

## Part 1

This policy approach is rationalized with inferences between teenage pregnancy and other social problems like poverty, crime and educational failure. Simplistic correlations are used as logic to promote policy. However, this logic is not consistent with the most state of the art empirical evidence in existence. Many studies have overestimated the negative consequences of teenage childbearing by interpreting crude associations as causal relationships or by failing to adequately control for unobserved heterogeneity between teenage mothers and older mothers. But research using more highly advanced methods has found results contrary to previous studies. This research better controlled for unobserved heterogeneity by more closely matching teenage mothers and older mothers on other characteristics. Geronimus & Korenman (1993) compared outcomes between sisters and Hotz et. al. (2005) compared outcomes between teenage mothers and teenagers who miscarried. This methodologically superior research has found that early childbearing among high-poverty urban blacks may actually reduce risks of poor pregnancy outcomes. The policy approach is also rationalized with the logic that the problem is costing taxpayer dollars. This rationalization actually conflicts with current evidence. Hotz et. al. (2005) find that in the long run non-teenage mothers utilize more public assistance than teenage mothers, because teenage mothers are eventually able to do better in the labor market having finished their childbearing earlier. Thus teenage mothers may actually save taxpayers money.

The construction of the problem of teenage pregnancy is tailored to be more palatable to members of congress and the public. First of all, the problem is constructed as a problem of teenage sexuality. The title indicates that the target is teenage “pregnancy” rather than teenage “childbearing.” Pregnancy prevention implies preventing the teenagers from ever having sex,

while childbearing prevention would allow teenagers to have sex and get abortions. The latter is not a viable solution because it is not politically or socially acceptable to many people.

Second of all, the construction of teenage pregnancy as an individual problem is based on the white culture's ideal of individualism. Teenage pregnancy is called "a bedrock issue of character and personal responsibility," casting the teenagers as the culprits who are producing the problem. Sex is conceptualized as a natural force that has to be contained, and the adolescent who has sex has lost personal control. It is the failure of individuals to control their behavior, not the deficiencies of structural institutions, which causes the problem. Even the use of the word "bedrock" instead of "root" or "core" serves to invoke a teen gone wild sexually. The problem is constructed this way because it is easier to promote policy calling for sexual control of females than for institutional change.

Also, construction of the problem is based on some prevailing folk notions that the dominant white culture applies to the black community. The "family values" that the plan promotes are based on a white definition of family values, which emphasizes the nuclear family and are assumed to be universal. Black family values, however, may place as much importance on kin networks as marriage. That teenagers should not have a baby until they are "old enough to take care of it, until you're married" draws on the folk notion that they are too immature and inexperienced to be good parents. In the white community is widely assumed that teenagers are not ready to take care of another life because they are still learning to take care of themselves. In reality, black teen mothers may have more experience caring for children due to childcare obligations within kin networks. That they should be married draws on the folk notion that children of teenage mothers receive little or no support from their fathers, and that they would receive more support if the father was married to the mother. It is assumed that young fathers

who are not legally married to the mothers are both too irresponsible and immoral to help support their children, and that age is the main determinant of increasing responsible parenthood. However, lack of financial support for the children may be a function of high rates of unemployment among black men.

Numerical “facts” do not appear until the final third portion of the article. When statistics do appear they support the argument by invoking common negative associations that many people make with teenage childbearing. One statistic in the text states: “In 1990, unwed mothers accounted for 28 percent of the nation’s births..... Two-thirds of the black children born that year had unmarried mothers.” These statistics blatantly ignore the age of the mothers and only indicate that the mothers are unmarried. They leave it up to the reader to infer to teenagers based on folk notions; when they envision an unmarried person giving birth they envision a young irresponsible teenager. In reality, births to unmarried women of all ages may be increasing.

The next statistic is merely a crude association that is used to invoke a causal relationship between early childbearing and poverty: “...almost 80 percent of the unmarried women who had a child before finishing high school are living in poverty. By contrast, the poverty rate is only 8 percent for those who finish high school, marry and have a baby after the age of 20.” These findings imply that the early childbearing is what causes poverty. However, they are based on percentage distributions, even though descriptive statistics can technically describe only correlations and should not be used to infer causal relationships. Furthermore, this statistic ignores the possibility that choice to end or continue a pregnancy is determined by a selection effect or a previous difference between treatment and control groups that yields non-random assignment to these groups. It is possible that women were “selected” into bearing a child or not by their potential for educational achievement. Those women showing more academic or career

promise early on may have been encouraged by their community to not get pregnant or obtain an abortion in the event of pregnancy. For the women already behind academically, finishing high school may not have been encouraged as the priority because they would be more likely to work at jobs without high educational requirements. While this article attributes the increased difference in poverty levels to the birth itself, it is also quite likely that this increasing income difference is due to pre-existing academic/career potential. In other words those women who waited to give birth may have done better in school or jobs anyway.

The figure included in the article again confounds teenage births with unmarried births. Since the birth rates are per unmarried women, a critical reader might wonder whether how much changing marriage rates or increasing ages at first marriage complicate this picture. In fact, birth rates to teenagers have been declining since 1957 (Nathanson 1991). In particular, during the late 1960s and early 1970s rates of teenage childbearing greatly decreased.

