

Dubious Conceptions: The Politics of Teenage Pregnancy. By Kristin Luker. Cambridge: Harvard University Press, 1996, 256 pp., \$24.95 (cloth).

In the tradition of the sociology of deviance, the author sets out to prove that policy initiatives about the causes, consequences, and nature of childbearing and fertility of young women in the United States are wrongheaded and misguided. Luker contends that many programs in this field, despite their good intentions, harm young women more than help them because they do not fundamentally take into consideration the life contexts of adolescents from impoverished families.

She is rightly critical of policies that penalize and stigmatize young women for having children outside of marriage and prior to their achieving economic independence, especially when such approaches have not been found to be effective in reducing teen pregnancy or the problems of teen parents and their children. In contrast, Luker views teen sex and childbearing as an almost logical result of simultaneous economic and demographic catastrophes that have occurred during the last two decades, a period of declining government support in health, reproductive, and welfare arenas. According to Luker, instead of targeting teens and their sexual behavior, social policies should address the community-wide malaise that leads to "discouraged and disadvantaged" youths.

Because of these broader contextual factors, Luker sees teen mothers as pioneers on a new frontier in American life, one in which the norms for adult standards of family and work are in tumultuous change for all classes and races. While young men and women with better economic and educational prospects and skills are delaying parenting (and juggling these conflicts at a later life stage), inner-city and poor youths are more likely to adopt an "accelerated life course," a term used by Burton, Obeidallah, and Allison (1996). This argument is very consistent with the academic, social services, and policy research literature; however, it does not provide clear implications for what we ought to do about the issues of teen fertility and the problems of teen parents and their children. Nor does it provide clues for how to prevent or delay very early childbearing.

Luker's synthesis of the literature begins by dispelling stereotypes about teen parents and conveying the more accurate demographic portrait: Teen mothers are, in fact, typically White, single, and closer to 18-19 than to being "babies" themselves. She defines the image problem as one of popular disgust with young women who are believed to willfully engage in unprotected sex without considering its consequences or, worse yet, who may behave with such abandon because of the ease with which they can be publicly supported by welfare. Whereas this sets up a rationale for a mean-spirited policy debate, one that encourages rather than dispels negative race and gender myths, this portrait does not reflect what researchers, service professionals, communities, and teens themselves have been telling us for some time.

To prove that such imagery about young women's motivations is not tenable, Luker refers to research evidence in two parts, one of which addresses the motivation question only indirectly. She argues that if the research on the consequences of teen pregnancy actually proved that age of first birth directly produces negative outcomes, then changing the teens' behavior would be important. If the consequences of early birth are, however, primarily due to prepregnancy characteristics of young mothers, then policies should not "blame" them for their problems; rather, they should deal with background disadvantages of young women at risk of early childbearing.

But the problem with this argument is that even if these studies found that age effects were significantly and consistently related to negative outcomes, it does not prove that the motivation of the teen is the underlying cause for the early at-risk sexual behavior. In fact, research typically shows that age effects are less important than prior characteristics and that socioeconomic disadvantage is the most important precursor to teen pregnancy.

Luker also synthesizes a selected set of qualitative research evidence on how young women (and to a far lesser extent, young men) perceive their situations and the context of becoming parents. Her characterization of their perceptions of why they "do it" emphasizes the lack of alternative, positive reasons *not* to have an unintended pregnancy. This supports the structural lack-of-life-options theory that is consistent with many of the survey research findings. And, as Luker implies, programs to promote such life options and targeted specifically for pregnancy prevention have been vastly underfunded and underdeveloped in the public policy arena because of political and ideological concerns. She does not mention, however, the growing number of school-based and community-based programs developing all over the country that focus on comprehensive approaches to positive youth development. Funding to encourage the expansion and evaluation of such programs was included in the 1994 Crime Act, P.L. 103-322, a policy initiative at odds with Luker's analysis.

So what policy options would Luker prefer? In her last chapter, she gloomily sees the choices for young women as becoming more morally complex, conflictual, and painful, while the government responds exclusively to the mean-spirited and irrational side of the discourse about "those" young people. Although family planning and sex education reduce teen pregnancy, Luker concludes that we will fail to treat and may even exacerbate the poverty and inequality that puts youths "at the margin" and at risk of early unintended pregnancy and birth. She claims that there are all sorts of programs and policies that can work but that they are not cheap; they may openly acknowledge premarital sexual activity and thus are not likely to be supported. This chapter contradicts previous arguments in which policies directed at teens were portrayed as contributing to their victimization rather than offering help.

While comprehensive in scope, the book begs the question of how changed social constraints or opportunities might have an impact on either the behavior between young women and men or the consequences of their early entry into parenthood. Her appreciation of the limitations in current research and theory that impede progress in these difficult areas are insightful, but she falls short of coming up with fresh approaches. Although the book supports the researchers and policy analysts who long for an antipoverty focus in social policy, it may frustrate teen service providers. Sociologists focusing on adolescent social problems in relation to poverty and social policy would be best served by supplementing Luker's book with material that highlights the widespread innovation occurring in disadvantaged communities across the country.

REFERENCE

- Burton, Linda, Dawn Obeidallah, and Kevin Allison. 1996. Ethnographic insights on social context and adolescent development among inner city African American teens. In *Ethnography and human development*, edited by Richard Jessor, Anne Colby, and Richard A. Shweder. Chicago: University of Chicago Press.

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Rock-a-by Baby: Feminism, Self-Help and Postpartum Depression. By Verta Taylor. New York: Routledge, 1996, 240 pp., \$16.95 (paper).

This is a familiar story. It is the story of premenstrual syndrome. Of pain in childbirth. Of osteoporosis. Of endometriosis. Of hot flashes. Of infertility. Of dozens of "women's health issues."

It is, to me, a story that only makes sense if you start with the understanding that medicine—as a profession, as a discipline, as a practice—is not kindly disposed toward women.

The basic story goes like this: Some women have X. It bothers them a lot—maybe it is painful, maybe it interferes with aspects of their lives they value. Whatever, they are bothered by X. They go from doctor to doctor, having their problem poooh-pooohed. All in their heads; get a life; give up their lives. Start working, stop working. The women find each other, exchange their stories, and feel that enormous, wonderful sense of relief that accompanies moving an individual experience to a collective, communal one. They organize. They take to the streets, the talk shows, the Internet. They get the problem named, acknowledged, and diagnosed. The docs take over, start diagnosing it, start treating it. All kinds of x-like phenomena get treated as X, all kinds of x-like problems get medicalized. The next part of the story is some group of women, overdiagnosed and overtreated with X struggle alone, finally find each other, get organized. . . .

This wonderful, sensitive book tracks part 1 of the story, the women finding each other, getting organized, getting their particular "X"—postpartum depression—acknowledged and treated.

The story that this one most clearly parallels is the premenstrual syndrome story: physiological hormonal shifts that appear to cause enormous psychological distress in a few women; that are believed to cause minor psychological distress in many women; a legal defense used occasionally, more successfully (to no one's great surprise) with more elite women; an opportunity to invalidate women's anger, sadness, distress as coming entirely from within and not in response to real-world indications; an opportunity for medical management with drugs and so a sales opportunity. And it is a story that makes feminists, as a rule, very uncomfortable. We like to listen to women, acknowledge women's experiences—and have a very hard time dealing with women telling us that "the hormones made me do it."

Some amount of depression following the birth of a baby is overdetermined. The shift from pregnant to nonpregnant is abrupt, far more so than the gradual shift into pregnancy,