

ABSTRACT

Title of Document: **THE POLITICS OF TEENAGE
SEXUALITIES: SOCIAL
REGULATION, CITIZENSHIP AND
THE U.S. STATE**

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This study examines the emergence of a now-hegemonic discourse of teenage sexuality, which constructs teenagers' engagement in "sexual activity" as a social problem with and about girls in general and low-income girls of color in particular, and explores how the U.S. state and the community health centers that contract with the state regulate the sexual practices, relationships, and identities of teenagers in relation to these and related understandings. My analysis draws on feminist and queer theories of sexuality, gender, the state, social regulation, and sexual citizenship and emphasizes how intersections of race, class, gender, sexuality, and age are explicitly and implicitly articulated through dynamics of regulation prior to state intervention at the federal level; the federal policymaking process; and the discourses and practices of service providers working in two community health centers that provide health care and social services to a predominantly low-income Latina/o

clientele in Washington, DC. I argue that the U.S. state and community health centers comprise important sites through which intersectional inequalities of gender, race, class, sexuality, and age are articulated and teenage sexual citizenship is produced. As such, this study is located at the intersection of political sociology and gender and sexuality studies, and makes contributions to the sociological and interdisciplinary literatures on intersectionality, welfare states, social regulation, sexual citizenship, and the social construction of adolescence.

THE POLITICS OF TEENAGE SEXUALITIES: SOCIAL
REGULATION, CITIZENSHIP AND THE U.S. STATE

By

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Chapter 1: The Politics of Teenage Sexualities

“No Crystal Ball Needed: Teens Are Heading in the Wrong Direction” was the title of a press release published in June 2009 by the Guttmacher Institute, a widely respected source of empirically-informed knowledge on sexual and reproductive health. The press release recounts new data from the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) that show teenage girls are just as likely to have sex as they were earlier in the decade but that they are less likely to use contraception when they do. The Guttmacher Institute suggests that these data are consistent with a rise in teen birth rates between 2005 and 2006 as reflected in data from the Youth Risk Behavior Survey, which is also administered by the CDC (Guttmacher Institute 2009a). In identifying the causal factors at work, the Guttmacher Institute claims that both faltering HIV prevention efforts and abstinence education programs are twin culprits, and recommends “reinvigorated efforts at both the state and national levels to promote contraceptive use among teens through medically accurate sex education and increased access to health services, to effectively address the problem of teen pregnancy” (Guttmacher Institute 2009b).

This press release is an exemplar of a now-hegemonic discourse of teenage sexuality. A product of a complex set of historically and culturally specific social processes, this discourse asserts the “commonsense” premise that teenage sexuality – or teenagers’ engagement in “sexual activity” – is a social problem *with and about girls* and is therefore in need of intervention and regulation by the U.S. state and its

agents, such as schools and community-based organizations. On the surface, this discourse appears to be uniformly concerned with all “teens” but is in fact mainly concerned with specific groups of teenagers – namely teenage girls who have heterosexual vaginal intercourse and the small subset of these for whom such intercourse leads to pregnancy and childbirth.

In my research, I map the emergence of this discourse, the influences of which date back to the mid-nineteenth century. I examine how this discourse is taken up and reconfigured through the creation of U.S. state social policies and programs aimed at regulating teenage sexualities in accordance with racial, class, and gender norms of sexual and familial conduct in the contemporary United States. I follow this with an analysis of how service providers account for the ways they provide sexual and reproductive health care services to low-income Latina/o teenagers in the context of two community health centers in Washington, DC and discuss how they both rearticulate and disrupt this discourse in their implementation of U.S. state social policies and programs. I conclude my study by arguing that the discourses and practices by which teenage sexualities are regulated by the U.S. state and the community health centers that contract with them can be conceptualized in terms of *teenage sexual citizenship*.

As I document in this study, U.S. state social policies and programs aimed at teenage sexualities are primarily organized around the promotion of heteronormativity, which implicitly lays out the terms required for full inclusion in the national community of the United States. Further, these policies and programs constrain the possibility of teenage girls’ sexual agency while rendering boys in

general invisible. Service providers working in community health centers simultaneously rely on and disrupt these normalizing discourses and practices in their work with teenagers. Both sites of regulation can be understood to be constitutive of teenage sexual citizenship. While the U.S. state's vision of teenage sexual citizenship is predicated on heteronormativity, community health centers provide an alternative vision. Unlike the state, service providers take into account the complex and highly variable social contexts that teenage girls and boys navigate in their everyday lives and at times, resist dominant discourses and practices that treat teenagers as a monolithic group "heading in the wrong direction."

My analysis of these social processes of regulation draws on feminist and queer theories of sexuality, gender, the state, social regulation, and sexual citizenship, and emphasizes how intersections of race, class, gender, sexuality, and age are explicitly and implicitly articulated in three interrelated contexts. The first context involves patterned dynamics of regulation prior to state intervention at the federal level. The second context includes discourses of teenage sexuality that were produced through the federal policymaking process and the practices of regulation that result from the creation of social programs. The third context highlights the discourses and practices of service providers working in two distinct community-based nonprofit health care organizations – or community health centers (CHCs) – who provide health care and social services to a predominantly Latina/o¹ clientele in Washington, DC. These organizations are formally non-state entities that have

¹ While I use the term Latina/o in this study, I recognize its limits. As a socially constructed racial/ethnic category, "Latina/o" refers to a diverse group of people of Latin American, Mexican and Hispanophone Caribbean origin. While the term is used politically to advance the interests of many members of this group, it simultaneously homogenizes people of Latino origin and obscures their many cultural, political and historical differences.

contractual relationships with the state to implement, among other things, social programs focused on sexual and reproductive health, such as family planning, teenage pregnancy prevention, and the prevention of HIV/AIDS and other sexually transmitted infections. I argue that the U.S. state and community health centers that contract with the state comprise important, interconnected sites through which teenage sexualities are regulated; intersectional inequalities of gender, race, class, sexuality, and age are articulated; and teenage sexual citizenship is produced. As such, this study is located at the intersection of political sociology and gender and sexuality studies, and makes contributions to the literatures on intersectionality, welfare states, social regulation, sexual citizenship, and the social construction of adolescence.

In focusing on the regulation of teenage sexualities in my analysis, I am not examining teenagers' subjectivities and experiences in terms of their actual sexual practices, relationships, and identities, or the meanings they attach to them.² Nor am I examining the measurable outcomes of particular policies and programs focused on teenage sexuality, as is more common in positivist approaches to policy analysis. Instead, I explore the meanings of teenage sexuality that are produced through discourse, how these meanings are mobilized to facilitate the creation of social policies and programs, how service providers engage these and related discourses in their practices health care and social service provision, and how these dynamics regulate teenage sexualities in particular ways that construct and disrupt normative conceptions of sexual citizenship.

² For recent studies of teenage sexual subjectivities, see García (2006) and Tolman (2005).

Theoretical Perspectives

In the following section I first discuss adolescence as a social category. Then I selectively review the bodies of theory that most inform my research design and analysis of the aforementioned sets of discourses and practices of regulation. These include feminist and queer theories of intersectionality, sexuality, the state, social regulation, and citizenship.

Adolescence as a Social Category

The dominant conceptualization of adolescence in the context of the contemporary United States is one of a stressful and conflict-ridden stage of development between childhood and adulthood brought on largely by biological processes. This view, which has its roots in the work of psychologist G. Stanley Hall (1904) in the early 20th century, is produced and reproduced through contemporary social science research and scholarship, most notably in psychological theories of development and in popular discourse. This understanding of adolescence relies on an essentialist foundation in that it assumes that teenagers all have the same naturally occurring, biologically generated behaviors, characteristics, and needs, which exist outside of history and society. In this view, teenagers are seen as fundamentally unstable, emotional, irresponsible, and present-centered because of “raging hormones,” parent-child conflicts, and “peer pressure,” all of which are perceived to be specific to their age category (Lesko 2001; Schalet 2000). Although some allowances are made for the influence of the social contexts teenagers inhabit, such as

economic, familial, and educational conditions, biological and psychological views of adolescence predominate in popular, academic, and medical discourses.

Not only are teens thought to *have* problems, they are thought to *be* problems. Since age-specific biological processes are perceived to be the central cause of their allegedly troublesome practices, teens are perceived to be either beyond help or deeply in need of social control; both of these understandings of teenagers work together to shape the ways in which teenagers' lives are regulated through institutional contexts, directly and indirectly. These understandings are also evident in the ways that teenagers as a group are linked to a wide range of social problems, such as crime, gangs, violence, and teenage pregnancy.

In this research study, I challenge this hegemonic view of adolescence by adopting a social constructionist approach. Constructionist approaches to the study of social categories of difference, such as race, gender, and sexuality, emphasize historically and culturally contingent social processes that are productive of the categories. In particular, constructionist approaches focus on the meanings, practices, and relations of power that facilitate their creation and sense of realness or fixity, particularly as embodied identities (Andersen and Collins 2010; Berger and Luckman 1967; D'Emilio and Freedman 1989; Foucault 1980; Gagnon and Simon 1973; Glenn 2002; Seidman 1994, 2010; Weeks 1985, 1989, 2003). Further, constructionist approaches to social categories of difference point out that while these categories have a social reality that makes them appear static and "natural," they are in fact constantly in flux and subject to negotiation and change. Thus, I situate my analysis in conversation with other scholars who have utilized social constructionist theories

to expose adolescence as a historically and culturally specific social category (e.g., Best 2000; Evans 1993; Halberstam 2005; Lesko 2001; Levine 2002; McRobbie 1996; Moran 2000; Schalet 2000). As Nancy Lesko (2001) carefully documents, adolescence is a social construction that emerged out of a process of rapid social, political, and economic change in nineteenth century America. These changes involved industrialization, urbanization, and immigration, as well as changing patterns of family structure, which were connected to various legal decisions that helped to define childhood and adulthood as distinct and discrete phases of life, such as the enactment of child labor laws, a minimum school-leaving age, and age-of-consent laws (Lesko 2001). These changes coincided with the emergence of modern science during the late nineteenth century, which sought to make sense of the aforementioned social, economic, and political dynamics in scientific terms, facilitating the crystallization of adolescence as a distinct age category in the early twentieth century (Moran 2000). The creation of a middle category of adolescence located in between childhood and adulthood helped to create an awareness of “youth culture,” which many adults came to view as troublesome (Demos and Demos 2000). Further, the existence of “youth culture” – itself a product of these historically and culturally specific social processes – came to be seen as evidence of the realness of the category of adolescence itself, thereby shoring up essentialist understandings of young people – “adolescents,” “youth,” and later, “teenagers” – as a distinct group in need of careful monitoring.

Today, the belief in a distinct period of life called “adolescence” is one of the most widely held and deeply imbedded assumptions in the United States about the

process of human development. As John Demos and Virginia Demos (2000) note, not only is adolescence on the whole an American discovery, “most of us treat it not as an idea but as a *fact*” (132; emphasis in the original). As I show in later chapters, this hegemonic view has significant implications for how teenage sexuality is conceptualized and regulated by the U.S. state through social policies and programs as well as beyond the state in the context of community health centers.

Theorizing Sexuality, the State, Social Regulation, and Citizenship

My conceptualization of sexuality in this study is informed by queer theory and poststructuralist currents in feminist theory. Both of these domains are heavily influenced by the insights of the French philosopher and historian, Michel Foucault, and have in recent years made inroads into the sociology of sexualities after a long period of invisibility and marginalization (Epstein 1994; Green 2007; Stein and Plummer 1994). As Adam Green (2007) observes, while queer theory is influenced by social constructionist approaches to sexuality that are prevalent within the subfield of the sociology of sexualities, it also departs from such perspectives in significant ways. Queer theorists typically adopt a “radical deconstructionist” and/or a “radical subversive” approach to analysis. The primary goals of these two approaches are to denaturalize dominant social classifications and destabilize the social order, respectively (Green 2007: 28).

Thus, the anti-essentialist conceptualization of sexuality that I take up here is influenced by both the insights of social constructionists and of post-Foucauldian queer and feminist theorists and is firmly situated in a critique of naturalizing and

universalizing discourses of sexuality. This perspective challenges widely held views that human sexuality is a biological function rooted in evolutionary imperatives and that certain expressions of sexuality are “natural” while others are “unnatural” (Butler 1999; Epstein 1994; Simon and Gagnon 1973; Vance 1989). While I retain a more conventional sociological definition of sexuality as sexual acts and identities as well as the range of meanings associated with them, I also take up Foucault’s (1980) notion that sexuality is a major organizing principle of social life, not solely a personal identity or set of private practices. Therefore, I understand sexuality as sexual meanings, practices, and identities that are produced through and constitutive of social institutions. Here I am particularly concerned with how sexuality is produced through and constitutive of the U.S. state as a social institution.

The conceptualization of the modern state that is often deployed throughout much of the scholarship in political sociology is one of a coercion-wielding, centralized set of institutions through which sovereign authority is exercised over all other organizations within a particular territory. This understanding has come under scrutiny following the “cultural turn,”³ which raises questions about the centrality of state in the operation of modern forms of power (Adams, Clemens, and Orloff 2005; Steinmetz 1999). The emergence of this challenge to state-centered analysis is largely attributed to the influence of Michel Foucault, who claimed that power is not held by any entity, including state entities; instead, power is exercised through

³ The “cultural turn” refers to the ongoing array of new theoretical impulses coming from fields formerly peripheral to the social sciences as well as some marginalized traditions within the social sciences themselves, including poststructuralism and constructionism (Steinmetz 1999). The emergence of the concept of “human sciences” as a replacement for “social sciences” reflects the recession of the distinctions between the humanities and the social sciences as a result of the cultural turn.

discourse. Foucault and his predecessors advance a decentralized understanding of power relations that directs our attention beyond the conventional boundaries and conceptualizations of the state (Rose and Miller 1992). Foucault (1991) suggests that the state is “no more than a composite reality or mythicized abstraction, whose importance is a lot more limited than many of us think” (103). As Nikolas Rose and Peter Miller (1992) observe, while a Foucauldian perspective rejects the conceptualization of the state as a unified actor with considerable autonomy that rules over territories and populations, it nonetheless views the state as a construction in which the “problem of government” is articulated through discourse (Rose and Miller 1992: 177). This understanding involves accounting for government in terms of the “power of the state” as well as ascertaining how the state is articulated into the “art of government.” The “art of government” refers to the modes by which different populations are regulated through the operation of power. Thus, an analysis of how the state is articulated in the art of government includes attending to the relations that are established between political and other authorities and what discourses and knowledges are utilized to make the art of government possible (Rose and Miller 1992).

My understanding of “the state” in this study integrates dimensions of the aforementioned state-centered theory (Adams and Padamsee 2001; Evans, Rueschemeyer and Skocpol 1985; Haney 2000; Mann 1986; Steinmetz 1999; Tilly 1992) and Michel Foucault’s (1980, 1991) concepts of governmentality, discourse, and knowledge/power. I view the state as a contradictory set of institutions through which discourses are produced and techniques of government are partially articulated.

In this study, I demonstrate that while the state clearly exercises power over populations through discourses and practices of regulation, it is not the only source of power relations, nor is it always as centralized, unified or distinct from “society,” as modern state theory often claims. The activity of government extends beyond the formal purview of the state and is articulated through the discourses and practices of service providers working in community health centers. While these community health centers are part of the voluntary sector, which has historically addressed gaps in state social provisioning, in recent decades the voluntary sector has been transformed into a “shadow state” in response to the economic restructuring of the U.S. welfare state and the growing importance of state funding (Wolch 1990). Thus community health centers and related organizations are increasingly subject to state-imposed regulation of their practices.

I take up the claim posited by feminist theorists, Jyoti Puri and Hyun Kim, that the power of the state is persistent because of its inconsistency and incoherence, which runs contrary to the notion that contradictions would weaken the power of the state (Kim-Puri 1005). Thus, the conception of the state that I use in this study is “one of messiness rather than smooth functioning, one of power rather than neutrality, one of tensions between power and resistance rather than outright domination, and one of variability rather than fixity” (Kim-Puri 2005: 145-146). This definition recognizes that the *idea* of the modern state as a unified and coherent structure persists and that states are powerful sites of symbolic and cultural production rather than simply bureaucratic apparatuses in which power and authority flow upward (Kim-Puri 2005). As I demonstrate in this study, the power of the state is quite

apparent in the discourses and practices of the service providers I interview who so often replicate the discourse of teenage sexuality used by the state while also contradicting and disrupting such dynamics.

Scholars have attended to the regulation of sexuality by and beyond the state in many different ways, although their work is not often recognized as a coherent body of scholarship unto itself. This is partly due to the significant differences in analytic focus across domains of inquiry. Feminist scholars who attend to the social regulation of sexuality in the context of the United States largely focus on how the state regulates women and inter-gender relations through social policy, with varying degrees of emphasis on how race and class intersect with gender (Abramovitz 1988; Joffe 1986; MacKinnon 1989; Mink and Solinger 2003; O'Connor, Orloff, and Shaver 1999; Orloff 1993, 1996; Roberts 1997; Smith 2007). These scholars argue that the state regulates women's lives in multiple ways by determining what jobs women can perform and which reproductive choices, sexual arrangements, and familial relationships are legal and accessible, as well as by circumscribing access to the social rights of welfare. Within this domain, scholars document how women who are marginalized by hierarchies of class and race are more severely regulated than their white, middle- and upper-class counterparts through restricted access to reproductive autonomy and social welfare (Abramovitz 1996; Eisenstein 1994; Mink 1995; Quadagno 1994; Roberts 1997). This scholarship tends to focus on particular aspects of heterosexuality through the lens of gender, with special emphasis on control of women's bodies, social reproduction, and assumptions about desirability and

superiority of heterosexuality, marriage, and the creation of male-headed nuclear families.

Central to feminist analyses that attempt to explain variation and commonalities in the character and consequences of state-led forms of social regulation is the concept of “policy regimes” (Haney and Pollard 2003; O'Connor, Orloff, and Shaver 1999). Policy regimes refer to “patterns across a number of areas of policy” and connote “the fullest range of domestic policy interventions as well as broader patterns of provisioning and regulation” (O'Connor et al 1999: 12). Using the heuristic of “gender regimes,” feminist scholars of welfare states explore how gender enters into particular policy regimes by focusing on how social policies do or do not emphasize gender difference, privilege particular family arrangements, and regulate biological reproduction (Adams and Padamsee 2001). While considerations of sexuality are implicitly part of these analyses, they are often seen as corollaries or extensions of gender. Thus I also attend to the scholarship on sexuality produced by scholars of queer studies, which allows for a more substantive attention to sexuality in its own right.

Queer theorists attend to the social regulation of sexuality in part by examining and interrogating how the state constructs and regulates sexuality through the exclusion of sexual minorities via criminalization, pathologization, and invisibility in laws and social policy. The concept of *heteronormativity* is a guiding frame in such work. Heteronormativity refers to the institutions, structures of understanding, and practical orientations that privilege normative heterosexuality as the elemental form of human association, the model of inter-gender relations, the

indivisible basis for community, and the means of reproduction without which society would not exist (Berlant and Warner 1998; Warner 1993). Conventionalized gender arrangements are central to heteronormativity, whereby masculine male-bodied men and feminine female-bodied women are expected not simply to engage in heterosexual relations but to enter into monogamous, heterosexual, procreative marriages with age-appropriate members of the “opposite sex” of the same race and class.

This growing body of scholarship clearly demonstrates that the exclusion of sexual minorities never occurs in isolation from gendered, racialized, and classed processes of social regulation and demonstrates that racial and class norms are as central to heteronormativity as those of gender and sexuality (see Brandzel 2005). Further, it draws our attention to how institutional practices and policies articulate a vision of normative heterosexuality that reinscribes hierarchies of race, class, gender, and sexuality and therefore privileges only certain forms of heterosexuality – namely those that are contained within monogamous and married relationships between white, middle-class heterosexual men and women, while marginalizing others (Jackson 2006; Richardson 2000). Sociologist and queer theorist Roderick Ferguson (2004) refers to the recognition and analysis of these normalizing dynamics of regulation as a “queer of color critique.” This approach draws on women of color feminism and queer theory to analyze the construction and policing of nonheteronormative racial formations and racialized genders and sexualities (see also Vidal-Ortiz 2005). Emphasis in such work is placed on how race, gender, class, and sexuality are co-constituted in discourses and practices of regulation. As Ferguson

(2005) notes, these insights recognize sexuality as a site of analysis and a domain through which to understand power relations that do not necessarily begin and end with queer studies.

The focus on sexuality as both a site of social regulation and a site of intersectionality within queer theory and some poststructuralist currents in feminist theory is one heavily influenced by the work of Michel Foucault. As Carl Stychin (2003) observes, a Foucauldian examination of the social regulation of sexuality explores how the law can operate in an explicitly *juridical* way through repression and social control and in a more subtle, *disciplinary* mode by encouraging, in an infinite variety of ways, individuals to conform to how the law constructs “proper” and “civilized” behavior (Stychin 2003). While both conceptions highlight how laws and policies regulate the sexual practices, identities, and relationships of individuals, the former emphasizes overt modes of policing while the latter illuminates the ways in which people are encouraged to manage themselves and to live their lives in normative ways (Stychin 2003: 3; Naples 2007: 14-15).

Stychin’s distinction between these juridical and disciplinary modes of social regulation maps onto Jeffrey Weeks’ (2003) discussion of formal versus informal methods of social regulation. Weeks argues that one of the critical shifts of the past one hundred years in the most highly industrialized nations has been the move away from *moral* regulation by organized religion to *social* regulation by the secular state. Formal modes of social regulation are organized through a variety of state institutions, as well as non-state institutions that are subject to regulation by the state, such as healthcare, medicine, social work, psychology, and education. By contrast,

informal methods of regulation emerge through what he calls “community norms,” which posit “semiconscious rules” about what can and cannot be done with regards to sexuality (Weeks 2003: 26). Weeks notes that customary practices such as rituals of humiliation and public mocking all constitute informal modes of social regulation, which reinforce the norms of the community. While he emphasizes the kinds of community practices that are easily understood as stigmatizing – such as shaming – it is also important to acknowledge that practices of positive reinforcement and encouragement as well as practices that abstain from sanctioning – in either positive or negative ways – sexual practices, relationships, and identities are also regulatory.

