these hardships, early fertility timing will continue to be adaptive practice for African Americans. And, reliably, these fertility and related family “behaviors” will again be unfairly derided as antisocial. And so on.

Public health professionals concerned with eliminating social inequalities in health cannot side-step these issues. The failure to recognize that early fertility distributions are adaptive in some populations, while, even worse, holding such practice in contempt or working actively to prevent it, can only maintain or exacerbate social inequalities in health. Among other reasons, this stance affects perturbations in the protective systems worked out by kin networks; aggravates stress, stigma, hardship, and poor health experienced by African Americans; and it directs our resources and attention away from more compelling sources of health inequalities. By using our considerable resources to put our cultural priorities into action, we (however unwittingly) add to the hardships faced by many African Americans and in the process help to maintain their marginal status. This can occur even when the conscious and heartfelt goal of dominant culture members is to expand opportunities available to disadvantaged groups.

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