It is not very surprising that Clinton's original plan was converted into the welfare reform bill, which does not challenge unconscious assumptions about teenage pregnancy as much. The removal of funding for family planning services and increased funding for abstinence education programs recognized that the general public does not condone teenage sexuality. The removal of job opportunities supports the notion that teenage pregnancy is not caused by structural inequalities but by individual irresponsibility. It is not surprising that the policy response was tweaked to appeal to greater public beliefs about teenage pregnancy, enabling the Democrats to remain considered as "fixers" of the problem. While I agree that a program including provisions for family planning services in schools would have been better, I do not necessarily agree with Democratic wisdom that the original plan was "sound" and that radical Republican's are fully responsible for making it "draconian." Accusations such as these are part of a continual struggle

over “ownership” of the problem of teenage childbearing. This struggle occurs not only between Republicans and Democrats, but also between other entities such as churches, schools, medical experts, etc. Various actors continue to strategically portray social problems in ways that shift blame away from themselves or their organizations.

## Part 2

The Tiriki tribe’s observations that delayed childbearing among anthropologists causes poor pregnancy outcomes can be explained by their tribe’s socially constructed definition of better age at which to bear children. Because of their shared intersubjective assumptions, the benefits of earlier childbearing seem like objective facts; thus they accept associations as causality. The Tiriki explanation for anthropologists having few or no children is a moral breakdown in anthropologist society. The anthropologists are too individualistic and focused on their own careers. They are getting thrown off-course by too much schooling, and are prevented from progressing through the appropriate sequence of events of the life course. Furthermore, they mistakenly consider children as private consumption goods. It is immoral of them to not contribute to the common good by raising productive future members of society. The Tiriki explain anthropologist poor pregnancy outcomes as a medical problem. Anthropologists suffer difficult pregnancies and poor pregnancy outcomes because their bodies are biologically too old for healthy childbearing. This way, it is easier to blame the anthropologist for having children at an inappropriate time.

The construction of social problems, whether the anthropologists’ delayed childbearing or teenage childbearing in the United States, both concern the failure to recognize locally prevalent values and the universal imposition of a dominant culture’s hegemonic parenting

strategies. In the United States, teenage childbearing is an adaptation to local societal values such as multigenerational interdependence and collective survival. Similarly, the anthropologists adopt their behavior to their own local values, which emphasize independence and establishing the best career possible before childbearing. Highly valued individualism in the anthropologists' culture sends them the message that you can take care of your children without anybody else's help, so you do not need your relatives to be at the peak of their health when you give birth. Also, both situations entail selection that occurs within a cultural framework. Some teenagers in the United States may be encouraged to bear children early by their community, if they do not seem likely to succeed academically and are likely to be employed in jobs without high educational requirements. Similarly, some anthropologists may be encouraged to bear children later or not at all by their community, if they seem very likely to succeed both academically and on the job market. Finally, the construction of both of these social problems equates correlation with causation, targeting age as the primary causal factor. In the United States, teenagers' young age at childbearing (rather than socioeconomic factors) is blamed for mothers' health problems and poor birth outcomes such as low birth weight. Similarly the Tiriki blame the old age at childbearing for the anthropologists' diseases in later life and the unfortunate outcomes of their children. In reality it is possible that other factors are causing the anthropologists' poor health outcomes, such as the fact that they are overworking themselves and not taking enough vacation! Or the fact that they are eating too much fast food, causing rising obesity rates in their continent!

In order to limit the diffusion of the anthropologists' behaviors into their tribe, the Tiriki will create moral panic by defining the anthropologists as a threat to the widely accepted Tiriki societal values. They will accuse the anthropologists' community of currently experiencing a family breakdown (even though the anthropologists' community has always had later average

age at childbearing compared to that of the Tiriki). To support this causal story, the Tiriki will distribute publications showing correlations between later fertility and diseases, as biological evidence that as the female body matures it deteriorates, causing delayed fertility to be quite unhealthy. Perhaps the Tiriki will even go as far as to air a television special on the disappearance of the anthropologists' family as a social problem, to affirm the positive aspects of their own society's family values. Media will emphasize the upper bound estimate of the effects of delayed childbearing on poor birth outcomes, without accounting for other possible confounding factors. Because beneficial early childbearing is a fabrication entrenched in their popular culture, the Tiriki will be able to publicize these results with little empirical evidence. Not wanting their accepted ideals to be threatened, Tiriki society will accept this publicized causal story.

Hegemonic beliefs of the Tiriki allow them to categorize delayed childbearing as negative, and allow them to blame the anthropologists for their bad behavior. These beliefs publicized by the Tiriki become part of everyone's cultural repertoire, including that of the anthropologists. However, while the anthropologists might recognize the Tiriki cultural ideals, they cannot necessarily implement them, and thus may have greater tolerance for deviation from them.

Structural forces are one reason why anthropologists will probably not adapt to the Tiriki social control campaign. In anthropologist society, providing well for children is much more expensive. Affording to raise more than two children is difficult because of the high costs, promoting "quality" over "quantity" in childrearing. The capitalist ideology in their society encourages them to spend more years in the workforce. The system discourages childbearing by not providing structural support such as prolonged maternity leave or public childcare. A

different life course definition is another reason why anthropologists will probably not adapt to the Tiriki social control campaign. Their ideology tells them to achieve economic stability first in order to be a good mother, and that they should be as successful as men in the workforce. Obviously since the anthropologists have had different social and economic experiences over time, they have developed different marriage and fertility norms. It would not be logical for them to develop the behavior of the Tiriki who live a totally different experience. It is much more reasonable for the anthropologists to adapt their behavior to their local situation in their continent. As long as the structural conflict between work and childbearing exists and they stick rigidly to their life course ideology, the anthropologists will continue to bear fewer children at later ages.

Due to a low national average life expectancy, the Tiriki life course ideology may contain the premise that death could occur starting around age 50. This aspect of their population health may encourage earlier childbearing, giving parents and grandparents literally more time to raise their children. However, the anthropologists' life course ideology consists of expectation of a very long life, until at least the mid-70s. This longer life expectancy might decelerate their fertility time table. In any context, life expectancy of a population affects their timing of childbearing.