In sum, I attend to both juridical/formal and disciplinary/informal modes of regulation in my analysis. These two modes of regulation map neatly onto state-centered analyses of regulation and post-structuralist analyses offered by Foucault and his predecessors, who theorize regulation as the discourses and practices involved the activity of government. As I document here, both formal and informal modes of regulation are evident in the discourses and practices produced through U.S. state social policies and programs and in the discourses and practices of service providers in community health centers.

Sexual Citizenship as a Product of Social Regulation

Analyses that focus on both formal and informal modes of social regulation have linked such discourses and practices to citizenship in a number of ways. While citizenship often refers to a formal legal status denoting membership in a nation-state that demarcates citizens from non-citizens, some scholars use it more broadly to

denote various dimensions of belonging, recognition, and membership in a national community (Cossman 2007). Many sociological analyses of citizenship begin with T.H. Marshall's (1950) model, which deploys a rights-based definition of citizenship that focuses on civil rights, political rights, and social rights. In the Marshallian model, civil rights include freedom of speech, the right to justice, and the right to own property; political rights include the right to vote, to political representation, and to participate in the exercise of political power; and social rights comprise the right to a certain level of social and economic welfare and security through the social provision of unemployment benefits, public education, among others, as well as the right to "share to the full in the social heritage and to live the life of a civilized being according to the standards prevailing in the society" (Marshall 1950:10, quoted in Richardson 2000: 71).

Although Marshall emphasized rights in his theory of citizenship, his formal definition also included *responsibilities*. More recent efforts to rework Marshall's conception of citizenship have kept this in mind, theorizing citizenship as a set of *practices* that define a person as a competent member of society and shape the flow of resources to persons and social groups (Turner 1993; Waites 2005). As Matthew Waites (2005) notes, this redefinition of citizenship as a set of practices is very important for understanding citizenship as a matter of social relations of power *and* as a matter of formal rights granted or denied to individuals. This understanding is reflected in Nancy Naples' (2007) conceptualization of the social regulation of citizenship whereby citizenship is produced through the complex and often contradictory interaction of three dimensions: formal social policies and institutional

practices, informal social practices, and discourses that define which persons have a legitimate claim to the identity of citizen.

For the most part, theorists have conceptualized *sexual citizenship* in two central ways, focusing either on how the state regulates individuals' access to rights on the basis of sexuality – in terms of sexual practices, relationships, and identities – through laws and policies or, more broadly, how sexuality mediates access to citizenship in terms of belonging, respect, and recognition within a national community. In the first instance, scholars treat sexual citizenship as a collection of rights granted or denied to individuals (Bell and Binnie 2000; Evans 1993). Richardson (2000) observes that claims to sexual rights can be organized into the categories of sexual practices, sexual identities, and sexual relationships. Whereas practice-based rights emphasize the right to participate in sexual activity, the right to pleasure, and the right to sexual and reproductive self-determination, identity-based rights focus on the right to self-definition, self-expression and self-realization. Relationship-based rights center around the right to consensually participate in personal relationships, the right to freely choose our sexual partners, and the right to publicly recognized sexual (or intimate) relationships (Richardson 2000).⁴

The second approach conceives of sexual citizenship in a much broader sense and raises questions about how inclusion and belonging in a national community are regulated through norms of sexuality (Bell and Binnie 2000; Giddens 1992;

⁴ While feminist theorists have focused on women's rights to sexual and reproductive self-determination and freedom from coercive and abusive heterosexual relationships with men, scholars of gay and lesbian studies have emphasized sexual rights more broadly across the spectrum of sexual identities, practices and relationships. These rights-based claims range from the right to engage in nonconformist sexual practices and relationships to the right to engage in state sanctioned civil marriage.

Richardson 1998, 2000; Weeks 1998). Scholars who highlight this approach draw primarily on queer and feminist theories to critique the ways in which the “normal citizen” has largely been constructed in the national imaginary⁵ as heterosexual as well as white, male, and middle-class. This work focuses substantively on how the institutionalization of normative heterosexuality informs the meanings and practices of sexual citizenship. Scholars show that not only is sexual citizenship constructed as heterosexual through laws and policies, rendering non-heterosexualities outside its bounds, but is also often contingent on participation in normative practices of heterosexuality, such as monogamy, marriage, and procreation within monogamous marital relationships (Brandzel 2005; Chataeuvert 2008).

A recurrent theme throughout theories of sexual citizenship is a concern with how these normative meanings and practices of sexual citizenship exclude and marginalize sexual minorities because practitioners of normative heterosexuality have access to certain rights that sexual minorities do not through civil marriage, such as the welfare, pension rights, and taxation, property, and inheritance rights, as well as respect and recognition as legitimate members of the national community.⁶ More recently, scholars such as Roderick Ferguson (2004) and Stevi Jackson (2006) have attended to how heteronormativity also shapes heterosexuals’ sexual practices, relationships, and identities and negatively sanctions non-heteronormative heterosexualities. This work is buttressed by the insights of intersectionality

⁵ The "imaginary" is a Lacanian term borrowed by Louis Althusser for his theory of ideology. Althusser defined ideology as "the imaginary relationship of individuals to their real conditions of existence" and argues that the imaginary is that image or representation of reality which masks the historical and material conditions of life (Ingraham 1994:203).

⁶ For gay rights advocates, marriage rights for same-sex couples is regarded as one major avenue by which LGBT people will be able to move toward full equality by not only equalizing the distribution of rights attendant with marriage but also validating same-sex relationships in the eyes of not just family and friends but of the nation as a whole (Brandzel 2005:188).

theorists, who highlight how race, class, gender, and sexuality intersect and shape each other as socially constructed systems of power and inequality (Collins 1993, 2000, 2006; Crenshaw 1991; Dill and Zambrana 2009; Glenn 2002; Nagel 2003; Ward 2008). Heteronormative constructions of sexual citizenship work to marginalize and exclude groups of people by virtue of their social location in power relations of race, class, gender, and sexuality because it “promotes the norm of social life as not only heterosexual but also married, monogamous, white and upper-middle class” (Brandzel 2005: 190). In the national imaginary of the United States, heteronormativity promotes the idea that class-privileged, white, married heterosexuals are synonymous with “Americans” (Brandzel 2005). Therefore, sexual citizenship is not accessible simply on the basis of identifying as heterosexual and engaging in heterosexual practice and relationships because, as Diane Richardson (2000) observes, not all forms of heterosexuality are regarded equally.

This is evidence in how women of color – and in particular, African American and Latina women – continue to be imagined as an undeserving welfare burden on the U.S. state while white women are imagined as the only legitimate reproducers of the nation (Bettie 2003; Collins 2000; Roberts 1997; Smith 2007; Yuval-Davis 1997). By implication, nonheteronormative – or queer⁷ – family forms, such as single-mother headed households or same-sex couples raising children, are often thought to threaten the nation (Cohen 1997; Ferguson 2004; Richardson 2000). This view functions to legitimize the disenfranchisement of “disreputable” citizens who participate in common-law marriage, parent children outside of marriage, or who

⁷ I use “queer” here not as a synonym for lesbian, gay, bisexual, and transgender (LGBT) but to indicate something that is not normative, particularly as it relates to the families/households.

have children prior to achieving legal adulthood or economic self-sufficiency (Chateauvert 2008).

Drawing on the theoretical insights outlined above, my study examines the centrality of heteronormativity in the regulation of teenage sexualities, with emphasis places in discourses and practices of the U.S. state and the community health centers that contract with the U.S. state to implement such state social policies and programs. I am particularly concerned with how these social processes of regulation take up and articulate particular understandings of race, class, gender, sexuality, and age, and how these understandings are co-produced. I argue that these discourses and practices of regulation, which are subject to negotiation and contestation, can be understood to be constitutive of teenage sexual citizenship. Since much of the scholarship on the state, social regulation, and sexual citizenship is silent on adolescence as a category of analysis, I offer this study as a contribution to these literatures as well as to emerging social science scholarship on intersectionality.

Research Design and Strategies of Analysis

This study was inspired by a needs assessment of teen client services I conducted in collaboration with a community health center serving a predominantly Latino clientele in Washington, DC between 2004 and 2006. In the context of an applied, mixed-method research study of the health-related behaviors of teenagers and the doctors, nurses, and support staff who provide primary health care services to them, I became aware of research and policy efforts focused on documenting “health-risk

behaviors” among youth and young adults as part of a national effort to develop interventions to prevent such behaviors and promote improved outcomes for young people in general and low-income young people of color in particular. I found that these efforts typically lack attention to social structure and power relations in making sense of the “problem” at hand, be it nutrition, exercise, obesity, or sexual behavior, and tend to promote individual-level interventions as part of an overall strategy of health promotion among under-resourced populations. In my research for the needs assessment, I was struck by the ways in which service providers both mirrored the dominant language of public health and social epidemiology associated with an interventionist approach and disrupted such taken-for-granted assumptions about health care provision, especially with regard to teenagers’ sexual behavior. These preliminary observations set the stage for an in-depth investigation of the ways in which teenage sexuality has been constructed by the U.S. state as a social problem requiring intervention and regulation through social programs and the ways in which community health centers translate those programs in practice.

In order to examine these discourses and practices of intervention and regulation, my research was guided by the following questions: How has teenage sexuality been constructed as a social problem in need of intervention and regulation? How have discourses of teenage sexuality been articulated through the federal policy-making process and translated into social programs? How do social policies and programs regulate teenage sexualities both in their construction and implementation? And lastly, how are these social processes of regulation productive of teenage sexual citizenship? Together these questions frame my analysis of the discourses that

constitute and problematize teenage sexuality, the ways in which these discourses are translated into social programs that target teens in general and low-income teenage girls of color in particular for regulation, and the extent to which service providers take up these discourses in their practices of service provision, with attention paid to how these dynamics reproduce and contest the construction of teenage sexuality emanating from the state.

Given these guiding research questions, my approach to research in this study is qualitative and interpretive. In the following three chapters I examine the social regulation of teenage sexualities in the U.S. context by analyzing three sets of discourses and practices and how they inform each other to constitute a regulatory process that is constitutive of sexual citizenship.

The first set, documented in chapter two using secondary sources authored by primarily by historians and sociologists, involves discourses and practices of regulation prior to the 1970s and emphasizes how teenage sexuality was problematized and regulated before teenage sexuality became an explicit object of state intervention at the federal level.

The second set, documented in chapter three using my analysis of congressional documents, involves discourses and practices of regulation that are articulated through the federal policymaking process, and that draw on particular understandings of teenage sexuality as a dire social problem in need of state intervention in order to rationalize the creation of social programs aimed at regulating the sexual practices of teenagers.

The third set, documented in chapter four using my analysis of interview data, concerns the discourses and practices of service providers working in community health centers who provide sexual and reproductive healthcare and social services to Latina/o teenagers. Of particular concern in my analyses of these three sets of discourses and practices are the ways in which intersections of race, class, gender, sexuality, and age – as socially constructed categories – are articulated through these discourse and practices of regulation. Therefore, as I discuss later in this chapter, I not only conceptualize intersectionality as a *site of analysis*, I also conceptualize intersectionality as an *approach to analysis*.

My focus on community health centers that serve Latina/o teenagers is informed in part by the fact that much has been made by policy advocacy organizations, research institutes, and the mainstream news media of the fact that since the mid-1990s, Latina teenagers have had the highest birth rate among all major racial/ethnic groups in the U.S. and in 2004, the teenage pregnancy rate among Latinas surpassed that of African Americans (Gutmacher 2009a). It is now estimated that Latina teenagers give birth at a rate that is approximately twice that of their white counterparts. The public response to these data has been alarmist and informed by xenophobic, racist, and sexist ideologies, which shape the interpretations about the factors shaping these patterns. As I demonstrate in chapter three, the universal message directed at youth enrolled in abstinence education programs promotes delaying parenthood until they finish high school and claims that college will bring them some version of the American dream: a good job, economic security, and family stability. This message ignores the reality that most low-income teenagers of color

will have roughly the same socioeconomic circumstances later in life as they do now, regardless of whether or not they have children before the age of twenty. By focusing on Latino-serving community health centers, I am able to examine if and how these discourses are taken up by service providers who provide sexual and reproductive healthcare and social services to low-income Latina/o teenagers.

Data Sources

My primary sources of data include historical studies, government documents, research reports, and in-depth interviews conducted with service providers in community-based nonprofit health care organizations that contract with the state to implement social programs. The historical studies I selected for my account of dynamics of regulation prior to federal-level intervention were produced by social historians and historical sociologists who explore particular dimensions of the construction, problematization, and regulation of young people's sexualities and self-consciously attend to particular configurations of gender, race, ethnicity, class, and age. I weave these accounts together to demonstrate that the formal modes of regulation that begin to emerge at the federal level of government in the 1970s are informed by discourses and practices of regulation that precede this moment.

The government documents I use include the texts of key pieces of legislation that target teenage sexuality, congressional hearings held by the U.S. Senate and U.S. House of Representatives on proposed legislation and matters related to teenage sexuality (such as teenage pregnancy, abstinence education, and teenagers and AIDS), various social science research reports introduced into the policymaking

process around such hearings and legislation, and the federal guidelines that govern grant-making and policy implementation procedures overseen by selected offices within the Department of Health and Human Services.

The legislation at the center of my analysis focus to varying degrees on issues related to teenage sexuality and include the National School-Age Mother and Child Health Acts of 1975; the Adolescent Health, Services, and Pregnancy Prevention Act of 1978; the Adolescent Family Life Act of 1981; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. I also include key reports and hearings that focus on teenage pregnancy and parenthood, HIV/AIDS among teenagers, and teenagers' sexual activity more generally. Reports produced by the Guttmacher Institute, a nonprofit, independent social science research institute that produces knowledge about sexual and reproductive health, are also examined because of the significant role they play in shaping the U.S. social policy and programs. The Guttmacher reports are widely used by a wide range of actors, including policy advocates and policymakers and thus influential in shaping the discourse on teenage sexuality.⁸

These discourses produced through the federal policymaking process are translated and implemented at the local level by community-based organizations that contract with the state to implement social programs. In order to capture these discourses and practices of regulation, I conducted and analyzed interviews with fifteen service providers who provide sexual and reproductive health care and social service to teenagers in two community health centers located in Washington, DC. These community health centers receive federal and local government grants, as well

⁸ See Appendix A for a list of the documents I analyzed.

as donations from foundations and individuals to provide health care and social services to a predominantly Latina/o clientele.

Interviews were tape-recorded and followed a semi-structured interview protocol in which I asked respondents about their views of the needs and concerns of adolescents with regards to sexual and reproductive health; how they think these concerns are addressed through social policy; and how they address these needs and concerns through the organization for which they work. Each interview lasted approximately 60 minutes. I recruited participants through each organization's administrators, who assisted me in recruiting people appropriate for participation in the research project via telephone and email and participated in interviews themselves. In order to ensure the confidentiality of the interview participants and the anonymity of the organizations for which they work, neither the organizations nor the individuals are identified by name in this research project.

I treat the service providers from both organizations as one unit of analysis that represents the work of community health centers for the following reasons: they serve a similar client population, are geographically proximate to each other, engage in collaborate work together, and contract with the state to implement the same social programs focused on teenagers' sexual and reproductive health care. I do not compare and contrast the organizations.

Data Analysis: A Queer Intersectional Approach to Critical Discourse Analysis

In this research project, theory and methods are intimately intertwined. Because I am concerned with analyzing discourses produced through the

policymaking process and how they are translated into practice by service providers in community health centers, I rely on critical discourse analysis to make sense of the data collected. I modify critical discourse analysis by fusing intersectional and queer approaches to analysis, which together attend to how discourses of gender, race, class, sexuality, and age are articulated through processes of regulation by the U.S. state and beyond, in the context of community health centers.

Critical discourse analysis is an appropriate qualitative method for studying social processes of regulation because it explores how power and knowledge are produced through discourse. *Discourse* in this context refers to meaning-making practices as well as text and speech (Foucault 1980). Thus, discourse is a practice, which is structured and has real effects (Naples 2006: 20-21), both in terms of *what* meanings are produced and come to be widely understood as “true” as well as *how* such meanings are produced and come to be seen as truth. Critical discourse analysis provides the tools with which to analyze how discourses are produced, the political, economic, and historical conditions that facilitate their production, and the goals and consequences of such production. Of particular interest in this method of inquiry are historical, narrative, and visual materials. As Adele Clarke notes, discourses should be understood as relentlessly social phenomena that are not produced by single individuals, but rather, by people “doing things together” (Clarke 2005: 147). The production of discourses therefore can be understood as a form of social action in that discourse as language reflects the social order while simultaneously shaping social order and social interaction within society (Clarke 2005).

Central to critical discourse analysis is a focus on how configurations of power and knowledge are productive of discourses. Examining particular themes that emerge out of and through discourses makes it possible to understand how particular meanings are produced and reproduced through institutional contexts that involve conventions guiding social interaction and that reflect existing power relations, as well as how these meanings often come to be taken-for-granted as “true,” obscuring how they were socially constructed in the first place. Critical discourse analysis offers a means of exposing the formal and informal practices that construct meanings that are constitutive of social structure and create people’s everyday sense of “reality” and what is “true” (Clarke 2005). Further, this method of inquiry emphasizes examining discourses that are visible or dominant as well as discourses that seem absent or repressed.

In order to analyze the discourses under investigation in my study and to examine the social processes by which teenage sexualities are regulated and teenage sexual citizenship produced, I use critical discourse analysis that integrates intersectionality theory with queer theory. Intersectionality is a feminist approach to analysis that examines race, class, gender, and sexuality as interconnected social relations of power and inequality, which are articulated in specific social contexts, or sites, and in the subjectivities, standpoints, and experiences of social groups. This kind of analysis is often but not exclusively accomplished through the use of what Patricia Hill Collins (2006) refers to as “dynamic centering” on the ideas and experiences of multiple social groups as a way to analyze social relations of power (591). Furthermore, an intersectional approach involves attending to historical,

cultural, discursive, symbolic, and structural dimensions that shape and are shaped by mutually constitutive constructs of race, class, gender, and sexuality; as well as other social categories, such as ethnicity, nation, and age, that describe interconnecting structures of hierarchical power relations. While these constructs constitute distinctive structures of power, intersectionality theory recognizes that race, class, gender, and sexuality are constituted in relation to one another and that a full understanding of relations of power cannot be gained without such recognition (Collins 2006). As an interdisciplinary project, intersectionality theory is informed by a social constructionist approach to categories of difference, power, and inequality, such that race, gender, class, and sexuality are viewed *not* as fixed or discrete categories or as properties of individual bodies but as socially constructed systems of power that both reflect and reinforce unequal relationships among classes, racial groups, genders, and sexualities (Andersen and Collins 2009; Collins 1993, 2006; Dill and Zambrana 2009; Ferguson 2004; Gamson and Moon 2004; Glenn 2002; Nagel 2003).

In my research, I use a queer intersectional approach to analysis that is adapted from a similar formulation advanced by feminist sociologist Nancy Naples (2007). I adopt epistemological insights from distinct but related critical theoretical perspectives in order to explore the way in which gender, race, class, sexuality, and age are articulated through the discourses and practices of regulation emanating from the state and community health centers with specific attention paid to how this regulatory dynamics are productive of teenage sexual citizenship in both normative and oppositional terms.

My queer intersectional analytical framework draws on four theoretical approaches, which were discussed at length earlier in this chapter. They include (1) feminist theories of welfare states that focus on the state's regulation of women and heterogender relations by examining the gendered, racialized, classed, and sexual dimensions of laws and social policies governing reproduction, sexuality, families, marriage, divorce, welfare, and care work in relationship to citizenship through the assignment of rights and responsibilities by the state (see Adams and Padamsee 2001; Adams, Clemens and Orloff 2005; Haney 2000; O'Connor, Shaver and Orloff 1999; Orloff 1993, 1996, 2002); (2) poststructuralist feminist and queer theories that seek to disrupt regimes of heteronormativity through the interrogation of essentialist, binary understandings of sexuality and the hegemonic social structures by which certain subjects are rendered "normal" and "natural" through the production of "perverse" and "pathological" others (Brandzel 2005; Butler 1993; Duggan 1994; Eng, Halberstam and Muñoz 2005; Gamson and Moon 2004; Ferguson 2004, 2005; Field 2008; Pascoe 2007; Ward 2008; Warner 1993); (3) critical theories of race and the racism that document the emergence of a dominant racial ideology of color-blindness in the post-civil rights era that leads adherents to refuse to "see" color (or other signifiers of race) as socially significant and to explain racial inequality as the outcome of nonracial dynamics (Bonilla-Silva 2006; Brown 2005; Collins 2004; Guinier and Torres 2002); and (4) critical theories of adolescence that highlight how the categories of adolescence, youth, and teenagers are socially constructed and thus, historically variable and culturally specific, and informed by discourses of gender, race, class, and sexuality (Best 2000; Fields 2008; Halberstam 2005; Kett 1977;

Lesko 2001; Nathanson 1991; Patton 1996; Pascoe 2007; Schalet 2000, 2003; Tait 2000).

I put these four bodies of thought, which to varying degrees have taken up intersectionality as an analytical project, explicitly into conversation with each other in my analysis of the discourses and practices aimed at regulating teenage sexualities. My integration of these perspectives is related to the ongoing emergence of new intersectional epistemological advances, most notably in queer studies, and especially with regard to theories of sexual citizenship. By queering intersectionality theory in my approach to critical discourse analysis, I critique “the mechanisms which tie people to fixed identity categories” and examine how “institutional and state forces that normalize and commodify difference” (Ward 2008: 143). As sociologist Jane Ward (2008) notes in her own conceptualization of *queer intersectionality*, an attention to the relationship between intersectionality and processes of normalization is central to an emerging queer intersectional approach to analysis (see also Eng et al 2005). While Ward’s work focuses on LGBTQ social movement organizations, activism, and multi-identity politics, thereby diverging distinctly from the type of contexts I analyze here, we both fuse queer analysis with intersectionality in order to interrogate the ways in which regulatory processes of normalization are articulated through discourses and practices and push the boundaries of critical discourse analysis through a synthesis of queer and intersectional modes of critique. Furthermore, I attend to (1) the connections between culturalist and materialist approaches; (2) the role of the state in the production of social relations of power and

knowledge; and (3) processes related to social regulation, all of which are central to the aforementioned theoretical perspectives.

When engaging in a critical discourse analysis of government documents, research reports, and interviews with service providers, I utilized this queer intersectional framework to code these texts for the ways in which discourses of gender, race, class, sexuality, and age, and discourses of sexual morality, personal responsibility, and privatization were explicitly and implicitly invoked to explain teenage sexuality and to rationalize either the creation of targeted social policies and programs or the patterned practices of service provision that arise through the implementation of social programs by community health centers.

Organization of the Dissertation

In chapter 2, “The Social Regulation of Teenage Sexuality before the Era of Federal Intervention,” I draw on historical studies as secondary data sources to focus on the various ways in which teenage sexuality was problematized before teenage sexuality became an explicit object of state intervention at the federal level. I provide this historically contextualized account in order to set the stage for my analysis of contemporary dynamics of regulation that began to take coherent shape in the 1970s with the identification of an “epidemic” of teenage pregnancy, the emergence of and response to the HIV/AIDS crisis in the 1980s, and the expansion of abstinence education through welfare reform in the 1990s. To accomplish this analysis, I draw on the work of select social historians and historical sociologists who explore

particular dimensions of the problematization and regulation of teenage sexualities throughout different moments in U.S. history between the 1830 and 1960s. What emerges from these diverse accounts is the centrality of social reform movements in shaping laws and court decisions focused on teenage sexualities.

In the third chapter, “In/visible Interventions: U.S. Social Policy and Teenage Sexualities,” I use primary data sources, including government documents and social science research reports focused on teenage sexuality, in order to analyze how teenage sexuality is conceptualized through discourse within the federal policymaking process and how these discourses are translated into publicly funded social programs aimed at regulating the sexual practices of teenagers. I argue that discourse invokes universalistic claims about teenagers as a homogenous group unified by age category and heterosexuality in order to sanction particularistic forms of intervention that differentially target teenagers across intersections of gender, race, class, sexuality, and age and unequally shape their access to resources related to sexual and reproductive health, education, and social services.

In chapter four, “Regulating Teenage Sexualities beyond the State: the Practices of Community Health Centers,” I present my analysis of interviews with service providers who work in two community health centers that provide sexual and reproductive health care and social services to teenagers. These interviews allow for an analysis of particular techniques of government that regulate teenage sexualities beyond the state. I explore how service providers who work directly with teenagers make sense of teenagers’ sexualities as they attempt to shape teens’ sexual practices, relationships, and identities through service provision and advocacy. I find that

service providers rely heavily on the same conceptualizations of teenage sexuality that emanate from the U.S. state and that despite key moments of contestation and contradiction, their practices reflect a regulatory regime of heteronormativity whereby service providers instruct teenage clients in the art of self-government that aligns with dominant discourses of gender, race, class, sexuality, and age.

Chapter 5, “(Re)envisioning Teenage Sexual Citizenship,” concludes this research study and provides an account of how the discourses and practices of the state and community health centers converge in ways that reflect a complex and contradictory process by which teenage sexualities are socially regulated. I draw on the literature of sexual citizenship and my own findings to argue that not only can we conceptualize these dynamics as constitutive of teenage sexual citizenship, but that we must conceptualize sexual citizenship simultaneously as a matter of sexual rights *and* as a set of discourses and practices that confer membership and belonging with a national community. I then conclude with a discussion of the policy implications of the results of my analysis.

Chapter 2: The Social Regulation of Teenage Sexuality before the Era of Federal Intervention

In this chapter, I focus on the myriad ways in which teenage sexuality was problematized in the U.S. context before teenage sexuality became an explicit object of state intervention in the federal policymaking domain in the 1970s. I focus on the ways in which young people's sexualities were regulated by social movements, advocacy groups, families, and court decisions in response to various meanings of teenage sexuality between the 1830 and 1960s. I provide this historically sensitive account of how teenage sexualities were conceptualized and targeted for regulation by various social institutions and groups in order to situate my analysis of the contemporary dynamics of the social regulation of teenage sexualities to follow this chapter. In chapters three and four, I show that some of the discourses of youth and sexuality that precede practices of federal intervention are rearticulated in contemporary processes of regulation, both in the federal policy-making process and the practices of community health centers. Since my emphasis in this study is on how teenage sexualities is regulated through discourses and practices, this chapter does not describe or account for changes in the actual sexual practices of teenagers, but rather maps the articulation and rearticulation of discourses that have variously constructed, problematized, and regulated teenage sexualities in the U.S. context prior to the 1970s. I use the 1960s as an end-point for this chapter because of the dramatic shift

that occurs in dominant discourses about sexuality in general and teenage sexuality in particular at that time, which I document in detail in chapter three.

My discussion in this chapter is based on secondary sources by select social historians and historical sociologists who have explored particular dimensions of the construction, problematization, and regulation of teenage sexualities and have attended to specific intersections of race, class, gender, and sexuality in their analyses. Most of this work adopts a feminist perspective that is constructionist. I provide this historically-contextualized account in order to argue for the centrality of “social movements for sexual control” in shaping the construction of teenage sexualities as socially problematic and the various ways in which they were regulated as a result of this understanding (Nathanson 1991: 119).⁹ These social movements, which were aimed at social reform, focused on a range of themes, such as morality, purity, “social hygiene,” and illegitimacy. Historians tend to argue that such social movements, understood largely as “reform movements,” developed in response to the rapid social, political, and economic change occurring in the nineteenth and early twentieth centuries as the United States transitioned from a predominantly agrarian to a predominantly urban and industrial society (see especially Nathanson 1991). Notably, while some historians identify these movements as a response to the changing gendered social roles of young women, others interpret these movements as a widespread effort to overturn women’s subordinate status by constraining the sexualities of men (see Freedman 1982: 209).

⁹ As Stephanie Coontz (2000) notes, it is important not to assume that the state is always the most prominent source of social regulation when it comes to intimate relations because volunteer agencies have historically engaged in a greater amount of intervention than state agencies (132).

In this chapter, I address the following questions: which perceived sexual practices and relationships among young people were considered healthy and unhealthy, licit and illicit, appropriate and inappropriate, and normal and abnormal in the United States prior to the 1970s? How do intersections of gender, race, class, sexuality, age, and nation come into play in the constitution of these different meanings of teenage sexuality? In what ways did the state take up these meanings and legally regulate the sexual practices and relationships of young people? These three questions will allow me to examine how the sexualities of young people came to be conceptualized and how such conceptualizations led to their regulation.

Moral Panics, Teenage Sexuality and the State

All modern societies struggle to define what they regard as the proper relationship between the state and the private lives of its citizenry (Joffe 1986). Even when there appears to be social consensus around particular arrangements, such appearances often mask persistent conflict about what is “proper,” as well as what is private. Therefore, it is not surprising that sexual practices are often at the heart of this struggle, given how sexuality is frequently viewed as the domain of the private and the personal, except of course when it is not. As Lauren Berlant and Michael Warner (1998) observe, there is nothing more public than privacy and sex is heavily mediated by publics, in many ways beyond the domain of the obvious.

While the state becomes formally involved in the regulation of sexuality through laws and policies, and the ideological messages and social programs

produced and reproduced therein, state regulation does not emerge out of nowhere. It is shaped by the convergence of diverse social processes that are often bound up with *moral panics* about or related to sexuality. British sociologist Stanley Cohen (1972) first coined the term “moral panic” in his analysis of early 1960s British youth subcultures and scholars in youth studies, sexuality studies, and other areas have since taken up the term to explore a range of topics.¹⁰ Cohen’s notion of moral panic is a particularly useful heuristic device for making sense of social processes that shape the problematization and regulation of teenage sexualities. Moral panics are “flurries of social anxiety, usually focusing on a condition or person, or group of persons, who become defined as a threat to accepted social values and assumptions” (Weeks 2003: 101). A moral panic occurs when one or more groups – sometimes referred to as “moral entrepreneurs” – identifies a social or cultural phenomenon as socially problematic or deviant and thus, a threat to the prevailing social order and its values (Kuzma 2005). Moral entrepreneurs identify a person or group of persons that they perceive to embody the threat – which Cohen (1972) referred to as “folk devils” – and then distort and exaggerate the perceived social problem using a variety of tools, such as statistics and the media, to make the phenomenon visible in the public sphere. The visibility then generates an intense and excessive public reaction – a moral panic – which facilitates the restraint and punishment of those persons thought to embody the social problem (Kuzma 2005; Springhall 1998). Thus, social problems and the moral panics with which they are often associated are socially constructed and do not

¹⁰ See for example Anne B. Hendershott, *The Politics of Deviance* (San Francisco: Encounter Books, 2002) and John Springhall, *Youth, popular culture and moral panics: penny gaffs to gangsta-rap, 1830-1996* (New York: St. Martin's Press, 1998)

exist outside of the meanings and practices that create them (Goode and Ben-Yehuda 1994).¹¹

Moral panics tend to arise in historically-specific moments of confusion and ambiguity, when the boundaries between legitimate and illegitimate behavior are in flux and appear to require redefinition and reclassification (Weeks 2003). Moral entrepreneurs often focus on issues related to sexuality because of the intimate, although not always obvious, ways in which they are connected to other structural and ideological issues, such as gender, age, and power, that test the boundaries of what is considered normal in a particular cultural and historical context. Moral panics with sex-related themes tend to be conceptualized as a “crisis” or “epidemic,” and statistics are often manipulated to support this discourse.¹² This typically leads to renewed attention to how the state ought to regulate and control sexuality, which often results in legislation and legal decisions that respond to the moral panic by regulating, often quite punitively, the “folk devils” (Weeks 2003).

When it comes to teenage sexuality in the U.S. context, numerous moral panics have emerged since the mid-1800s, spurred by a range of moral entrepreneurs, typically as part of social movements, taking a variety of forms and focusing on a range of “folk devils.” In the remainder of this chapter, I examine moral panics related to young people’s sexuality – “white slavery,” the age of consent, unsupervised heterosociality among young people, masturbation, “social decline,”

¹¹ By claiming social problems are always socially constructed, I am not saying that they do not exist, but rather the belief in their existence and the evidence marshaled to support their existence and justify attempts to eradicate such problems is what brings them into being, thus making them appear real – and are often experienced by social actors as real.

¹² As I explore in chapter three, the manipulation of social science research was central to the construction of an “epidemic of teenage pregnancy.” For key examples of scholarship in this subject, see Lawson (1993), Luker (1996) and Vinovskis (1988). On the use of misuse and abuse of statistics more generally, see Best (2001).

female delinquency, and “illegitimacy.” All of these moral panics problematized teenage sexuality in various ways that facilitated its regulation formally through the courts as well as informally through civil society from the mid-nineteenth century to the 1960s.

Prostitution, the Age of Consent, and “White Slavery”

Beginning in the mid-nineteenth century, the sexual practices of young people were first problematized in distinctly gendered, classed, and racialized terms as the United States underwent significant social and economic change. Although not yet an official social category of persons, adolescents were relegated to moral and immoral spaces, with much concern focusing on their sexual practices and relationships. This was most notable in concerns over prostitution and the age of consent, which were united in the moral panic over “white slavery.”

Prior to the nineteenth century, concern lay primarily with practices of adultery rather than the “licentiousness of the young and single” (Nathanson 1991: 75). This is attributable, in the eyes of some historians, to the fact that girls experienced the onset of menstruation later than they typically do today, around 15 or 16 years of age, and married shortly thereafter in their late teens or early 20s, while men usually married in their late 20s, although others find this explanation insufficient and somewhat untenable (Harari and Vinovskis 1993; Smith and Hindus 1975). While white Puritan couples increasingly engaged in sexual activity outside of marriage, they did not typically do so unless they were engaged to be married. Although there were strong sanctions against premarital sex from about 1630 to 1660,

it became increasingly acceptable for engaged couples to indulge in sexual activity during the period of their engagement (Harari and Vinovskis 1993; Smith and Hindis 1975). This was paralleled by the erosion of church, civil, and community opposition to premarital sexual intercourse, although the normalization of such activity was confined to couples already planning to get married or formally engaged. By the Civil War, however, intercourse was no longer tolerated as a normal part of an engagement, due largely to renewed church opposition that emerged with the advent of the Second Great Awakening in the 1780s (Harari and Vinovskis 1993). Any form of nonmarital sexual activity was viewed not only as sinful by the reformers associated with the evangelical religious movement but also as squandering youthful masculine strength and vitality, as well as sacrificing feminine purity and innocence; these beliefs would endure well into the twentieth century, especially with regards to masturbation among young men,¹³ the chastity of young women, and the sexual double standard.

Despite these social sanctions against sexual intercourse, some young people did engage in nonmarital sexual activity, which at times led to the nonmarital pregnancy and birth. Unlike today, however, these young people were not singled out as a group by virtue of assumptions about their age category. This can be attributed to the fact that the concept of adolescence as a signifier of a distinct phase of life had not yet emerged. Complaints about the immorality of nonmarital sexual activity were directed at the population at large rather than specifically at those that we today refer to as teenagers, adolescents, or youth (Harari and Vinovskis 1993). When nonmarital pregnancy occurred, it was often remedied by a quick marriage. This practice was

¹³ See in particular Alfred Kinsey's (1948) account in *Sexual Behavior in the Human Male*.

not viewed as a problem among those of reasonable means; nonmarital sexual activity and adolescent marriage childbearing were only viewed as problematic if the young couple could not support themselves and their child.¹⁴ Nonetheless, that marriage was used as the remedy demonstrates how nonmarital sexual activity among young people was managed in the event of an “out-of-wedlock” pregnancy.

Industrialization, urbanization, immigration, age-specific labor reforms, and the institutionalization of compulsory education are often cited as major social factors that contributed to the creation of youth as a distinct category of persons and by association, the identification of the sexuality of younger people, a “youthful sexuality,” as a social problem by the late nineteenth century in the United States (Harari and Vinovskis 1993; Kunzel 1993; Moran 2000; Nathanson 1991; Odem 1995). There is near-unanimous agreement among contemporary scholars that the problematization of youthful sexuality – even prior to the emergence of the category of adolescence – that emerged in public discourse was deeply gendered. To a lesser degree, the intersections of race, class, gender, sexuality, and age are highlighted explicitly, but it is clear from the narratives offered by scholars that race and class are also intimately intertwined in the ways youthful sexuality was problematized and regulated. Sociologist Constance Nathanson (1991) observes that beginning in the late 1830s and early 1840s, the sexuality of young unmarried white women¹⁵ came under scrutiny and by the mid-1850s, and concern with the protection of young

¹⁴ Harari and Vinovskis (1993) are largely silent on the subject of indentured servants and other young adults who lacked the economic means in the face of an early pregnancy and birth. This is due to the fact that not much is known about them; the historical record, limited as it is on these matters, focuses largely on persons of the emerging middle classes.

¹⁵ According to Nathanson (1991), young women were defined by the U.S. Census as between the ages of 15 and 24 beginning in 1870. Single young women appears as a separate census category in 1890 (Nathanson 1991: 84).

unmarried white women had taken on a number of organized forms, including campaigns against prostitution and for premarital chastity. By the 1880s, agitation about prostitution, venereal disease, and the “age of consent” for sexual intercourse would culminate in a moral panic over “white slavery” in the early years of the twentieth century, as moral entrepreneurs across a range of social movements sought to protect who they conceptualized as innocent – naïve white girls and young women – from a predatory, often foreign, male sexuality that sought to lure them into a life of forced prostitution from which there was little chance of escape.

While the meaning of “white slavery” varied for different actors across geography and ideology, Jo Doezema notes that it was widely understood that it referred to the procurement, by force, deceit, or drugging, of a white girl or young woman against her will for the purposes of prostitution (Doezema 2000: 25). The threatening specter¹⁶ of “white slavery” thus reflected deep-seated fears and uncertainties about national identity, immigration, and women’s increasing desire for sexual and relational autonomy from men (Doezema 2000; Keire 2001). Furthermore, the abolition of slavery, the emergence of what Angela Davis (1983) identifies as the “menacing specter of the Black [male] rapist,” and the subsequent wave of lynchings directed at newly emancipated Blacks following the Civil War in the 1860s are clearly linked to these emerging anxieties about and the perceived need to defend the purity and morality of young white women.

¹⁶ Judith Butler’s notion of a “threatening specter” is a subject that occupies an abject position because it is repudiated by normative meanings of sex (Butler 1993: 3).

The pervasiveness of “white slavery” was – and continues to be – accepted as literal truth by many, despite a dearth of evidence.¹⁷ As a moral panic, “white slavery” was driven quite explicitly by nativism and xenophobia,¹⁸ two intertwined ideologies that were central to a number of reform movements both during and leading up to the Progressive era.¹⁹ In both the U.S. and European contexts, the “white slave” – imagined as a native-born young white women (or girl) – was constructed in opposition to the “non-white slaver” who was by definition “foreign”; Chinese and Jewish male immigrants were those primarily marked as “white slavers” in the U.S. context (Doezema 2000; Keire 2001).

As Jo Doezema (2000) argues in her comparative analysis of nineteenth century “white slavery” and contemporary “trafficking in women” discourses, the myths about white slavery and the moral panic they incited were grounded in the perceived need to regulate female sexuality under the guise of protecting girls and young women. As a myth, white slavery allowed reformers to explain sexual relations, and prostitution in particular, in terms of certain intersections of power, race/ethnicity, gender, age, and social class, and justify institutional practices of intervention and regulation, despite the fact that very few actual cases of white slavery existed. Thus, this moral panic instigated a flurry of state regulation, of which the “White Slave Traffic Act of 1910,” now known as the Mann Act of 1910, is paradigmatic. The purpose of the Mann Act was “to further regulate interstate and

¹⁷ The actual number of “white slavery” cases was very low (see Bristow 1982).

¹⁸ Nativism and xenophobia tend to go hand in hand; in this context, the former refers to the favoring of native-born inhabitants over immigrants while the latter refers to fear or hatred of immigrants or foreigners.

¹⁹ The Progressive Era was a period of reform that lasted from the 1890s until the 1920s, driven primarily by the white middle-class Protestants. The movements that populated this time period were very diverse yet[?] many did not reflect certain Progressive values of social justice, general equality and public safety.

foreign commerce by prohibiting the transportation therein for immoral purposes of women and girls...” and thus embodied the widespread belief that an organized interstate traffic in women existed (Keire 2001: 18). What the Mann Act accomplished, however, was less the protection of the innocent victims of the white slavery discourse and more the regulation of young working-class women as well as the heightened prosecution of prostitutes.

These campaigns against prostitution and “white slavery,” which included efforts to raise the age at which girls could legally consent to sexual relations, were spearheaded primarily by white middle-class women reformers in the social purity movement. As moral entrepreneurs, the reformers were motivated by a concern with the morality and protection of young women. Social purity reformers focused on white girls and young women as helpless and innocent victims and sought to protect them from the perceived predations of older men, native and foreign, and the threat of “white slavery.” The focus of the purity movement was informed by particular intersections of race, class, gender, sexuality, and age such that the reformers sought to protect the morality and respectability of young *white* women from primarily *working-class* backgrounds (Nathanson 1991; Odem 1995).²⁰

Public anxiety about these young white working-class women, which had greatly intensified by the late 1800s, was spurred in part by the concern over their

²⁰ With regards to race, ethnicity, and class, there are significant inconsistencies throughout these texts in terms of the language used to describe the young women about whom reformers projected all their anxiety onto. While today it is common to conceptualize the young women in question as “white,” at the time, they were not all considered as such. Many were “white ethnics,” or first or second generation immigrants of European origin (i.e., Irish, German, Polish, Italian) and were not included under dominant conceptions of whiteness at the time, which was linked more directly to the category of Anglo-Saxon Protestants (see Ignatiev 1995; and Guglielmo and Salerno 2003). In terms of class, both middle-class and working-class young white women were the focus of the campaigns, but this varies across accounts; most highlight the working-class because of the types of occupations such young women held.

mass entrée into new avenues of employment in department stores, offices and factories in American cities (McBee 2000; Nathanson 1991; Odem 1995; Peiss 1986). These jobs had opened up to them as a result of rapid urban growth and the expansion of industrial capitalism. During the daytime, young white women earned wages and in the evenings, spent time in the new dance halls, amusement parks, and movie theaters that provided commercialized leisure activities for this new wage-earning group and their male counterparts. Young people increasingly explored romantic relationships and heterosexual activity outside the context of marriage, away from the watchful eyes of parents and neighbors (Odem 1995; McBee 2000). This shift toward an increase in unsupervised heterosociality was particularly marked for these young women in that such social practices allow them to depart from the patriarchal custom of moving directly from the supervision and control of their fathers to that of their husbands. In challenging traditional gender expectations by leaving the domestic sphere and enjoying a period of relative autonomy, young working-class white women became linked to a range of social problems that were emerging in public discourse, including most prominently, prostitution and vice, venereal disease, family breakdown, and out-of-wedlock pregnancy, ultimately coming to embody these problems in terms of their sexuality. As a result, young white women's sexuality became the target of new policies of state regulation.

Efforts to raise the age of consent, which would ultimately criminalize sex between people under and over certain ages, were motivated by purity reformers' belief that seduction by adult men was the major cause of "moral ruin" among girls and young women. While such women were typically portrayed at the time as "fallen

women” who were deprived, dangerous, and permanently “ruined,” the reformers attempted to challenge this perception by tapping into Victorian ideals of female passivity and purity, defined by a lack of sexual desire and agency (Odem 1995: 18). Reformers constructed young white working-class women as innocent victims of male lust and exploitation in public discourse (Odem 1995: 25). Given that reformers were deeply disturbed not only by male sexual behavior but also by young wage-earning women’s assertions of sexual autonomy, the relationship between white middle-class reformers and the young women they sought to protect was marked by coercion, such that in order to be worthy victims, young women needed to exhibit sexual restraint and modesty defined by middle-class ideals of womanhood. Anyone who departed from this ideal of virtuous womanhood was deemed “wayward” and in need of strict control by the state, which meant that the moral protection offered by middle-class reformers came at a high price, which required adherence to a Victorian sexual double standard that denied women sexual desire and agency (Odem 1995: 25).

The social purity movement’s investment in preserving – and imposing – gendered class-based norms of sexuality was intimately bound up with racism. Purity reformers waged their campaign explicitly on behalf of “‘white slaves’ of male vice and exploitation” and in turn, blatantly ignored the serious problems of sexual harassment and sexual exploitation that African American women and girls faced in American society (Odem 1995: 25). The sexual harassment and exploitation of Black women and girls by white men of all ages and classes was normalized, particularly in the South, both prior to and after the Civil War (Collins 2000; Davis 1983; Roberts

1997). While white abolitionists briefly addressed the issue prior to the war, after the war, white reformers largely ignored it because they sought to win white southern support for other causes, such as women's suffrage (Odem 1995: 26).

Although African American young women were ignored by white purity reformers, they were subject to the protectionist efforts of Black middle-class women reformers in the club movement, which were largely racially segregated from the white-dominated social purity movement. The club movement emerged in the 1890s and involved the formation separate Black chapters in the Women's Christian Temperance Union (WCTU) as well as a number of national organizations, such as the Women's Clubs of Boston and Chicago (Davis 1983). Notably, moral reform had a different set of meanings for Black women reformers compared to their white counterparts. Sexual morality was integrated into a broader program of "racial uplift," which included efforts to improve education and health care, promote economic self-sufficiency, and end racial discrimination and violence toward African Americans (Odem 1995: 27). Given the pervasiveness of the sexual exploitation of Black women and girls at the hands of white men during and after slavery, stereotypes of Black female immorality, and the increasing in lynchings following the Civil War, Black middle-class women reformers defined sexual danger quite differently than white purity reformers, one grounded in a historical reality where racism and sexism intersect.²¹

²¹ Black women reformers did not focus only on the sexual aggression of white men in their efforts to protect young Black women from sexual exploitation and abuse; they also sought to reform the morality of young Black men and women through education and voluntary efforts in Black communities, reaching out to young Black women who had migrated from the rural South to cities for work opportunities (Odem 1995: 27-28).

Not surprisingly, Black women reformers did not take up the age-of-consent issue promoted by white women reformers, which would impose criminal penalties on men deemed to be “sex offenders,” because they reasoned that such a law would be used to target Black men and not to protect Black women and girls, especially since white reformers steadfastly ignored the victimization of Black women and girls and failed to condemn the brutal treatment of Black men and the racist gender stereotype of them as dangerous rapists (Davis 1983; Odem 1995).²² Furthermore, in deploying the discourse of “white slavery” to advance their aims, white purity reformers further alienated their African American counterparts through the use of the racist term “white slavery” in the first place; such labeling implies that the enslavement of white women was of a different and worse sort than enslavement of Black persons (Doezema 2000: 30). Whiteness was constructed as synonymous with purity and with the “innocent victim” of white slavery, precluding Black women and girls from being conceptualized as victims of forced or coerced prostitution, or forced or coercive sexual activity of any kind. Such understandings work to exonerate the white men whose sexual abuse of Black women and girls was systemic and institutionalized during slavery and in the aftermath of its abolition (Davis 1983). The discourse of “white slavery” clearly exposes the moral boundaries of the purity reformers’ protection campaign in the implication that “only young white women needed protection from sexual harm and that only white women’s virtue was worth saving” (Odem 1995: 12).

²² It is well-documented that the U.S. criminal justice system has long dealt unfairly with African Americans and charges regarding sexual crimes are no exception. While law enforcement authorities rarely prosecute assaults on Black women by white men, false charges of rape of white women by Black men have a long history of resulting in formal and informal punishment, including lynching (Odem 1995: 28).

By 1890, the age of consent had been raised across individual states, Washington, DC, and the territories to ages ranging from thirteen in Iowa and Utah to eighteen in Kansas.²³ Although there was growing support for the campaign, significant opposition existed. The shape of the opposition illuminates the intersectional dimensions of white male lawmakers' perceptions of female sexuality, which were informed by racialized and classed distinctions. Although middle and upper-class women and girls continued to be perceived primarily as pure, virtuous, and innocent at the end of the nineteenth century, their working-class, immigrant, and Black counterparts were not; white male legislators' objections to raising the age of consent were grounded in a belief that working-class, immigrant, and Black women's sexualities were inherently different from those of white middle- and upper-class women and that changing the law would place such "other" women on the same plane as white women and open the door for "scheming" women to blackmail men (Hodes 1999: 360; Odem 1995: 31). Black female sexuality, as well as that of working-class girls, servants, and prostitutes, were viewed as licentiousness, manipulative, naturally promiscuous and thus, inherently dangerous and threatening. Martha Hodes (1999: 360) cites one Kentucky legislator's views as representative of the opposition to universally raising the age of consent; A.C. Tompkins stated, "We see at once what a terrible weapon for evil the elevating of the age of consent would be when placed in the hands of the lecherous, sensual Negro woman!" These stereotypes about Black women, which were expressed openly, allowed legislators to argue that consent laws should only protect women and girls of "previously chaste character" as a way to

²³ The Kansas campaign was particularly interesting in that it combined age-of-consent and suffrage, which was premised on the belief of both suffragists and purity reformers that the enfranchisement of women would lead to better moral protection for girls (Odem 1995: 30-31).

protect white men from prosecution, and thus enacted clauses including such language that amended statutes across several states (Hodes 1999; Odem 1995). As Hodes (1999) notes, this terminology shifted the burden of proof onto a woman, requiring not only that she prove that she was chaste, but also that she had a “reputation for chastity” (361). For Black women and girls, this was basically impossible because of long-standing and widely held stereotypical beliefs about their sexuality. Thus, the amended age of consent laws were embedded with racial distinctions without explicitly using racial terminology (Hodes 1999).

While it was the intention of the purity reformers to protect young women and girls from sexual harm, the actual enforcement of legislation revealed the unintended consequences of state regulation. Working-class parents often used the age of consent legislation for their own needs and purposes, which typically involved controlling their teenage daughters when they violated traditional moral codes of gender and sexuality (Odem 1995: 39). This resource proved somewhat useful to working-class parents because of the ways traditional (i.e., informal, community-based) forms of regulation were eroding as the population became more heterogeneous as a result of economic restructuring, urbanization and migration.²⁴ The law provided a formal vehicle through which parents could retrieve daughters who had fled unhappy or abusive home situations, ran away with male partners of whom their parents did not approve, or simply sought greater independence and freedom from strict parental supervision (Odem 1995: 50).

²⁴ For a detailed account of working-class and immigrant parents’ uses of the courts to regulate their daughters’ sexual practices and relationships, see Odem 1995.

Young women attempted to assert their own social and sexual autonomy by pursuing intimate relationships typically with young working-class men, eschewing the image of female victimization⁴ and older predatory male seducers promoted by the purity reformers (McBee 2000; Odem 1995; Peiss 1986). At the same time, some parents' use of the courts to regulate their daughter's sexual practices were related to concerns about out-of-wedlock pregnancy, which had the potential to threaten economic stability and social standing, although nonmarital pregnancy was a factor in only a small percentage of the court cases reviewed by Odem at the turn of the twentieth century (Odem 1995: 51).²⁵ Thus sexuality was a means of rebellion for young women as well as a site of exploitation, since nonmarital sex involved the possibility of pregnancy, disease, abandonment and social ostracism (Odem 1995: 57). While rarely the helpless victims of reformers' accounts, gendered power relations and the virgin/whore dichotomy shaped views of female sexuality, ensuring that young women entered into sexual relations with men from a disadvantaged position compared to their male partners. Nonetheless, both were subject to informal regulation by society's sexual double standard, which posited a gender differentiated standard of sexual morality for men and women, and formal regulation by the state.

Masturbation, Sex Education, and the Invention of Adolescence

In her genealogy of adolescence in the United States, Nancy Lesko (2001) explores how in the late 1800s, racial evolution and gender differentiation were two discourses that were central for the construction of the meaning of "civilization" at the turn-of-the-twentieth-century in the United States, which affirmed the supremacy

²⁵ Odem looks only at records in Alameda and Los Angeles counties and thus should be not be taken to be representative of the entire U.S. Her analysis finds that nonmarital pregnancy was a factor in 15% of both cases.

of white male patriarchy. These discourses converged as adolescence became “a useful public problem” that allowed “new experts” to talk, worry, and strategize about “racial progress, male dominance, and national strength and growth” (6). Central to these concerns was a desire to control the development of white male adolescents by “watching over” white middle-class boys in order to make them into “courageous and loyal citizens and men” (Lesko 2001: 6). These efforts redoubled with white girls because concerns with “civilization” and “the future of the race” had assumed center stage as eugenicist discourses of modern science and progress became commonsensical.

As scholars of adolescence have documented, “recapitulation theory” was central to emerging discourses of adolescence and intricately connected to scientific theories of Darwinism, eugenics, and civilization (Kett 1977; Lesko 2001). Recapitulation theory refers to the belief that individuals recapitulate the stages of the development the human races, which were assumed to have evolved from simple savagery, through violent barbarism, to advanced and valuable civilization (Lesko 2001: 25). Central to this theory were two claims: that only white races had evolved to the civilized state and that clearly pronounced gender differences between men and women were considered an essential component of civilization (Lesko 2001: 25; see also Bederman 1995; McClintock 1995; Nye 1985).

These discourses of gender and race were co-constituted with emerging discourses of age as recapitulation theory drew parallels between the growth of white male children and “primitives,” such that babies were pre-human and white boys were equated with “savage tribes” (which meant any group from Semites to

Hottentots to the Irish). Although “savages” were understood to have been waylaid on the path to becoming civilized, white male children would ultimately become civilized, provided their development was shaped in ways deemed proper by adults of their shared racial and class categories. White male children and adolescents were considered to be like primates because they were important for what they could reveal about the past and future of the races (Lesko 2001: 33). Thus, children were like savages, savages were like animals, and animals were like children.²⁶ Recapitulation theory provided not only a useful vehicle for rationalizing colonial and racist endeavors abroad but also for urban reform at home.

The study of childhood development and its concomitant association with racial and gender hierarchy thus emerged as a promising site of information about the “progress of the white race and of the white boy toward civilization” at the turn of the twentieth century (Lesko 2001: 33). As Lesko notes, contemporary conceptions of children and youth do not typically invoke the history of colonial relations although they should be considered in light of colonialist discourse considering the intimate links made by and through recapitulation theory. The primitivism attributed to children and youth was a significant location for the making of the white, bourgeois self in that a mature, developed adult must become nonchildlike and nonprimitive, distanced from that which was deemed uncivilized, lower class, and non-European (Lesko 2001; Stoler 1995). The analogy of primitives and children created a new taxonomy of childhood and adolescence, a discourse that would be reproduced incessantly in psychological and state discourses. Singled out as a crucial point in

²⁶ This equation of racialized others with children and the accompanying rationalizations for colonialist and imperialist projects has been well-documented by scholars such as Donna Haraway, Anne McClintock and Ann Laura Stoler.

which an individual – and a racial group– made the leap to a developed, superior Western selfhood or remained in a savage arrested state, adolescence was constructed as a crucial divide between rational, autonomous, moral, white, bourgeois men and emotional, conforming sentimental, or mythical others, such as primitives, women, lower classes, and children.

Central to the construction of adolescence as a social fact was the gendered segregation of girls and boys in compulsory schooling, separate justice facilities for juvenile delinquents and an unrelenting emphasis on young people’s futures; these were all linked to an emphasis on and control of adolescent sexuality (Lesko 2001: 50). Lesko identifies adolescence as a *technology* in this context because it works to produce certain kinds of persons within particular social arrangements. The “new experts” on adolescence capitalized on education as a site for the development of proper manhood, informed in part by a neo-Victorian belief that the human body had limited resources and that “male energy,” symbolized by sperm, must be protected and wisely invested (Lesko 2001: 59). Thus, by the late nineteenth century, concerns over the prevention of masturbation, then widely referred to as “self-abuse,” came to focus on young people, and adolescent boys in particular, which was clearly connected to emerging definitions of adolescence (Lesko 2001; Moran 2000; Weeks 1989).

Masturbation became taboo in new ways because it came to be associated with insanity characterized by intense self-regard and conceit, extreme perversion of feeling and corresponding deranging of thought, and later, failure of intelligence, nocturnal hallucinations, and suicidal and homicidal propensities (Weeks 1989: 50).

The medical community conceptualized masturbation as a largely masculine vice that was a waste of manly energy and the gateway to “degeneration” (Lesko 2001: 59; Moran 2000: 8). The heavy emphasis on activities such as team sports, camping, and woodcrafts in the lives of white male youth, along with the segregation of boys from girls, mothers, and women teachers, led to the formation of groups such as the Boy Scouts and YMCA youth programs. Such practices were central to the prevention of sexual arousal and masturbation, and thus, the regulation of adolescent sexuality. These associations were specific to white, middle-class male youth and have been documented as such (e.g., Weeks 1989), although Nathanson (1991) argues that concern focused on girls as well. Since masturbation was a “secret vice” and defied surveillance because of its invisible and autonomous nature, it was clear from the advice books of the era that seemingly “innocent” girls could be masturbating in secret (Nathanson 1991: 81).

As Jeffrey Moran (2000) notes, writers of the era viewed girls who engaged in masturbation as clearly aberrant while boys universally struggled against temptation. These gendered distinctions shaped experts’ responses to young people who lacked the “willpower” to engage in self-restraint, which involved more coercive methods of sexual suppression (Moran 2000: 9). Bandages, plastering, blistering, and “infibulation” – suturing that closed the female labia or male foreskin – were all employed by “experts” such as service providers to varying degrees, along with the use of clitoridectomy on girls and women, because female persons were thought to have less willpower in the first place (Moran 2000: 10). These justifications were coupled with the fact that girls and women also had less power to resist being “cured”

by medical and psychiatric professionals. While a few service providers believed that masturbation was an effect of insanity, most thought it to be a cause of insanity, associated strongly with the onset of “sexual maturation, which we today commonly refer to as puberty (Kett 1977: 134). Regardless, the perceived negative relationship between masturbation and adolescent development led to the prevention of masturbation as a goal among middle-class families and the medical establishment.

By contrast, the “new experts” in medicine, psychology, and education conceptualized female adolescence as a period of time during which the proper development of girls’ reproductive systems was paramount, although they paradoxically perceived puberty as a threat to that development because many believed it threatened teenage girls’ innocence and purity (Nathanson 1991). Central to the perceived proper development of girls’ reproductive systems was a corresponding belief in the necessary avoidance of physical and mental stimulation. While education was thought to be harmful to girls but not to boys (except in excess) in adolescence, physical activity was deemed necessary for boys’ development but not for girls (with the exception of domestic tasks such as cooking, cleaning, and childcare) (Nathanson 1991; Smith-Rosenberg 1985). Thus, white, middle-class boys and girls (as well as their adult counterparts) were subject to different types of regulation based on widely-held views among professionals in medicine, psychology, and education about the “nature” of their sexualities, which was then taken up by middle-class families.

In the early twentieth century, one of the central ways in which the regulation of teenage sexuality became formalized was through the introduction of sex education

by professional experts (Moran 2000: 24). By the end of the first decade of the twentieth century, numerous physicians, psychologists, and educators had allied under the auspices of the “social hygiene” movement, which sought to eradicate venereal disease and its perceived cause, prostitution. These new experts, so-called reformers, believed that formal education about sex, sexually transmitted disease, and sexual morality would ensure the prevention of socially problematic sexual behavior (Moran 2000). By breaking the “conspiracy of silence” about sexuality, these reformers believed that they could combat the dangers of venereal disease and prostitution, ensure the premarital chastity of young white men (in the same vein as efforts directed toward young white women), and prevent the moral breakdown of society and the family (Moran 2000). In addition, more and more young people were passing through the public education system,²⁷ teaching was becoming professionalized, and schools were taking on greater social and cultural authority in terms of training students’ bodies and minds.²⁸ Thus, schools became a logical site for “sex instruction” and formal sex education in public schools became institutionalized as a result of reformers’ efforts to explicitly regulate the sexual practices of the nation’s young people (Moran 2000: 37). By 1927, it is estimated that 45 percent of public high schools offered their students some form of sex education (Moran 2000: 105).

²⁷ Many public schools were racially segregated at this time per *Plessy v. Ferguson*, the 1896 Supreme Court ruling which held that racial segregation in public accommodations was constitutional. *Brown v. Board* overturned this ruling in 1954.

²⁸ In 1871, 80,000 pupils attended public high schools; by 1913, more than 1 million students were enrolled, and following World War I, that number increased exponentially. This was due in part to the expanding immigrant population and the desire of native-born Americans to assimilate newcomers in the ways of social hygiene and health. According to Moran (2000), sex education was part of a general trend toward this pedagogy.

The moral panic around prostitution aligned social hygiene reformers with purity reformers. These groups shared not only an anti-prostitution focus, but a disdain for the sexual double standard that implicitly encouraged men to participate in commercialized sex. In contrast, sex educators were more preoccupied with controlling male sexuality than with harnessing the urges of women, and thus were clearly influenced by the purity reformers' focus on male lust and Hall's focus on male sexual development (Moran 2000: 59). This was congruent with the shift from purity reformer's focus on "fallen women" to girls and women as innocent victims of predatory male sexuality. In this new framework, white male adolescents seemed to face pressing danger from within but white female adolescents seemed to risk corruption from without; however, both were expected by reformers to aspire to a single standard of sexuality morality. Boys were perceived as having to travel a much greater distance to reach this standard because of essentialist views of gendered sexuality that constructed male persons as sexually active – or agentic – and female persons as sexually passive – or asexual (Moran 2000: 59). Not surprisingly, sex education was highly gender differentiated in that reformers thought that young women only needed to learn about menstruation and be instilled with fear about the dangers of arousing male lust, the stigma of sexual immorality and the prevalence of venereal disease among their future husbands. Such instruction aimed to ensure that young women were sexually unresponsive or frigid in intimate situations so as not to violate of certain social norms of male sexuality (Moran 2000: 60). Fear of premarital pregnancy was not part of the curriculum because it was widely assumed that such a pregnancy would force a young woman into marriage or because

educators' rehabilitative approach to reproductive sexuality did not allow them to claim any pregnancy as unwanted. Thus, despite the assumption that young women lacked sexual impulses, they were charged with a central role in sexual reform by social hygienists and purity reformers alike; they were supposed to insist on purity and self-restraint in their male companions. In other words, girls and women were required to act as sexual gatekeepers and lead men to the single standard of sexual morality advanced by reformers.

Despite some common ground, social hygiene reformers' focus on sex education distinguished them from purity reformers. Public sex education was a pragmatic and quiet mode of reform and thus more enduring and less overtly controversial than more visible and religiously-based attempts at social change promoted by the purity reformers. As Moran (2000) notes, however, shifting sex education from adults to adolescents directly violated the "conspiracy of silence" about sexuality. This conspiracy depended on an understanding of white youth not as naturally sexual, but rather as empty "chambers" in need of protection from corruption (Moran 2000: 39). Critics, such as the infamous Anthony Comstock, believed that educating young people about sex would corrupt inherently pure and innocent children. Anthony Comstock is credited with writing the Comstock Act, which was passed into law in 1873; the Comstock Act outlawed the circulation of obscene, lewd, lascivious, and indecent writing or advertisements, including articles that aided contraception or abortion, through the U.S. mail (D'Emilio and Freedman 1989: 60, 159).

In response to this traditional interpretation of youth, reformers began to argue that silence did little to preserve young people's purity and that what was needed was less silence since innocence was impossible in a society where prostitution and venereal disease were prevalent. Advocates of sex education condemned the unwillingness of parents to talk to their children about sex and drew heavily on G. Stanley Hall's notion of the sexual adolescent in order to make their case. They argued that sexual instinct governed the process of maturation and thus, required intervention in order to control, shape, and channel youth's natural sexual impulses (D'Emilio and Freedman 1989: 206; Moran 2000: 40-41).

Some advocates for sex education advanced some fairly radical suggestions for the era, including the argument that girls should also receive instruction and that sex and reproduction should not be treated as synonymous, since non-procreative sexuality was certainly possible (D'Emilio and Freedman 1989). At the same time, because the social hygiene movement was motivated by the discourse of modern science, reformers framed sex education as "scientific." What made sex education "scientific" were the following three qualities, which allowed it – and the reformers – to skirt dangers of suggestiveness: first, science is precise; second, science is too pure to be suggestive; and third, scientific sex education is too boring to be suggestive (Moran 2000: 48-49).

Initially, sex education was provided as special programs or class and drew an explicit connection between sexual vice and its medical consequences in graphic details; it also sought to dispel the fallacy of male sexual necessity and the double standard of morality. Such visible presentations were greeted with much public

outray, which led educators to shift the content of sex education to include only the most rudimentary explanations of reproduction in the hopes of discouraging students' curiosity about the subject. In addition, such lessons were folded into the general curriculum on biology and the study of nature as a way to circumvent public opposition (Moran 2000). This legitimated sex education as a scholarly pursuit and allowed the public to perceive it as part of the domain of the natural, rather than the social (or moral).

By the 1920s, social hygiene reformers had found moderate success as moral entrepreneurs by drawing a direct connection between adolescence and the moral panic over the perceived social crisis that had beset American society in the form of "social decline," which had energized Hall's work on adolescence in the first place. Although state-sanctioned sex education was short-lived at the time, cemented by the U.S. Public Health Service's withdrawal of funding by the end of the 1920s, the connection between adolescence, sexuality, and "social decline" would remain in people's minds for many decades, shaping the social regulation of teenage sexualities in numerous ways. These linkages are made all the more apparent in the post-World War II era, when "family life education" was introduced in public schools as a way to train adolescents to conform to middle-class family life standards.

"Problem Girls," Nonmarital Pregnancy and Adoption

Early in the twentieth century, a shift occurred in public discourse regarding young white female sexuality. A new generation of white women reformers departed from purity reformers' ideas of young white female sexual passivity and victimization

to a view of young white women as sexual agents in their own right. The college-educated women reformers of the Progressive era started thinking of unmarried young women who engaged in sexual activity as “delinquents” in need of guidance and control (Odem 1995: 54). Rather than blaming older, predatory men for young women’s moral downfall, as purity reformers had, Progressive women reformers, influenced by emerging social science research on “social decline” and new psychological theories of adolescence and sexuality, looked to societal and family environments to explain what they perceived to be sexual delinquency among young working-class white women (Odem 1995; 96). This shift is attributed in part to the work of Sigmund Freud and Havelock Ellis, both of whom denounced sexual taboos and promoted a view of women’s sexuality as natural and normal, but “untrained to experience them” (Nathanson 1991: 90). Thus, anxieties began to shift onto girls’ and young women’s perceived “precocity” – the premature adoption of adult behavior – and “waywardness,” both of which violated the Victorian mandate for asexuality, purity, and innocence in respectable white girls and women (Kett 1977; Nathanson 1991). No longer labeled “fallen women,” young women who became pregnant “out of wedlock” were reconceptualized as “problem girls” in need of psychiatric treatment (Kunzel 1993; Solinger 2000).

Evangelical women were largely responsible for establishing a network of homes “to rescue girls who had already fallen vice, or liable to” (DuBois 1909, quoted in Kunzel 1993: 13). Initially, these homes were defined as “rescue homes,” catering to young women who had been beset by any number of circumstances, ranging from alcohol and substance abuse, homelessness, prostitution or unmarried

motherhood (Kunzel 1993: 15). Often sent by the courts, these privately and publicly financed homes²⁹ formed a quasi-official partnership with the state by providing an alternative to jail or reform school for girls deemed delinquent or “pre-delinquent” (Kunzel 1993: 15). These alliances conferred legitimacy upon the homes.

In the early decades of the twentieth century, rescue workers shifted their attention from prostitutes to unmarried mothers, transforming “rescue homes” into “maternity homes.” Regina Kunzel (1993) argues that this shift can only be understood within the broader ideological context of the antiprostitution crusade and the changes in that movement that occurred around the First World War. Anxiety about sexual morality reached a fever pitch in the 1910s and public concern turned toward “the problem of illegitimacy,” which many anticipated would grow in wartime because of prostitution (Kunzel 1993: 18). Prostitution and unmarried mothers were linked in reformer discourse, which initially framed unmarried mothers as victims of failed love affairs who had been condemned by society and family, lacked resources and no place to turn for help, and thus would inevitably descend into prostitution.

By the 1920s, evangelical women reformers had established a maternity home network of more than 200 homes, which provided residential and maternity care for single mothers. Increasingly, however, they found themselves competing for authority with the new “social workers” to define unmarried motherhood and to control the homes they had founded. Social workers sought to establish themselves as legitimate professionals by grounding their work in emerging modern social

²⁹ Kunzel (1993) notes that the National Florence Crittenton Mission and the Salvation Army were the charitable organizations that operated the two largest national networks of homes for women and girls. The homes were financed by a combination of private fund-raising and contributions and public monies in the form of weekly stipends provided by the courts.

scientific discourse (Kunzel 1993: 2). While evangelical women, embedded as they were in the purity movement, relied heavily on an essentialist gender discourse of feminine values, the new social workers invoked a seemingly gender-neutral scientific discourse of objectivity, rationality, and professionalism. Social workers attempted to “treat” unmarried mothers who were thought to be “problem girls,” rather than trying to redeem them as “fallen women” (Kunzel 1993: 2). The newly emerging social work establishment sought to claim professional legitimacy by moving away from the benevolence of religiously motivated nineteenth century social reform movements, such as the purity movement and maternity home movement, because such commitments were viewed as excessively – and problematically – feminine in their emphasis on emotion, sentiment and intuition thought to be at the heart of charity work.

Among the first social workers to focus on illegitimacy were those working within the U.S. Children’s Bureau, a federal agency that was founded in 1912 to coordinate national child welfare policy, achieved after many years of lobbying by women active in various domains of child welfare, such as settlement houses, child labor reform, and the juvenile court movement; it was also the first federal agency to employ a significant number of women (Kunzel 1993: 117).³⁰ These federally employed social workers became interested in illegitimacy because of social science research conducted by the Bureau that established it as a major contributor to infant

³⁰ The Children’s Bureau is the oldest Federal agency for children within the Administration for Children and Families, which is now housed in the Department of Health and Human Services (DHHS). It was founded in 1912 by President Taft “to investigate and report on infant mortality, birth rates, orphanages, juvenile courts, and other social issues of that time.” Today its primary duty is to administer Federal child welfare programs (http://www.acf.hhs.gov/programs/cb/aboutcb/about_cb.htm - retrieved July 9, 2008).

mortality. By studying the maternity homes, social workers collected information while also imparting their own methods for providing care for unmarried mothers and their offspring. The close examinations of the homes would ultimately lead to diminished financial resources as the major source of funds – Community Chests – would ultimately require the organizations work with local casework agencies (Kunzel 1993: 120).

Social workers shifted their attention away from environmental causes to explain social problems to “maladjustment” on the part of the individual. As a result, illegitimacy looked quite different through the lens of social work rooted in scientific principles. While purity reformers located the problem of out-of-wedlock pregnancy in a society that endangered young women and a sexual double standard that condemned them, social workers located unmarried mothers at the heart of a constellation of larger social problems linked to morality and family life (Kunzel 1993: 50). In various scenarios, unmarried mothers were the cause or effect of social problems, increasingly conceptualized not as victims but rather as agents of larger social problems. In short order, unmarried mothers became dangerous instead of endangered (Kunzel 1993: 51). Social workers began to recategorize such women as “feeble-minded” and later as “sex delinquents” from the 1910s through the 1930s, foregrounding a moral panic over the “epidemic” of juvenile delinquency that would “strike the nation in the first years of the 1950s,” which emphasized boys’ youthful violence and girls’ sexual activity (Moran 2000: 134). Feeble-mindedness was defined in gendered terms and overwhelmingly attributed to women. According to Kunzel (1993), feeble-mindedness in men appeared to correlate with criminal activity

and the inability to succeed economically, whereas in women, it was defined almost exclusively in sexual terms. A feeble-minded woman was thus thought to be predisposed to “promiscuous” behavior, abnormally passive and yielding, and thus “in constant danger of becoming pregnant” (Kunzel 1993: 52-53).

For young unmarried mothers who could not be categorized as feeble-minded, the term “sex delinquent” was applied. Delinquency had long been a problem associated with boys and young men, largely in terms of theft, criminality, and truancy. The advent of new theories of adolescence as a vitally important and turbulent stage of life associated with sexuality directed reformers attention to delinquency in girls and young women, which was defined in terms of sexual impropriety or participation in “illicit sexual behavior” (Kunzel 1993: 55). Sex delinquency was by definition female and by the 1930s, many social workers viewed unmarried mothers as synonymous with sex delinquents. Despite the tendency to use the terms interchangeably, sex delinquency were not solely about illegitimacy. One social worker’s typology included those who had had one sexual experience, including nonconsensual or under the promise of marriage; those who had repeatedly been with the same person; those who had been promiscuous; prostitutes; and “homosexual perverts” (Kunzel 1993: 56). Thus, any sexual activity outside of the context of marriage, regardless of the circumstances, was sufficient cause for the application of the sex delinquent label. This new framework highlights the absence of absolution of sexual agency in the context of rape, seduction, or abandonment. In addition to the banishment of the female victim, so too disappeared the male villain, replaced by sympathy and concern for his future marriage prospects but not hers.

Social workers reversed the evangelical script shifting the burden of guilt for illegitimacy from men to women (Kunzel 1993: 57).

Evangelical reformers and the social workers who eventually usurped their authority in the first half of the twentieth century were predominantly white, female, and middle-class. They focused their efforts on young white working-class women and were convinced that “sex delinquents” were disproportionately foreign-born and poor, despite a lack of evidence. By informing the public from a position of moral authority – in the case of evangelical reformers – and scientific authority – in the case of social workers – these middle-class white women shaped the public’s perception that illegitimacy was a social problem associated with poor, working-class and immigrant populations (Kunzel 1993: 60). Kunzel (1993) observes that these efforts, although distinct in approach and rationale, were informed by a desire to comprehend a working-class female sexuality that defied middle-class sexual mores. The anxiety that accompanied the incomprehension of middle-class reformers and social workers fueled a moral panic over illegitimacy and its presumed causal associations with larger social problems, such as “social decline” and later, in the 1950s and 1960s, poverty and family breakdown. Beginning in the mid-century, racial discourse would become intimately bound up with commonsense understandings of such perceived social problems, shaping the way in which illegitimacy and poor families were understood and regulated.

Prior to the 1940s, the policy of maternity homes, such as the Florence Crittenton homes, was to keep mother and child together, but as professional social workers achieved greater authority through the discourse of science, evangelical

women reformers' feminine benevolence was delegitimized, unmarried mothers came to be perceived as unreliable interpreters of their own experience, and social workers claimed that unmarried motherhood was a major "social problem," which could be solved – at least in some cases – by adoption (Kunzel 1993). By the 1940s, maternity homes were willing to defy their national organizations' policy and arrange adoptions. This change in policy appears to involve the confluence of factors, including the power of unmarried mothers, the growing influence of social workers, diminishing private funding to the homes as a result of the Great Depression, and the emerging hegemony of psychological discourse about illegitimacy.

By the mid-twentieth century, nonmarital pregnancy and childbearing became overtly problematized in distinctly racial terms as the circulation of racially-differentiated meanings of nonmarital pregnancy by social workers, psychologists, and policy makers crystallized in public discourse. According to sociologist Rickie Solinger (2000) these racially differentiated meanings were parsed along a Black-white binary and had far-reaching consequences for young white and Black women who found themselves pregnant outside the bounds of marriage. This was intimately bound up with the organizational shifts in how cases of "illegitimacy" were generally handled. Until the late 1930s, such cases were handled by maternity homes and related child-centered agencies, which worked to ensure that children born out of wedlock received care as nearly equal to other children as possible by ensuring that illegitimate children remained with their birth mothers (Solinger 2000). In the years during and following World War II, however, such cases shifted to woman-centered agencies run by social workers. It is in these agencies that Solinger locates the

emergence of racially differentiated discourses and practices surrounding single pregnancy and motherhood.

Illegitimacy among white women and girls during this era came to be viewed not as a “sex problem” but rather, as a psychological issue (Solinger 2000: 24). White single girls and women who wanted keep their babies were diagnosed as immature, and often, mentally ill. By contrast, illegitimacy among Black women and girls was viewed as the product of uncontrolled sexual indulgence and the absence of psyche. Bolstered by a racist logic of biological determinism, politicians and social workers explained Black illegitimacy as preordained by nature, the product of inherent hypersexuality and immorality, which justified punitive responses to nonmarital pregnancy among Black girls and women as the only means of behavior modification. Racial distinctions between white and Black illegitimacy were further exacerbated by a eugenicist discourse of social productivity. White unwed mothers were viewed as socially productive in this era of the post-war baby boom because their babies could be adopted by infertile white couples in order to construct a “proper family,” whereas Black unwed mothers were viewed as socially unproductive breeders who needed to be constrained by punitive, legal sanctions. Such sanctions ranged from school segregation, restrictive public housing, and exclusionary welfare policies to enforced sterilization or birth control (Solinger 2000).

These racially differentiated meanings had distinct consequences for unmarried white and Black pregnant girls and young women. Young white women were sent to maternity homes by their families, where they were “treated” by caseworkers and required to give their babies up for adoption (Solinger 2000). They

were then expected to rededicate themselves to becoming proper wives and mothers. While such women were thought to occupy a state of shame, it was a largely private and temporary stigma that could ultimately be overcome by conforming to the era's norms of white middle-class womanhood by becoming first a wife and then a mother. The exclusion of Black women from most maternity homes and the absence of an adoption market for the babies of unmarried Black women and girls ensured that there was no redemption possible during an era defined by a "white family imperative" (Solinger 2000: 25). In fact, notes Solinger, in some regions, it was legally impossible for a Black woman or girl to put a baby up for adoption. The general interpretation of the courts was that a young Black woman should be punished by being forced to keep and support her children, regardless of her own wishes (Solinger 2000: 27). Blamed for the population explosion, rising welfare costs, and poverty among Blacks in the U.S. at mid-century, unmarried (and in some accounts, all) Black mothers were subject to harsh sanctions informed by a toxic combination of sexism and racism.

What emerges from Solinger's account is the co-constitution of essentialist discourses of sexuality, gender and race in the discursive problematization and regulation of nonmarital pregnancy among white and Black women, the vast majority of whom were in their teens and early twenties. In terms of regulation, these racially differentiated meanings of nonmarital pregnancy and childbearing were produced in part through legislation and the courts. While unmarried young white women were forced to give their children up for adoption, unmarried young Black women were both formally and informally prevented from doing so, and then often denied public

assistance to support their children. What is particularly striking about these practices of meaning-making and regulation is that nonmarital childbearing did not constitute maternity in a culturally sanctioned sense, nor was nonmarital sex actually sex, for the same reason. The ways in which both white and Black women were treated under this two-tiered policy response to nonmarital childbearing served to shore up the culturally and politically dominant notion that sexuality and maternity belonged within the confines of marriage and that the non-normative rights and wishes of individual girls and women were irrelevant in the eyes of the state. Maternity and sexuality outside of marriage were not a “reality” for white communities, but instead, temporary mental aberrations. Sexuality and childbearing outside of marriage within Black communities, however, was perceived by experts as the result of “brute biology,” thereby providing the rationale to “deface the Black single mother’s dignity, diminish her resources, and even threaten her reproductive capacity” (Solinger 1992: 39). Both forms of regulation arguably helped mobilize thousands of women in the 1960s and 1970s to protest against the narrow and putative terms in which motherhood was constructed as legitimate by placing reproductive freedom, and not solely the right to abortion, squarely at the center of the women’s movement. While feminist demands for reproductive choice and autonomy were only partially responsible for the changes that would occur in the 1970s and beyond with regard to the regulation of adolescent sexuality, what is striking is how aspects of the discursive problematization of teenage sexuality retain key aspects of its meanings in the mid-twentieth century, which is explored in Chapter 3.

The “Sexual Revolution”

There remains today a widely-held consensus that in the 1960s a revolution in sexuality occurred in the U.S. context. This consensus tends to be blind to certain dynamics around race and gender, such as the persistence of both a gendered double standard of sexual activity between men and women and a racial double standard of sexual activity between whites and Blacks, which led some, and feminists in particular, to challenge the notion that an actual “sexual revolution” really occurred (Coontz 2000; Ehrenreich 1983; Solinger 2000). What did occur was an acceleration of sexual liberalization, which consisted of three major components: a growth in a “singles culture” that accepted sexual activity between (predominantly white) unmarried men and women, women’s demands that this singles culture change to meet their needs, and challenges by the gay liberation movement to the construction of sexual freedom in solely heterosexual terms (Coontz 2000: 197). As historian Stephanie Coontz explains, there are many different social forces and demographic changes that account for the sexual liberalization that emerged in the 1960s. Some major factors include the rising age for marriage, educational convergence for men and women, the invention of more effective birth control methods, such as the Pill and the IUD, and its increased accessibility to married and unmarried people alike, women’s growing autonomy across numerous domains, the sheer number of single young people as the baby boom moved into their teens and twenties, a growth in the use of sexualized imagery in the mass media, and the rejection of the social and political practices of the previous generation by politically active young people.

As mentioned previously, despite increasingly sexual liberalization, reports that the sexual double standard declined or disappeared are exaggerated. While men continue to enjoy the freedom to engage in sex outside of marriage without much reproach, women receive what sociologist Lillian Rubin labels as “wildly mixed” messages about what is acceptable sexual behavior, thus shaping the preponderance of confusion and inadequate communication about what women want or need in a heterosexual relationship (Coontz 2000: 199). Thus, conventional accounts of the “sexual revolution” and the shifting sexual double standard, however, fail to address the racial stratification of sexual discourse at the time as it intersects with age and class.

At the same time that the revolution in sexuality among young people was said to be occurring, a moral panic emerged concerning the perceived problem of “overpopulation” in the Black community. A range of moral entrepreneurs, including politicians, demographers, agronomists, and civic leaders, argued that if allowed to continue, “overpopulation” among Blacks would exacerbate other social problems, such as unemployment, juvenile delinquency, racial tensions, and congestion and poverty in urban areas (Solinger 2000: 208). These two discourses – the “sexual revolution” and the “overpopulation” – worked together to facilitate the construction of an even more visible racial double standard around sexuality. In the 1960s, the nonmarital sexual activity – and increasingly, maternity – of young middle-class white women was being reconceptualized not as pathological, as it was in the 1940s and 1950s, but as rebellious and later in the decade, nearly normative. By contrast, the nonmarital sexual activity and maternity of young Black women was condemned

by politicians and social scientists as a central component of what anthropologist Oscar Lewis (1959) labeled the “culture of poverty”³¹ and a threat to “the fabric of American life” (Solinger 2000: 208).

These racially differentiated meanings of youthful sexuality and the corresponding moral panic led to a shift in social policy regarding contraception, wherein the perceived tax burden caused by “overpopulation” among urban Blacks was deemed greater than the cost of population control programs to curtail childbearing among the what William Julius Wilson referred to as the “underclass” (Wilson 1993). As a result, Black girls and women were targeted by publically funded social programs beginning in the 1960s which aimed to prevent Black illegitimacy and its perceived social consequences through the use of contraception and efforts to “remake both Black culture and its female members in a whiter image” (Solinger 2000: 214). Although opponents of contraception continued to argue that the provision of birth control services would increase sexual activity among the unmarried, attempts to exclude unwed women were largely unsuccessful. The decriminalization of contraception for unmarried persons thus had a racially stratified effect. While the birth control pill would become a “declaration of independence” for young white women who would later position “the right to choose” when and if to have a child as a central component of the emerging feminist movement, for their Black counterparts, the new reproductive technologies were a publicly sanctioned

³¹ In 1965, the Moynihan Report, which was released under the title, “The Negro Family: The Case for National Action.” Authored by former U.S. Senator Daniel Patrick Moynihan, the report took up the culture of poverty thesis to argue that the supposed matriarchal structure of Black families and culture is at the heart of the problems faced by the Black community and that only by adopting the nuclear family model as the norm will Black Americans overcome their circumstances. This understanding of Black families remains the dominant paradigm for comprehending the social and economic problems facing African Americans in urban America. See also Frances Fox Piven and Richard A. Cloward, *Regulating the Poor: the functions of public welfare* (New York: Pantheon Books, 1971).

vehicle with which policymakers sought to limit their right to have children at all (Solinger 2000: 211; see also Collins 2000; Davis 1983; Roberts 1997). These concurrent dynamics over the racialized, gendered, and classed meanings of licit and illicit sexual and reproductive practices would not only shape conflicts within the women's movement in the 1970s and 1980s but also the contours of U.S. social policy and programs on family planning, teenage pregnancy prevention, welfare provision, and sexuality education.

Conclusion

In this chapter, I identified the ways in which various moral panics related to teenage sexuality were bound up with the definition of certain sexual practices and relationships among young people as healthy and unhealthy, licit and illicit, appropriate and inappropriate, and normal and abnormal in the United States prior to the 1970s. Beginning initially with the nineteenth century, the regulation of white girls and young women emerges at the behest of purity reformers who sought to protect their innocence and purity from predatory and lustful men, who would come to be constructed as racialized foreign "Others" as the moral panic over "white slavery" peaked in the late 1800s. Related changes to the age of consent for sexual activity resulted in the creation of formal modes of regulation that allowed families to exert greater control over their daughters as informal community-based modes eroded.

As the social hygiene movement came to prominence at the turn of the twentieth century and Hall's definition of adolescence took hold in psychology, medicine, and education, attention turned to the regulation of white middle-class boys' sexualities as part of a larger nationalist, nativist, xenophobic, and eugenicist narrative of U.S. strength and progress. The subsequent introduction of federally-funded sexuality education in public schools paved the way for the institutionalization of prevention messages aimed largely at boys that focused on masturbation and venereal disease.

In the early decades of the twentieth century, professional social workers usurped control of evangelical women's maternity home movement, which sought to contain "problem girls" who were labeled "sex delinquents" because they violated normative codes of sexual and reproductive conduct by having sex and children outside of marriage. By hiding them away in maternity homes, white girls and young women and their perceived moral trespasses were heavily regulated by a new professional class of female social workers who would come to run the homes. At the time, young women's illicit behavior was largely hidden from public view. As adoption came to be normatively imposed on young white women in the mid-twentieth century, the maternity home caseworkers helped to ensure, with the assistance of the young women's families, that they would fulfill the expectations of normative white middle-class womanhood as if had never violated the codes of normative gendered and sexual conduct.

Simultaneously, young black women were subject to a wholly different, albeit interdependent, set of regulations that emerged out of an essentialist understanding of

what was perceived as the depraved sexual and reproductive practices endemic to blacks. This logic in public discourse, and policymaking in particular, justified the denial of black women's access to both public support and the option of adoption, and later, the imposition of federally funded social programs aimed at curtailing "overpopulation" in urban black communities. When these social policies and programs are contrasted with the emerging discourse of the "sexual revolution" in the 1960s, it became apparent that the alleged sexual liberation of white women depended on the containment of black women's sexual and reproductive freedom.

In drawing on secondary sources in this chapter, I sought to synthesize the work of other scholars in order to uncover the ways in which the intersections of gender, race, class, sexuality, age, and nation were central to the constitution of diverse meanings young people's engagement in sexual activity between the 1830s and 1960s in the United States. These meanings were taken up in a range of ways by state institutions and civil society, most notably through the courts and the efforts and practices of reform movements, educators, and social workers to regulate the sexual practices and relationships of young people across a range of social locations in different times and places. Whether the focus was on protecting the innocence and purity of white girls and young women by hiding and controlling their sexual transgressions when faced with illegitimacy; harnessing and channeling the perceived future of the nation by educating young white men on the hazards of masturbation and venereal disease; or attempting to eradicate the perceived proliferation of the black "underclass" by attempting to prevent nonmarital pregnancy among young black women, what is clear from this account is that the construction of the problem –

and the subsequent federal regulation – of youthful sexuality is informed by intersections of race, class, gender, sexuality, and age.

To understand how teenage sexuality was problematized and regulated by the U.S. state through discourse in the federal policymaking process, it is not only necessary to understand these historical antecedents, but it is also necessary to view them as constitutive of contemporary efforts to shape and contain the perceived and actual sexual practices of teenagers across specific social locations of race, class, gender, sexuality, and age. Many of the themes documented in this chapter have not disappeared in more recent discourses of teenage sexuality. In fact facets of them appear and reappear throughout the discourses articulated in the federal policymaking process. As I show in the following chapter, discourses emphasizing the protection of innocence and purity of white girls and the containment and punishment of girls of color for their alleged sexual and reproductive transgressions are central to the construction of social policies and programs that target teenage sexuality in universalistic as a legitimate object of state intervention, while simultaneously sanctioning the differential modes regulation of teenage girls across race and class locations.

Chapter 3: In/visible Interventions: U.S. Social Policies and Teenage Sexualities

In this chapter, I highlight the key findings from my discourse analysis of government documents and related research reports, focusing on how teenage sexuality was constructed through the federal policy-making process and how these discourses were translated into publicly funded social programs that regulate the sexual practices, relationships, and identities of teenagers.³²

The legislation at the center of my analysis focus to varying degrees on issues related to teenage sexuality, such as teenage pregnancy and childbearing; HIV/AIDS; and teenagers' engagement in sexual activity more generally. I examine social policies that target teenagers' sexual practices and analyze both the hearings that surround each policy and the content of the policies themselves. These policies include the National School-Age Mother and Child Health Acts of 1975; the Adolescent Health, Services, and Pregnancy Prevention Act of 1978; the Adolescent Family Life Demonstration Projects Act of 1981; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. I also examine key reports and hearings that focus on teenage pregnancy and parenthood, HIV/AIDS among teenagers, and teenagers' sexual activity more generally, with particular attention paid to reports produced by the Guttmacher Institute, an independent social science

³² As I note in chapter one, these discourses are “political rationalities” that occupy “a domain for the formulation and justification of idealized schemata for representing reality, analyzing it and rectifying it” (Rose and Miller 1992: 178; see also Monk 1998). They are typically imbued with both a moral and an epistemological character, and are articulated in a distinctive idiom that makes it possible for them to be “thinkable” (Rose and Miller 1992: 179).

research institute that produces knowledge about sexual and reproductive health. The Guttmacher reports I discuss here were widely used by both policy advocates and policymakers in the federal policymaking process and were therefore quite influential in shaping discourses of teenage sexuality and related social programs.

In my analysis, I found that universalistic discourses of adolescence appear gender-neutral, color-blind, and class-blind, and constitute young people as a homogenous, coherent social group unified by age category and heterosexuality. Further, these universalistic discourses allowed policymakers to talk about particular groups of young people – such as poor teenage girls of color – without ever explicitly mentioning race, class, or gender. This helped rationalize the formation of social policies and programs because they appeared to focus on the regulation of *all* young people’s sexualities equally. These universalistic discourses, however, obscured the ways in which actors in the federal policymaking process differentiated among teenagers in particularistic terms across specific intersections of gender, race, class, sexuality, and age, constituting some groups of teenagers as “at risk” due to their social status as girl, youth of color, gay and lesbian teenagers, poor youth, or – more commonly, a combination of two or more of these statuses. These discourses of universalism and particularism converged in the policymaking process to ensure that teenagers became the subjects of publicly funded interventions in differentiated and stratified ways. While some groups of teenagers were rendered hyper-visible and others invisible, the implications of the dynamics of visibility for each group varies. For teens privileged by intersections of race, class, gender, sexuality, and national origin, invisibility further advantaged them by exempting them from intervention,

whereas for teens marginalized by race, class, gender, and/or sexuality, both invisibility and hyper-visibility contributed to their status as a problem in need of intervention, or at least, containment. Thus, the discourses and the policies and programs facilitated by them constructed teenage sexuality as a problem in ways that was predicated on and reinforced existing intersectional inequalities of race, class, gender, sexuality, and age.

My argument is organized into the following three substantive subsections. First, I explain how discourses constituted teenage sexuality as a legitimate object of federal intervention by the U.S. state beginning in the mid-1970s and show that conceptualizations of teenage pregnancy as a social problem were central to this constitution of teenage sexuality. More specifically, I demonstrate that teenage pregnancy was constructed as an epidemic, as synonymous with nonmarital teenage childbearing, and as a problem affecting teenagers *in general*, all of which converged to rationalize the creation of social programs targeting teenagers' sexual practices. My argument about these dynamics is based on my analysis of the discourses articulated through the policymaking processes around the *National School-Age Mother and Child Health Act of 1975*, the *Adolescent Health, Services, and Pregnancy Prevention Act of 1978*, and the *Adolescent Family Life Demonstration Projects Act of 1981*.

In the second subsection of this chapter, I discuss how perceptions of the HIV/AIDS crisis in the 1980s and early 1990s reshaped the meanings of teenage sexuality in through the federal policymaking process as not only risky but also deadly. I explain how these concerns facilitated the introduction of new social

programs targeting teenagers' sexual practices, with emphasis placed on the creation and implementation of HIV/AIDS prevention education programs by the Centers for Disease Control in 1988³³ and the Youth Risk Behavior Surveillance System in 1990.

Lastly, I analyze how understandings of teenage sexuality were again rearticulated through the introduction and passage of the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, which led to the dismantling of Aid to Families with Dependent Children (AFDC) and the creation of Temporary Assistance to Needy Families (TANF), the State Abstinence Education program (Title V), and in 2000, the creation of second federal abstinence-only education program called the Community-Based Abstinence Education program (CBAE). In my analysis of welfare reform I focus on how discourses of “sexual morality,” “family values,” and “personal responsibility” were co-constituted with discourses of gender, race, class, sexuality, and age to making meanings of teenage sexuality that served to justify the creation of a federally-funded abstinence education program.

The Birth of a Discourse: Producing Teenage Pregnancy as a Social Problem

Emergent understandings of teenage pregnancy and childbearing as an epidemic not only allowed teenage sexuality to become thinkable among social scientists and policymakers but also rendered it a legitimate object of federal intervention. Teenage sexuality was first articulated through discourse in the federal policymaking domain in the mid-1970s when the U.S. Congress held hearings on a

³³ In 1988, the Centers for Disease Control and Prevention (CDC) created the Division of Adolescent and School Health. The mission of DASH is to “identify the highest priority health risks among youth, monitor the incidence and prevalence of those risks, implement national programs to prevent risks, and, evaluate and improve those programs” <http://www.healthfinder.gov/docs/doc01061.htm>. Retrieved April 24, 2009.

bill titled the National School-Age Mother and Child Health Act of 1975 (U.S. Senate 1976). Despite the fact that the legislation was not passed, it set the stage for the introduction and passage of two subsequent bills, the Adolescent Health, Services, and Pregnancy Prevention Act in 1978 and the Adolescent Family Life Demonstration Projects Act of 1981.

While teenagers had been constructed as a distinct group in a constant state of crisis prior to this moment, the 1975 hearings and the bill itself brought a concern over teenagers into the public domain in new ways. This new concern took the form of furor in Congress over what was perceived to be an epidemic of teenage pregnancy. The concern was not only about the economic and social burdens teenage mothers and their children were perceived to place on the state and society but also about the heightened visibility of teenage sexuality more generally (Luker 1996; Petchesky 1990; Tolman 1996; Vinovskis 1988). As understandings of teenage sexuality as a social problem were concretized in universal terms in discourse, the particularistic modes of intervention that resulted in the creation of social programs were rendered invisible.

National School-Age Mother and Child Health Act of 1975

The National School-Age Mother and Child Health Act of 1975 was a marker event during the 1970s when teenage pregnancy became a subject of public obsession (Furstenberg 2007; Lawson and Rhode 1993; Luker 1996; Petchesky 1990).³⁴ Both

³⁴ What spurred this emergence involves multiple social factors, including (but not limited to) the decriminalization of contraception and abortion in the 1962 and 1972, respectively, and newly refined data collection practices on rates of “sexual activity,” pregnancy, abortion, childbearing, and marriage among teenagers and the broader population of reproductive-age adults.

the hearings on the act and the text of the legislation itself framed teenage pregnancy and childbearing in universalistic and particularistic terms – as a problem affecting all teenage girls regardless of race or social class and as the cause of many social ills. Some of these alleged problems were associated specifically with youth, such as declining rates of high school matriculation, and others reflected broader concerns and anxieties about rising rates of nonmarital childbearing, divorce, poverty, “welfare dependency,” and declining rates of marriage. Despite the absence of evidence to support such assertions, these commonsense understandings were made evident in the hearings on the legislation. As such, both the hearings and the legislation established an ideologically powerful set of understandings about teenage pregnancy and childbearing, which shaped both the discourse about teenage sexuality and social policies and programs focused on teenage sexuality for years to come. Notably, the bill’s “findings and declaration of purpose” section reads:

(1) Pregnancy among adolescents is a serious and growing problem; (2) such pregnancies are *a leading cause* of school dropout, familial disruption and increasing dependence on welfare and other community resources (U.S. Senate 1976: 4, emphasis mine).

Not only does this framing feminize the perceived problem of teenage sexuality by shifting the focus onto the sexual practices of teenage girls and obscuring the involvement of teenage boys (and young men) in teenage pregnancy, it also problematically attributes a causal relationship between teenage pregnancy and other complex social issues, when in fact teenage pregnancy is more accurately viewed as a

symptom rather than a cause of social problems (Bettie 2003; Edin and Kefalas 2005; Nathanson 1991; Ward 1995). Furthermore, the parameters of the problem are established during the hearings in both universalistic and particularistic terms.

In his opening statement, for example, Senator Edward Kennedy (D-MA) asserts that the problem of “school-age parents” is one that “cuts across social, economic, and ethnic classes, and exists in urban, suburban, and rural areas alike” and that for 60 percent of school-age girls who become pregnant, “the birth of a child begins a cycle of dependency on public welfare” (U.S. Senate 1976: 1). He then notes that while approximately one-third of pregnant young women under the age of 20 terminate their pregnancies, the remainder gives birth. The framing of these data in this opening statement implies a link: nearly all teenage girls who become pregnant and give birth will ultimately seek federal social assistance. Thus, Kennedy establishes the parameters of the perceived problem in simultaneously universalistic and particularistic terms by claiming that teenage pregnancy is a problem that affects all girls, regardless social class and race/ethnicity, *and* that teenage childbearing is a problem because it creates poor single mothers who are dependent on the state for social assistance.

Sen. Kennedy’s opening statement is followed by a brief set of remarks by Senator J. Glenn Beall (R-MD), remarks which invoke a particularistic discourse of nonmarital childbearing in general and teenage childbearing in particular that was emerging at the time. On the surface, this discourse appears universalistic because it seems color-blind, class-blind, and gender neutral; however, it is in fact a now-hegemonic particularistic discourse that condemns poor African American single

mothers and their male children without explicitly invoking race, class, gender, sexuality, or age. After agreeing with Sen. Kennedy that teenage pregnancy is a major social problem, Sen. Beall invokes a number of statistics concerning crimes such as burglary, robbery, and rape in the city of Baltimore. He states that “more than 50 percent of...those kinds of crimes are being committed by people [sic] under 20 years of age” and that “of those 50 percent, 80 percent of those crimes were committed by people who were illegitimate” (U.S. Senate 1976: 3). Given that Baltimore’s population is predominantly African American and that such crimes are overwhelmingly committed by boys and men, Sen. Beall is suggesting that there is a causal relationship between being a male child of a single African American mother and criminality, all without explicitly saying so.

While the National School-Age Mother and Child Health Act of 1975 and the hearings about it were formally limited to “school-age mothers,” which implies teenage girls, the testimonies of both Senator Kennedy and numerous witnesses were not restricted to teenage mothers; rather, witnesses covered a range of topics related to teenage sexuality and nonmarital childbearing more broadly. A significant number of studies produced by public health and social science researchers were introduced as evidence during the hearing as were statements regarding existing social service programs focused on teen mothers. While some of the research and testimony offered nuanced insight into the numerous social factors shaping the occurrence and effects of unintended pregnancy among teenage girls, the Senate subcommittee members often revealed their own unexamined assumptions when questioning witnesses. For example, Senator Richard Schweiker’s (R-PA) frequently questioned witnesses

affiliated with programs serving teen mothers about whether or not such programs contributed to change in teenagers' attitudes, especially with regard to dropping out of school (U.S. Senate 1976: 482, 485). This reoccurring line of questioning betrays the view that teenage mothers *themselves* are the problem in need of intervention and implies that their faulty individual psychological dispositions are what make it difficult for teenage mothers to remain in school. Such a view reflects a pervasive tendency to pathologize and blame individuals for their circumstances rather than looking to how social inequalities shapes their lives, both in terms of opportunities and outcomes.

From Teenage Pregnancy to Teenage Sexual Activity

Although the National School-Age Mother and Child Health Act of 1975 did not pass, it set in motion a growing moral panic over teenage pregnancy in particular and teenage sexuality in general. It was only a year later in 1976 that public concern about teenage sexuality was further heightened when the Guttmacher Institute published a report titled *Eleven Million Teenagers: What Can Be Done about the Epidemic of Adolescent Pregnancies in the U.S?*, which became the definitive statement on the subject for many years. The Guttmacher Institute was established in 1968 to provide research, policy analysis, and education in the fields of reproductive health, reproductive rights and population, was in the process of establishing itself as the leading U.S. social science research institute devoted to the production of knowledge about sexual and reproductive health. The title of the pamphlet refers not to the number of teenage pregnancies or teenage births, as one might expect, but

rather to the estimated number of “sexually active” male and female teenagers between the ages of fifteen and nineteen. Because the Guttmacher Institute is primarily concerned with predicting and counting pregnancies, abortions, and births, and measuring contraceptive use, “sexual activity” is defined in the most narrow of terms – sex that has the possibility of resulting in pregnancy. In other words, “sexual activity” is defined exclusively in terms of heterosexual intercourse. Although the substance of the report focuses on adolescent girls due to the lack of “pertinent information about male adolescent sexual activity,” the report assures readers that despite this dearth of information about boys, the “consequences of adolescent pregnancy and childbearing must be extensive and serious for males as well as females” (Guttmacher Institute 1976: 9). This is the only mention of the relevance of teenage boys on this issue.

Previously accrued knowledge about teenage sexuality, focused as it was on girls, served as both an explanation and a rationale for the Guttmacher Institute’s continued focus on girls in the report. Despite the brief nod to boys mentioned above, the Guttmacher report therefore contributed to an already-established discourse that constructs teenage sexuality as *problem with and about girls*, one that comes to be reproduced in discourse. Since boys’ sexuality is widely considered normal and natural and remains substantively unmarked in the report, it is clear from the report that “teenagers” really refers to teenage girls. Thus, the furor that emerged in the 1970s over teenage pregnancy must be read – in part – as a moral panic over young women’s increasing rates of engagement in heterosexual intercourse.³⁵

³⁵ The rates of engagement in “premarital intercourse” or “coitus” varied by age and race for teenage girls between the ages of 15 and 19, according to data provided by the Guttmacher Institute. In 1971,

It is quite clear, however, from the literature produced by the Guttmacher Institute during this period that the growing concern about girls' rising rates of engagement in non-marital sexual intercourse³⁶ is not necessarily about teenage girls as a group, but specifically about white, middle-class girls. In the aforementioned report, the Guttmacher Institute frames the issue in universalistic terms:

Adolescent sexual activity has been traditionally portrayed as principally affecting minorities and the poor; but recent evidence suggests that teenagers from higher income and nonminority groups are now beginning sexual intercourse at earlier ages, leading to higher rates of sexual activity and greater risk for unwanted pregnancy among teenagers *generally* (AGI 1976: 9, emphasis mine).

Similarly, in a later study published by the Guttmacher Institute, demographers Melvin Zelnik and John Kantner (1980) observe, "Virtually all of the growth in coitus between 1976 and 1979 is accounted for by the growth in sexual activity among never-married whites" (230). This statement implies, as suggested above, that not only are rising rates of teenage pregnancy the result of rising rates of sexual activity among white teenage girls, but that this fact is what renders teenage sexuality in general worthy of the public's concern and state intervention.

23.2% of white teenage girls had "ever had premarital intercourse" compared to 52.4% of black teenage girls. In 1976 those numbers had risen to 33.6% and 64.3%, respectively, and in 1979, 42.3% of white teenage girls and 64.8% of black teenage girls had had "premarital intercourse" at least once (Petchesky 1990: 212; see also Zelnick and Kantner 1980).

³⁶ It is notable that this data includes teenage girls who have only had nonmarital heterosexual intercourse once and does not make any distinctions between consensual and nonconsensual sexual activity.

It is tempting to read the growing concern about teenage sexuality in the mid-to-late 1970s as exclusively about anxieties about white teenage girls' sexuality. As has been documented by numerous feminist scholars, white middle-class womanhood has historically been constructed as synonymous with purity, virtue, innocence, and above all, respectability – and in diametric opposition with both black womanhood and poor womanhood, which have long been conceptualized as inherently lascivious, immoral, and depraved, either caused by inferior biology or culture (Collins 2000; Fields 2008; Nathanson 1991; Petchesky 1990; Quadagno 1994; Roberts 1997; Solinger 1992, 2001). While the anxiety over teenage sexuality is in part about the weakening of patriarchal control and authority over the bodies of white middle-class women and girls, there is more at work in the discourses of teenage sexuality that emerged in the 1970s and persists in the present day.

The Guttmacher Institute justified their framing of teenage sexuality in terms of an epidemic of teenage pregnancy because it allowed them to assert that the problem, as they had defined it, was affecting “teenagers generally,” since rates of nonmarital sexual activity among white girls were becoming more similar not only to African American girls but also to teenage boys as a group. While this proliferating discourse on teenage sexuality is clearly gendered and heterosexist because it focuses exclusively on teenage girls' engagement in heterosexual intercourse, the assertion that teenage sexual activity is an affliction affecting teenagers *as a group* allowed both social scientists and policy-makers to frame their views of the “problem” in universalistic terms that were color-blind, class-blind, and gender-neutral. This allowed policy-makers to talk about the allegedly troublesome sexual practices of

both white middle-class girls and low-income girls of color without ever mentioning race, class, or gender.

Adolescent Health, Services, and Pregnancy Prevention Act in 1978

In 1978, Senator Edward Kennedy (D-MA) introduced another teenage pregnancy-related bill, the Adolescent Health, Services, and Pregnancy Prevention Act. The Adolescent Health, Services, and Pregnancy Prevention Act was the *first* piece of federal legislation enacted into law that formally sanctioned teenage sexuality as a legitimate domain of state intervention. The purpose of the bill read as follows:

To establish a program for developing networks of community-based services to prevent initial and repeat pregnancies among adolescents, to provide care to pregnant adolescents, and to help adolescents become productive independent contributors to family and community life (US Senate 1978a: 3).

The opening statement of the hearings held on the legislation before the Senate Committee on Human Resources, provided by Senator Harrison Williams (D-NJ), reflects how teenage pregnancy was increasingly being framed in discourse in the late 1970s. First, Sen. Williams draws on the same language used by Sen. Kennedy during the 1974 hearing on the School-Age Mother and Child Health Act of 1975 when he asserts that teenage pregnancy is “a problem of many dimensions, cutting across social and economic boundaries and occurring in every community – urban, suburban, and rural – across the country,” thus framing the perceived problem of

teenage pregnancy in universalistic terms. He then claims that the “social, moral and economic implications of teenage pregnancy are great” but that the most important aspect of the problem is that “it inflicts serious consequences on the young mother and her child not only in their immediate future, but their entire lives” (U.S. Senate 1978a: 1). This statement, like those that precede it, conflates pregnancy with childbearing and motherhood and implies that such consequences will be felt by *all* teenage girls who become pregnant.³⁷ Further, when compared to the statement offered by Sen. Kennedy four years earlier, the universalistic prognosis for pregnant teenage girls is even bleaker and the tone more grave.

The litany of negative outcomes that Sen. Williams identifies, such as diminished educational opportunities, limited employment prospects, poor chances of developing a meaningful career, and life-long difficulties in providing financial support for herself and her child, beg the question of how universal such consequences actually are for girls who become pregnant in their teens. Furthermore, what are the other social factors that may shape such outcomes regardless of whether or not a girl becomes pregnant as a teenager? Sen. Williams communicates particular assumptions about the class futures that await teenage girls as a group that merit analysis. What goes unrecognized in these hearings is that oftentimes, girls who become pregnant in their teens and go on to give birth are more often than not

³⁷ Another example of this was provided in the testimony of Joseph Califano, Jr., Secretary of the Department of Health, Education, and Welfare (HEW) – now known as the Department of Health and Human Services (HHS) – during the 1978 hearings on Adolescent Health, Services, and Pregnancy Prevention Act. Mr. Califano stated, “Teenage pregnancy – the entry into parenthood of individuals who barely are beyond childhood themselves – is one of the most serious and complex social problems facing our Nation today” (U.S. Senate 1978a: 18). While approximately 60% of pregnancies among teens do result in birth, it is significant that 40% of them do not (Guttmacher Institute 1976). As of 2002, 34% of pregnancies to women ages 15-19 ended in abortion (<http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf>).

poor to begin with. As such, teen childbearing does not cause poverty; poverty causes teenage childbearing. That young women who become teenage mothers are more likely to be poor young women of color is a consequence of the linkages between poverty and institutionalized sexism and racism, not the result of poor family values, as the culture of poverty framework suggests. Furthermore, teenagers who are poor to begin with tend to remain poor into adulthood, regardless of whether or not they become parents during adolescence. By contrast, in the rarer cases of middle-class white girls who become pregnant and give birth, they rarely encounter the economic hardships perceived to be inherent to teenage childbearing. This suggests that the “social, moral and economic implications of teenage pregnancy” are not equally applied to all girls. Rather, policymakers are concerned with enforcing white middle-class girls’ sexual morality and preventing black low-income girls’ economic dependency on the state.

Despite the fact that teenage childbearing is better understood as a symptom of structural social inequalities organized around intersections of gender, race, class, sexuality, and age rather than the result of a “culture of poverty,” discourse overwhelmingly frames teenage pregnancy in ways that not only ignore these factors but also casts teenage sexuality in terms of a problem with girls’ sexual morality and age category. For example, Joseph Califano, Jr., the Secretary of the Department of Health, Education, and Welfare (HEW), delivered a statement during the hearings on the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 that included the following claims,

What some in our society choose to call sexual liberation has brought with it some unhappy and tragic consequences for millions of teenagers. The pressure to experiment with adult behavior before they are ready emotionally, morally, or economically; to shoulder adult responsibility; the wrenching disruption of life and education caused by the unwanted pregnancy and its consequences. This is not liberation; it is a form of bondage – bondage for the child-mother and bondage for the mother’s child (U.S. Senate 1978a: 20).

Sex is cast here as “adult behavior” that teenage girls, by virtue of their age category, are inherently unprepared for and that “unwanted” (as opposed to the more neutral “unintended”) pregnancy is not only framed as synonymous with childbearing but also now with slavery, implicitly invoking both institutionalized subjugation of African Americans and the moral panic over white girls’ sexual purity in discourses of “white slavery.” Furthermore, Califano is so concerned with advancing the notion that teenage pregnancy is a major social problem that he ignores the fact that 60 percent of teenage pregnancies occur among women who are eighteen or nineteen years old – in other words, legal adults. Additionally noteworthy is the fact that while there was a 13 percent increase in teen pregnancies between 1973 and 1978, pregnancies among 18 and 19 year olds increased by 21 percent, whereas the number of pregnancies for 15-17 year olds rose 4 percent and for girls under age 15, the increase was “hardly notable” (Alan Guttmacher Institute 1981: 18). Only 49% of those pregnancies resulted in birth. 38% ended in abortion, 13% ended in miscarriage, and 55% of teen births were to married young women who were legal adults (Alan

Guttmacher Institute 1981: 17). Furthermore, 35 percent of pregnancies among 18 and 19 year old women are intended and 42 percent occur within marriage.

Secretary Califano then argues that there are a number of obstacles to addressing teenage pregnancy, which he identifies as changing moral standards, the deterioration of traditional family life, the declining authority of institutions like church and school, a mass culture that treats sex “not as a serious personal responsibility, often not even an act of love, but as a glittering consumer item to be exploited” (U.S. Senate 1978a: 20). Califano notes that while “personal self-discipline” is as necessary as ever, it is also less popular than ever. In the next sentence, Califano acknowledges that teenage pregnancies are often linked to other social problems, including poverty, unemployment, poor education, and family breakdown. When these assertions are sequentially located within the space of a single paragraph, the message is clear; teenage pregnancies are the result of declining moral values and a lack of personal self-restraint, and constitutes a challenge to traditional gender arrangements. By the time President Ronald Reagan took office in 1981, this ideological perspective had become hegemonic.

During these same hearings on the Adolescent Health, Services, and Pregnancy Prevention Act in 1978, Senator Alan Cranston (D-CA) asserts that any program which seeks to address teenage pregnancy must have two objectives: first, it must help young people (i.e., girls) avoid unwanted pregnancies by improving the accessibility of voluntary family planning services “in the community” and second, it must give “every assistance possible to the teenager who does become pregnant, to insure that she and her child will have the greatest opportunity for self-realization and

happy, healthy lives” (U.S. Senate 1978a: 17). As sociologist Kristin Luker (1996) has observed, advocates and policymakers alike assume that if publicly funded birth control programs were available to teenage girls, they would use them. This ignores social factors that shape divergent patterns of contraceptive use among different groups of girls across social locations of race and class. Furthermore, what is noteworthy is that the teens that do avail themselves of family planning resources made available through funding from Title X of the Public Health Service Act are disproportionately white and middle-class. Rates of teenage pregnancy and childbearing among Black and Latina teenage girls, who are overrepresented among the low-income, were roughly double the rates of white girls (Guttmacher Institute 2006: 5). As these facts were interpreted through the ideological lens outlined above, the focus shifted away from teenage pregnancy specifically and toward teenage sexuality more generally, as the state revised its regulatory efforts through the creation of abstinence education programs.

Adolescent Family Life Demonstration Projects Act of 1981

In 1981, Senators Orrin Hatch (R-UT) and Jeremiah Denton (R-AL) sponsored the Adolescent Family Life Demonstration Projects Act (AFLA). AFLA, formally called Title XX of the Public Health Service Act and informally referred to as the “chastity bill” by its critics, introduced the concept of “abstinence” into discourse for the first time. AFLA provided public funds for services and research related to teenage pregnancy prevention and teenage childbearing by supporting two types of programs. The first involves “prevention demonstration projects,” which

support programs that encourage teenagers to postpone sexual activity until marriage, otherwise known as “abstinence education.” The second involves “care demonstration projects,” which support programs that develop “interventions with pregnant and parenting teens, their infants, male partners, and family members in an effort to ameliorate the effects of too-early-childbearing for teen parents, their babies and their families.”³⁸ The program also funds grants to support research on the causes and consequences of “adolescent premarital sexual relations, adolescent pregnancy and parenting.”³⁹

ALFA was motivated primarily by the Senators’ staunch opposition to Title X of the Public Health Service Act. Title X, which was established in 1970 and is the only national-level federally funded family planning program, provides federal funds to clinics such as Planned Parenthood so that low-income, young, and uninsured women may have access to low-cost sexual and reproductive health care. In 1978, Title X was amended to ensure that teens under the age of majority could access family planning clinics without parental consent. Sen. Hatch and Sen. Denton believed that Title X undermines “family values and promoted teen sexual activity and abortion” and through the act, authorized a new approach to teen pregnancy prevention that would emphasize morality and family involvement (Saul 1998: 5). The act prohibited funding to organizations for family planning services and prohibited the provision of any abortion-related information to program participants.

³⁸ Office of Adolescent Pregnancy Programs, U.S. Department of Health and Human Services. Retrieved February 23, 2007 (<http://opa.osophs.dhhs.gov/titlexx/oapp.html>). Title XX established the Office of Adolescent Pregnancy Programs (OAPP), which is housed in the Office of Population Affairs Act at the U.S. Department of Health and Human Services. In 2006, it had a \$30.7 million budget and supported 89 demonstration projects across the U.S. These projects consist of 57 abstinence education programs and 32 care programs.

³⁹ Ibid.

It required that grants only be made to programs “which do not advocate, promote or encourage abortion,” which sought to ensure that funding would be limited to likeminded “profamily” groups. The act was quietly shepherded through committee and folded into and passed through the Omnibus Reconciliation Act of 1981 without hearings or floor votes in either house of Congress.

During hearings held in 1985 to facilitate the reauthorization of AFLA, Sen. Denton made clear that the impetus for the bill was “the alarming number of adolescent pregnancies and abortions rising in spite of major Federal expenditures for policies to deal with the problem” (U.S. Senate 1985: 1). Furthermore, AFLA is structured so that the parents of teenagers under the age of eighteen must consent to teens’ involvement and be involvement themselves in programs authorized through the legislation. Sen. Denton stated during the hearings that he is “firmly convinced that Government-funded programs should and must acknowledge the family as the first line of defense in dealing with the problems of adolescent pregnancy” (US Senate 1985: 3).

In the wake of the passage of AFLA, a number of legal measures were taken, some through Congress and others through the courts, to limit minor teens’ access to sexual and reproductive health care services. In particular, parental consent and notification laws regarding both contraceptive services and abortion services as well as waiting periods regarding abortion began to spring up at both the federal and state level throughout the U.S. At the federal level, this began with the “squeal rule” in 1982 (Luker 1996: 78-79). The squeal rule required all clinics that receive funds through Title X to notify the parents of any woman under eighteen who received

contraceptive services. Although the rule was eventually enjoined by the Federal District Court of the District of Columbia, it set a precedent for such types of intervention. Thus, teenage pregnancy became a focal point for divergent views on the rights of young women to control both their sexuality and their fertility.

While AFLA's initial budget was much smaller than that of Title X, the program was significant because it created space at the federal level for social conservatives to develop and test prototype abstinence education programs that would ultimately become the basis for the introduction and implementation of two large-scale federal abstinence education programs in the 1990s and 2000s. As I discuss in the next section of this chapter, AFLA would also be integral to the development of AIDS education programs later in 1980s and the expansion of abstinence education programs through welfare reform in the 1990s.

Teenage Sexuality in the HIV/AIDS Crisis: Risky and Deadly

Emergent understandings of the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) in the 1980s⁴⁰ reconfigured how teenage sexuality was conceptualized in discourse and facilitated the introduction of new social programs concerned with educating teenagers about HIV/AIDS and collecting data nationwide about teenagers' sexual practices, beliefs, and knowledge. The creation and implementation of HIV/AIDS education by the Centers for Disease Control and Prevention (CDC) – a major division of the Department of Health and

⁴⁰ I use "HIV/AIDS" throughout this document despite the fact that it is a historically specific label that emerged during the time-frame under investigation.

Human Services (DHHS) concerned with the public health of the U.S. population – was central to this process. These programs did not emerge directly out of the legislative process in the same way as the social programs on teenage pregnancy and childbearing discussed in the previous section. Nonetheless, knowledges produced by researchers in the social sciences, public health, and medicine converged with those of the CDC and reconfigured the meanings of teenage sexuality in discourse in the late 1980s and into the 1990s, leading to a shift in practices of regulation, primarily in the form of HIV/AIDS education.

The Emergence of HIV/AIDS Education

AIDS was first recognized as a disease by the Centers for Disease Control and Prevention (CDC) in 1981 and quickly labeled “Gay Related Immune Deficiency” (GRID), reflecting an early view that AIDS is a disease afflicting solely – and possibly caused by – Western gay men (Epstein 1996; Patton 1996; White 1999).⁴¹ Although the CDC began using the label AIDS to refer to the disease in 1982, the connection between AIDS and gay men remains deeply embedded in the national imagination of the United States and implies that “heterosexuals” are not at risk for contracting HIV. As Cindy Patton (1996) notes in her study of the national response to the HIV/AIDS epidemic in the 1980s, the AIDS-gay association has shaped activism, policy, representations, and research in ways that have had far-reaching effects. While the consequences of this association are numerous, I focus on only one

⁴¹ The CDC also referred to the disease as the “4H disease” due to its seeming prevalence among “Haitians, homosexuals, hemophiliacs, and heroin users” (“Making Headway under Hellacious Circumstances.” 2006. *Science* 313: 471-473. <http://www.scienceonline.org/cgi/reprint/313/5786/470b.pdf>. Retrieved June 3, 2009).

of them here; namely, how it shaped the creation and implementation of HIV/AIDS education directed at teenagers.

In the early years of the epidemic, policymakers paid little attention to teenagers as an age-specific potential risk group for HIV infection and when Congress passed the first major piece of legislation addressing HIV/AIDS in 1988,⁴² policymakers did not single out adolescents as a group requiring intervention (Wilcox 1990). This in part reflects a heterosexist assumption endemic to discourse that adolescents who engage in sexual activity only do so with different-sex partners. The early framing of AIDS as a “gay disease” no doubt contributed to the view that teens were not likely to contract HIV through sexual activity. Nonetheless, it is apparent that while policymakers did not initially consider teens to be “at risk” for becoming HIV positive, CDC officials did not share this view. In 1987, the CDC’s Division of Adolescent and School Health (DASH) launched a national program to assist schools and other youth-serving agencies across the United States in providing “effective health education to prevent the spread of HIV” (Moore, Daily, Collins, Kann, Dalmat, Truman, and Kolbe 1991). This program included a survey of high school students in six major cities and nine states⁴³ that was designed to assess their HIV-related beliefs, knowledge, and behaviors, the results of which departments of education used to plan school HIV education programs and to monitor temporal changes in HIV-related beliefs, knowledge, and behaviors among high school students (CDC 1988). This

⁴² The Health Omnibus Programs Extension of 1988 (P.L. 100-607).

⁴³ The survey included samples of students in grades 9-12 (ages 13-18 years) in each of six cities (Chicago, Los Angeles, New Orleans, New York City, San Francisco, and Seattle) and in each of nine states (California, District of Columbia, Kentucky, Michigan, New Jersey, New York, Ohio, Pennsylvania, and Washington). Samples from California, New York, and Washington excluded students in Los Angeles, San Francisco, New York City, and Seattle; data from these four cities were collected and analyzed separately (CDC 1988).

initial survey on HIV/AIDS was the impetus for the creation of the Youth Risk Behavior Surveillance System (YRBSS) in 1990, which was established to monitor the prevalence of six categories of priority health-risk behaviors among teenagers.

In addition to these developments, a number of federal reports were produced and congressional hearings were held in 1988 that also addressed teenagers and AIDS, with particular emphasis placed on teenage sexual activity as a significant risk factor for contracting the virus (U.S. House of Representatives 1988a; U.S. House of Representatives 1988b; United States Congress 1988). In 1989, Congress authorized approximately \$375 million for AIDS education and information, \$36 million of which was earmarked for school-based AIDS education programs for young people through the CDC (Wilcox 1990).

Federally funded AIDS education programs emerged in the 1980s as two different campaigns targeting audiences with two different strategies (Patton 1996: 27; United States Congress 1988: 2). The first campaign used a risk-based approach and targeted groups who were conceptualized as “at risk” (i.e., men who have sex with men and injection drug users) in an effort to prevent the spread of HIV, while the second campaign adopted a population-based approach to educate the “general public” about the disease, assuage fears, and promote compassion toward people living with AIDS. The latter approach to AIDS education discouraged the general public from worrying about safe sex as long as they engaged in heterosexual vaginal intercourse (within a monogamous, preferably married relationship) and choose partners “carefully,” and encouraged them to “simply be nice to people with AIDS”

(Patton 1996: 28).⁴⁴ It is this approach to HIV/AIDS prevention that became the basis for the school-based curriculum targeting young people.

The school-based AIDS prevention education that emerged from this legislation was informed by a number of assumptions. First, the emergence of socially conservative policy-makers' views on sex as morally reprehensible outside the context of monogamous marriage impeded educators ability to speak frankly with young people about high-risk sexual practices and their alternatives. This was codified into law when Senator Jesse Helms (R-NC) successfully amended the 1988 AIDS education legislation with a provision that prevented the use of federal funds to produce educational materials that – either through language or pictures – “might be seen as promoting homosexual behavior or endorsing it as ‘normal’” (Wilcox 1990: 65). The emphasis on abstinence led to educating young people about the routes of transmission but not about prevention, whereby condom use as both preventative and normative was not discussed for fear of promoting sexual activity.⁴⁵ Further, since “normal” teenagers were constructed in universalistic terms as white, middle-class, and heterosexual, they were not encouraged to understand themselves to be at risk for contracting HIV. At the same time, gay male teenagers, homeless youth, and urban youth of color were three sub-groups of young people who were constructed in particularistic terms as both *at risk* and as a source *of risk*, either because of their perceived “nature” or their “natural environment” (Patton 1996: 61; White 1999).

⁴⁴ As Cindy Patton notes, these messages were contradictory when applied to a single person, because one could not be compassionate toward potentially infected Others and recognize oneself as potentially infected at the same time (Patton 1996: 27-28).

⁴⁵ As a 1988 congressional report notes, while AIDS education, like sexuality education, does have the capacity to provide factual information about sexuality and sexually transmitted infections, it does not have much measurable impact on either attitudes or behavior (United States Congress 198).

Thus, while the universalistic discourse on teenagers and AIDS communicated that teenagers as a group were not at risk for contracting HIV and only in need of lessons in tolerance and protection from sexually explicit information, urban youth of color, gay teenagers, and street kids were set apart and conceptualized as particularly problematic vectors in need of containment (Patton 1996; White 1999). At the same time, however, these marginalized teens were less likely to encounter school-based AIDS education interventions because they were more likely to drop out of high school than their straight, white, and suburban counterparts (Stango 1995).

Evaluating AIDS Education

In 1989, the Alan Guttmacher Institute published another influential report on teenage sexuality, this time focusing on sex education (Donovan 1989). The report draws on three major nationwide surveys conducted by the Guttmacher Institute and makes claims about “what is actually taught in the classroom and the extent to which the material is consistent with state or district policies,” with emphasis placed on “pregnancy prevention and prevention of STDs and AIDS” (Donovan 1989: 3). Although the report is circumscribed by its own focus on teenage pregnancy, AIDS, and STDs that emerged as a result of the problematization of teenage sexuality in the 1970s and 1980s, it illuminates particular patterns in the policies and practices of sex education that had emerged by the end of the 1980s. For example, the report finds that “state education agencies and larger school districts generally place greater emphasis on education about STDs and AIDS than they do on instruction about the prevention of unwanted pregnancies, or on sex education generally” and that while

most teachers discuss the symptoms, effects, and routes of transmission of HIV/AIDS and other STDs, they do not always teach about the most common STDs (Donovan 1989: 6).

The report also claims that sex education curricula don't specifically cover issues related to teenage sexual activity, although they do cover topics such as the reproductive system, puberty, dating, marriage and pregnancy. While there are no additional details provided in the report that explain what this means, it is likely that sex education curricula are often intentionally vague about making a link between the topics covered and teens' actual or potential sex lives. What may account for this is reflected in the fact that the biggest problem sex education teachers report facing is "pressure from parents, the community or school administrators, especially when they teach topics like homosexuality, condom use, abortion, and 'safer sex' practices." As a result of this perceived pressure, sex education teachers reporting feeling as though they can't adequately help their students learn how to "behave responsibly and to avoid risks of sexual activity" (Donovan 1989: 9). It is likely that the same social forces – whether real or perceived – facilitated the content of the curricula in the first place.

While states have adopted policies requiring AIDS education, this has not led to any substantive change in sex education policies more broadly, which overwhelmingly highlight abstinence and rarely focus specifically on education about how to prevent pregnancy and STDs beyond the messages of sexual abstinence and monogamy (Donovan 1989: 14). This is reflected in the policies of the nation's largest school districts in that 80% require instruction about HIV/AIDS, 68% require

schools to provide sex education, and 40% require instruction on pregnancy prevention (Donovan 1989). Thus, the report leaves readers with the impression that while school-based AIDS education is in relatively good shape, sex education needs to be expanded to address teenage sexual activity more directly, especially as it pertains to pregnancy prevention and STD prevention.

By 1991, a few policymakers – influenced by reports such as those produced by the Guttmacher Institute – began to articulate teenagers as a group at risk for contracting HIV and therefore in need of substantive prevention education. The construction of teenage sexuality that emerged in discourse was similar in some respects to that of teenage pregnancy in that teenage pregnancy in particular and teenage sexuality in general were constructed as threatening not only to society but also the teens themselves. Policymakers mobilized this discourse in order to make the seemingly most persuasive case for why resources should be directed into federally-funded programs targeting young people’s sexual practices. In particular, the understanding of AIDS as a fatal disease that can be sexually transmitted shifted how teenage sexuality was conceptualized in discourse. In a two-part hearing held in 1991, aptly titled “The Risky Business of Adolescence: How to Help Teens Stay Safe,” Representative Patricia Schroeder (D-CO) made the following claims in the beginning of her opening statement,

I think adolescents always have faced threats, but this generation seems to be facing the threat that has not been confronted by previous generations. It is now not only risky to be a teen, it can be very deadly. If we look at the

statistics, sexual activity rates are still climbing; and adolescents are the least apt to use contraceptives. The number of AIDS cases among young adults suggests alarming rates of HIV-infected teenagers. The rates of chlamydia and gonorrhea are higher for teenagers than any other age group in our population (U.S. House of Representatives 1992: 1)

Rep. Schroeder elaborates on her view of the problem of adolescence writ broadly, wherein she asserts a universalistic discourse of adolescence as a perilous time in the life course, fraught not only with danger but now also with the possibility of death, while simultaneously critiquing discourses of particularism that constitute some teens as “high risk” and others as “safe.” She states,

Part of our failure to help teens stay safe is our stereotypical view of which youth are at risk. We cannot make sure that young people remain safe because they fall outside of the groups that we think are high risk, because not all disadvantaged teenagers are troubled and not all troubled teens are disadvantaged. For example, suburban athletes who may be injecting steroids could be very much at risk of HIV infection... We see that that teen pregnancy rates have stabilized in minority youth but are still climbing among white adolescents, so a lot of our stereotypes fall apart when we look at the numbers (U.S. House of Representatives 1992: 2).

While Rep. Schroeder's critique of stereotypes is a refreshing departure from the constructions of teenage sexuality that are more typically constituted through discourse, she nonetheless relies on a negative understanding of teenage sexual activity: constructing it as both "risky," and "deadly." This linkage heightens the negative connotations associated with teenage sexualities, elevating the level perceived level of severity of the so-called problem. Interestingly, although Rep. Schroeder implies that sex itself is life-threatening, she does not explicitly make the link between teenage sexual activity and AIDS, focusing instead on injection steroid use as a possible pathway for suburban athletes (read: white, male, and middle-class) to contract HIV. Thus, teenage sexual activity among white, middle-class teenagers and the possibility of contracting HIV/AIDS through sexual activity are upheld as mutually exclusive, leaving in place the assumption that "normal" teenagers do not and will not contract HIV through sexual activity.⁴⁶ While Rep. Schroeder's apparent reluctance to make this link in her statement reflects a particularistic understanding of the sexual lives of teenagers who are cast as "normal" – namely that they are all heterosexual (if not heterosexually active) and thus not "at risk" for contracting HIV through sexual activity – she reasserts the same universalistic discourse that is similar to that which informs the construction of teenage pregnancy as a dire social problem in need of intervention in order to make her case; we must pay attention to this issue because it affects *all* teens.

⁴⁶ To contextualize this, around the same time, CDC officials were claiming that twenty percent of persons reported to have AIDS were between ages 20 through 29 and that "given the long incubation period between HIV infection and AIDS, some of these young adults probably were infected while they were teenagers" (Moore et al 1991: 678).

As the discussion above implies, Rep. Schroeder appears to be claiming that policymakers are effectively putting *all* teenagers at risk by not conceptualizing them as an “at risk” group. This universalizing message is echoed not only in a number of federal reports published during the early 1990s but also in other Congressional hearings. For example, at a 1990 hearing titled “AIDS Education of School-Aged Youth,” Senator John Glenn (D-OH) quoted directly from a General Accounting Office report on AIDS education so that “we realize what the risk is and what the situation is with regard to trying to control the spread of this HIV virus [sic] among our young people” (U.S. Senate 1990). The passages he highlights from the report note that we must conceptualize *all* teens as “at risk” because many teenagers are sexually active, most teens don’t use condoms when they do engage in sexual intercourse, and “young people have the highest incidence of sexually transmitted diseases – as it is called – in comparison with other age categories” (U.S. Senate 1990: 3).

What is noteworthy here is how a discourse of gender neutrality *and* heterosexism is deployed to talk about teenage sexuality. In some ways, the universal claims made about teenage sexuality in relation to AIDS by both Rep. Schroeder and Sen. Glenn are similar to the ways in which teenage pregnancy is constructed discourse. In order to make a persuasive case for the creation of social programs aimed at preventing pregnancy, HIV/AIDS, and other sexually transmitted infections, these policymakers asserted an age-specific discourse of universalism which was nominally gender neutral, color-blind and class-blind. But given that teenage pregnancy was initially constructed as a problem with and about girls and HIV/AIDS

was initially constructed as a problem with and about gay men, these gendered and sexualized meanings shape the kinds of interventions that are sanctioned through discourse. Despite the efforts of a few policymakers to construct teenagers as a risk group in need of risk-reduction AIDS education, school-based AIDS education continued to communicate to teenagers, constructed in universal terms as white, middle-class, and heterosexual, that they were not at risk, provided they had the right information, made the right choices and avoided dangerous people. This allowed the state to avoid taking a more holistic, sex-positive approach to understanding of teenage sexualities beyond a moralizing framework laden with ageist, heterosexist and gendered assumptions about “normal” and “deviant” teenagers.

Although the perceived epidemic of teenage pregnancy propelled teenage sexuality into a legitimate object of state intervention, it was not until the HIV/AIDS crisis emerged that teenage sexuality came to be thought of as not only risky but also deadly. These understandings not only led to the expansion of AIDS education instead of sex education but also the creation of a new national-level, school-based survey of teenagers regulated by the Centers of Disease Control and Prevention. This new survey, the Youth Risk Behavior Surveillance System, enabled the CDC to collect data on a range of adolescent health-related domains, including sexual activity. The implementation of this survey from the early 1990s until the present has shaped what is knowable about teenage sexuality and thus, what could be done to address it as perceived social problem.

Welfare Reform and the Expansion of Abstinence Education: Just Say No

In the two previous sections, I explored how meanings of teenage sexuality were constituted through discourse, highlighting how perceptions of teenage pregnancy and HIV/AIDS were central to the constitution of teenage sexuality as a legitimate object of U.S. state intervention and regulation. In the 1970s and 1980s, perceptions of a causal relationship between teenage childbearing and “welfare dependency” became particularly pronounced, with emphasis placed on the threatening specter of the “welfare queen” who was constructed as a poor teenage African American single mother of uncontrolled sexuality who was defrauding the system in order to obtain excessive welfare payments at taxpayers’ expense (Brush 2003; Fraser and Gordon 1994; Hays 2003; Smith 2007; Wacquant 2009). By the mid-1990s, this specter had taken hold of the national imagination in ways that would propel federal welfare reform into law at the behest of a Republican-controlled Congress and a centrist Democratic president.⁴⁷

In this section, I highlight how particular understandings of teenage sexuality were brought into and articulated through welfare reform and focus on how perceptions of welfare recipients and attendant discourses of “personal responsibility,” “family values,” and “sexual purity” were co-constituted with teenage sexuality, which helped facilitate the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). This legislation, known more colloquially as the Welfare Reform Act, dismantled Aid to Families with

⁴⁷ As Loic Wacquant (2009) notes, the real value of AFDC payments declined by one-half between 1970 and 1995, from \$676 to \$342. This 1995 sum was less than half of the poverty line.

Dependent Children (AFDC), the federal cash-based social assistance program for poor families with dependent children that had been in place since 1937. In its place, Temporary Assistance to Needy Families (TANF) was established, along with a new federal abstinence education program, the State Abstinence Education program. Both programs focus – in distinct but related ways – on intervening in and regulating the sexual practices of teenagers using paternalistic, punitive, and sex-negative logics. While the discourse that informed the creation of this legislation appeared to be color-blind, class-blind, and gender neutral, its effects were not (Burnham 2002). The interventions resulting from welfare reform are stratified in ways that reinforces existing, institutionalized hierarchies of race, class, gender, sexuality, and age. These interventions were further expanded in 2000 with the creation and implementation of community-based abstinence education (CBAE) programs in 2000. Below I highlight the discourse on teenage sexuality that informed the construction of PRWORA with emphasis placed on the abstinence education component.

Personal Responsibility and Work Opportunity Reconciliation Act of 1996

In August of 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which President William Jefferson Clinton signed into law as part of his mandate to “end welfare as we know it.” PRWORA eliminated the social right to income assistance for poor families and replaced it with a decentralized and time-limited program, Temporary Assistance to Needy Families (TANF). According to the legislation, TANF is designed to provide time-limited assistance to needy families so that children may be cared for in their

own homes or in the homes of relatives; end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and encourage the formation and maintenance of two-parent families (P.L. 104-193, Title I, Part A, Sec. 401[a]).

Although my focus in this section of the chapter is on how constructions of teenage sexuality are articulated through welfare reform and regulated by the social programs created as a result of the legislation, it is worth noting that nowhere in this legislation does it claim that the purposes of welfare reform, or of welfare policies and programs more generally, involve ameliorating social inequality, easing the burdens of or reconciling the contradictions for parents (and especially mothers) between earning a living and caring for dependents, redistributing wealth in the context of a then-booming economy, or ending poverty (Brush 2003). PRWORA promotes and enforces waged work, marriage, paternity establishment, and child support, thereby implying that people are poor because they lack sufficient work ethic, commitment to self-sufficiency, and adherence to conventional family values and sexual restraint, and that for these perceived personal failings, they should be punished. As sociologist Loïc Wacquant (2009) notes, welfare reform constitutes a war against poor people, rather than a war against poverty.

This major piece of legislation has nine components, two of which contain sections that focus on teenage sexuality. In Title I of the act, nonmarital teenage pregnancy is highlighted as are regulations that are particular to unmarried teenage

parents receiving assistance through the TANF program (namely that in order to be eligible for assistance they must “attend high school or other equivalent training program” and reside in “adult-supervised settings”). The section also links nonmarital teenage pregnancy to “predatory sexual practices by men who are significantly older” and asserts that the best way to address “welfare dependency” is to prevent “out-of-wedlock pregnancy” and reduce “out-of-wedlock births” (P.L. 104-193, Title I, Sec. 101 [10]). Section 912 of Title IX of the act amended Title V of the Social Security Act to create Section 510, a state-based abstinence education program, which dramatically expanded upon the abstinence education program created by the Adolescent Family Life Act of 1981. Socially conservative policymakers added this obscure social policy on to a major piece of legislation that was guaranteed to pass because it was at the center of the policy agenda of then-President Clinton.

What emerges from my analysis of the hearings on welfare reform and the legislation itself is a much more explicit focus on teenage sexuality than in previous policy moments. Although concerns about teenage pregnancy and sexually transmitted diseases were still highlighted with similar zeal, the emphasis in the definition of the problem changed. As sociologist Jessica Fields (2008) notes in her ethnography of debates and practices of sex education, the focus on teenage sexuality as a social problem within the discourse that propelled welfare reform into law was not only about preventing pregnancies among unmarried teens but also about shoring up heterosexual nuclear families, encouraging gender and sexual normativity, preserving racial and class hierarchies, and reasserting conventional morality through

discourses of sexual purity, monogamy and marriage. In other words, the discourse that emerged as dominant in this policy moment was deeply and profoundly heteronormative.

As was the case with previous policy moments, the discourse of teenage sexuality that was articulated through welfare reform draws on a discourse of universalism that appear gender-neutral and color- and class-blind, which allowed policymakers to talk about particular groups of teens without appearing to do so. Central to this discourse of teenage sexuality were concerns about sexual morality and economic independence, and an ideology about the appropriate relationship between the state, the economy, and families – namely that the source of the social welfare of citizens should be their families and the market economy, and not the state. Although similar to the discourses that informed AFLA in 1981, the discourse on teenage sexuality surrounding welfare reform was even more explicit and insistent, wherein socially conservative policymakers, policy advocates, and social scientists repeatedly asserted that sexual activity outside of marriage is morally wrong, that teenage pregnancies, nonmarital childbearing, and sexually transmitted infections are symptoms of the decline of sexual morality and an increase in sexual permissiveness, and that such practices have a detrimental effect on society as a whole because they are believed to be the cause of numerous social ills, including poverty, criminality, and the alleged disintegration of the traditional family. As historian Stephanie Coontz (2000) has made clear, when the “traditional family” is invoked, it refers to an ideal type – not a universal reality – that emerged in the post-World War II era, envisioned as a middle-class, white, heterosexual, normatively gendered, married

couple and their dependent offspring who live together in a single-family home as an autonomous unit, separate from extended kin.

During the July 11, 1996 hearings that were held on abstinence education that occurred just prior the passage of PRWORA, Senator Arlen Specter (R-PA) asserted in his opening statement that the focus of the hearings was on “a very basic problem in America with an enormous number of ramifications, and that is the subject of teenage premarital sex and unintended pregnancy” (U.S. Senate 1997). In this one sentence, Sen. Specter fused teenage sexual activity and teenage pregnancy under a single sign, thereby paving the way for the political rationalities needed to justify the creation of a new federal abstinence education program that would instruct young people not to have sex until marriage, thereby implying that abstinence was the only legitimate and effective way to prevent pregnancy.

What follows in these hearings is testimony from a number of social scientists, policy advocates, and social service program directors from organizations created and supported by the religious Right, such as Focus on the Family and the Family Research Council. Notably, witnesses invoke repeatedly and explicitly the problem of teenage sexuality and the importance of promoting messages of sexual morality through a discourse of “sexual purity” and the notion that “sex is a gift only to be opened within the protective relationship of marriage” among teenagers (U.S. Senate 1997: 6-7). As was the case during previous policy moments, a discourse of universalism pervades throughout the hearings to construct teenagers as a homogenous group unified by age category and heterosexuality, minimizing racial, gender, and class differences in favor of a colorblind, class-blind and gender neutral

discourse that disparages nonmarital sexualities in general and teenage sexualities in particular. This discourse of universalism allows conservative politicians, social scientists and religious leaders to talk about teenage girls and in particular, low-income teenage girls of color, without explicitly doing so.

In his testimony, Dr. David Hager of Focus on the Family invokes the problem of teenage pregnancy but incorporates the subject into a condemnation of “sexual activity that occurs outside of mutual monogamy” (U.S. Senate 1997: 9). Although he acknowledges the existence racial disparities in the rate of teen births, noting that it is higher for African American teenagers than for white teenagers, he immediately counters the notion that “this is primarily a problem among minorities” by reminding us that “trends among whites are on the same graphic increase” (U.S. Senate 1997: 10). This is reminiscent of the universalistic claims made about teenage pregnancy in early policy moments.

Dr. Hager then asserts that what we particularly need to be concerned about is the “6- to 10-year discrepancy between the age of the father of the baby and the infant’s mother” (10). Here is the introduction of a new particularistic discourse that involves the intersections of gender and age, paving the way for the identification of statutory rape as a key cause of teenage sexual activity, teenage pregnancy, and “welfare dependency.” These linkages were fueled in large part by another study released by the Alan Guttmacher Institute. The 1994 study, *Sex and America’s Teenagers*, provided statistics that allowed politicians and policy advocates across the ideological spectrum to perceive statutory rape to be a major cause of teenage pregnancy and welfare dependency. The specific statistic – that 65 percent of teen mothers had

children by men who were 20 or older – does not, of course, tell the whole story. The AGI study, like most studies of “teenage pregnancy,” focuses on teenage girls who are between 15 and 19 years of age. Two-thirds of the births to teenage girls in the study were to 18 or 19 year olds, while 28 percent were 15 to 17 year olds and had a same-age partner. Only 8 percent of teen mothers in the U.S. at the time had male partners who could be prosecuted for statutory rape (Cocca 2004: 96-97).

As Carolyn Cocca (2004) notes in her analysis of statutory rape laws, while protecting the very young and vulnerable from unequal, manipulative, or predatory relationships is a laudable goal, much of the concern about statutory rape – especially as it is invoked by social conservatives in the context of welfare reform – is often about condemning consensual sexual activity between two people who are not married to one another and thus moralizing about what kinds of relationships are “moral” and which are not. Furthermore, the link between statutory rape and teenage mothers receiving social assistance is tenuous because only a small fraction of mothers receiving public assistance are under the age of consent in any given state. Contrary to popular belief at the time, only 5% of mothers on welfare were teenagers, and just 1% were under age 18 (AGI 1995).⁴⁸ Nonetheless, the misleading claim that “two-thirds of teen mothers are impregnated by older men” motivated politicians to enshrine enforcement of statutory rape laws as part of welfare reform.

⁴⁸ The Guttmacher Institute (1995) reports that while out-of-wedlock births among teenagers increased over the last several decades and in 1995, accounted for almost 70% of all teenage births, this reflects broader trends in sexual and reproductive behavior among women of all ages and income levels. Women age 20 and older, for example, accounted for more than three-quarters of the unintended pregnancies and abortions that occurred each year in the United States. Moreover, despite the increase in teenage nonmarital births, the increase was even greater among older women. As a result, teenagers accounted for a much smaller proportion of nonmarital births in the mid-1990s than they did in the 1970s.

Later in his statement, Dr. Hager arrives at the issue of “parental involvement” in the transmission of proper values that will lead teens to make “the right choices” – which is to wait until they are marriage before having sex. He then condemns the “abstinence-plus” approach, which he argues is “degrading to young people” because it encourages abstinence while also educating about the use of condoms to prevent STDS and pregnancy (11). He concludes his statement with the assertion that we must revise the welfare system, which he believes “encourages teenagers to get pregnancy and remain single if they give birth” (11).

While Dr. Hager and his colleagues are universalistic in their condemnation of sexual and reproductive practices that fall outside the scope of “traditional family values,” the particularism embedded in their indictment of the welfare system, which they think enables and encourages (poor) teenage girls (of color) to eschew heteronormativity (in terms of marriage, monogamy, and economic dependence on husbands) in favor of single motherhood, is barely veiled. These particularistic discourses racialize and gender teenage sexualities even as they maintain a façade of color-blindness and gender neutrality. While witnesses were careful to stress premarital abstinence for both teenage boys and girls, the particularistic importance of sexual purity and chastity for teenage girls was repeatedly emphasized. Notably, nearly all of the testimony was color-blind, with the exception of Dr. Hager’s acknowledgement in his testimony of the significant racial differences in the rates of pregnancy and childbearing among teenage girls. Most of the witnesses appear to be unaware of how structural inequalities, especially in terms of how resource allocation and power relations of race, class, and gender shape divergent patterns of practices of

marriage, pregnancy, and childbearing among the low-income when compared to the middle-class. Throughout the hearings, witnesses repeatedly promoted a message of “self restraint” for young people and claimed that while abstinence is “healthy,” being sexually active outside of the context of monogamous marriage is akin to “promiscuity.” It is clear that being sexually active is considered the problem in this discourse and pregnancy merely one factor. Further, all of the witnesses implicitly reject the notion that sexuality can actually be a positive part of a teenager’s life.

PRWORA was passed with a little noticed mandate of \$50 million a year to fund abstinence education programs by amending the Maternal and Child Health Block Grant legislation (Title V of the Social Security Act). This was groundbreaking because it dramatically expanded federal funding for abstinence education, which began initially with the Adolescent Family Life Act, by allocating \$50 million per year to states for abstinence education programs and requiring states to contribute three dollars for every four dollars of federal money. Furthermore, states that accept the funds have to adhere to an eight-point definition of abstinence education as an educational or motivational program which--

- A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

- D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity (P.L. 104-193, Title IX, Sec. 912).

In these criteria for Section 510, sexuality is cast in dualistic terms, which positions abstinence from sexual activity as positive and engagement in any form of sexual activity as negative. As was the case with Adolescent Family Life program, what is meant by “sexual activity” is not defined in the legislation. Furthermore, the stated purpose of the Section 510 State Abstinence Education Program is to “enable States to create or augment existing abstinence education programs and, at the option of the State, provide mentoring, counseling, and adult supervision to promote abstinence from sexual activity *with a focus on those groups most likely to bear children out-of-wedlock*” (DHHS 2007, emphasis mine).⁴⁹ This is built into the structure of the grant-making process, such that State Abstinence Education Program grants “are awarded to States based on a statutory formula determined by the proportion of low-income children in a State to the total number of low-income

⁴⁹ <http://www.acf.hhs.gov/programs/fysb/content/abstinence/factsheet.htm>

children in all States according to the latest census data” (DHHS 2007). Thus this social program is particularly focused on intervening in low-income communities, which are primarily communities of color, with a curriculum that promotes abstinence from sexual activity outside of marriage as the only licit and moral option and prohibits programs from providing education to young people about contraceptives, except to emphasize their failure rates.

Under Section 510, states may directly administer the programs themselves, or they can award grants to various agencies, including non-profit, private, faith-based, or public agencies. While some states have interpreted the definition of abstinence education narrowly, funding programs that adhere closely to the eight points, others have been more flexible, funding programs that include tutoring, career counseling, and community service.⁵⁰ Increasingly, some states, including California, Pennsylvania and Maine, have turned down the money in order to teach what they want and as of 2008, seventeen states have declined to apply for section 510 grants (Boonstra 2008; Kelly 2005).

Community-Based Abstinence Education

As part of an effort by abstinence education advocates to limit program flexibility, an additional, more restrictive federally funded abstinence education program was established in October 2000 through an earmark in the maternal child health block grant for Special Projects of Regional and National Significance (SPRANS) program (Santelli, Ott, Lyon, Rogers, Summers, and Schleifer 2006). The

⁵⁰ In 2006, the guidelines for section 510 were revised, stipulating that state must now target "adolescents and/or adults within the 12- through 29-year-old age range" in their programming (Dailard 2006b).

Community Based Abstinence Education (CBAE) program is distinct from the State Abstinence Education program because it bypasses the state approval process and awards funding directly to community-based organizations, including faith-based organizations. This permits the federal government to decide which programs receive funding and to prevent a loose interpretation of the aforementioned eight points by the states by requiring each funded program to address each of the eight points.

In a January 2006 grant announcement, the eight-point definition of what constitutes a fundable abstinence program was expanded to thirteen “themes,” which “lays bare as never before the [Bush] administration’s hardened approach to premarital abstinence promotion and the denigration of contraception, as well as their putative relationship to “healthy” marriage” (Dailard 2006). For the first time, the grant announcement defines the meaning of abstinence and sexual activity⁵¹ and makes clear that an important goal of the CBAE program is to prepare young people for marriage, which it defines as “only a legal union between one man and one woman as a husband and wife.” Of the \$176 million in the total federal allotment for abstinence-only programs in 2008, \$113 million flowed directly to community and faith-based organizations under the Community Based Abstinence Education (CBAE) program (Boonstra 2008). Both Section 510 and CBAE prohibit disseminating information on “contraceptive services, sexual orientation and gender identity, and other aspects of human sexuality” (Santelli et al 2006: 75; see also Dailard 2002).⁵²

⁵¹ “Abstinence means voluntarily choosing not to engage in sexual activity until marriage. Sexual activity refers to any type of genital contact or sexual stimulation between two persons including, but not limited to, sexual intercourse” (Dailard 2006a).

⁵² It is appears in Santelli et al’s review article that “sexual orientation” refers to gay and lesbian sexual identities and “gender identity” refers to gender nonconforming and transgender identities although the authors do not clearly state this, nor is this stated in the article they cite to support this statement..

In my analysis of the construction of teenage sexuality in welfare reform legislation, it is clear that the kind of sex that the State Abstinence Education program seeks to prevent among teenagers (and among teenage girls and adult men) is heterosexual. Same-sex sexualities are rendered invisible and illegitimate. The promotion of heteronormativity is clearly at the center of abstinence education, since sexual activity is defined relationally with marriage and "marriage" is defined by the federal Defense of Marriage Act of 1996 as "only a legal union between one man and one woman as a husband and wife." Heteronormativity "promotes the norm of social life as not only heterosexual but also married, monogamous, white and upper-middle class" (Brandzel 2005: 190). Under the revised CBAE guidelines, abstinence education curriculum must teach the importance of marriage, commitment, responsible parenthood, especially fatherhood, and the potential harm of nonmarital childbearing to *all* racial, socioeconomic, geographic, age, gender and ethnic groups. Since nonmarital childbearing in general and teenage childbearing in particular is more common among African Americans and Latinos than among whites, it is clear that abstinence education programs and the policymakers and policy advocates who support such an approach to the regulation of teenage sexualities regard particular groups more in need of this message than others. Lost in the discourse on teenage sexuality is any attention to the broader social contexts in which teenagers engage in a wide range of sexual and reproductive practices or a consideration of the possibility that sexual activity in adolescence is not in and of itself negative or unhealthy.

Conclusion

In this chapter, I demonstrated that teenage sexuality was articulated and rearticulated as a social problem in the federal policymaking process in universalistic terms in order to rationalize the creation of publically funded social programs designed to intervene in and regulate the sexual practices of specific groups of teenagers who are marginalized by particular intersections of race, class, gender, sexuality, and age. I argued that color-blind, class-blind, and gender neutral discourses of universalism were mobilized to great effect, making it appear that engagement in sexual activity, conceived as uniformly heterosexual, posed a grave threat to all teenagers and was thus worthy of federal intervention. These universalistic discourses allowed policymakers to talk about specific groups of teenagers perceived as particularly problematic or deviant – such as low-income teenage girls of color and gay teenage boys – without explicitly mentioning race, class, gender, or sexual orientation.

The social programs focused on teenage sexuality that emerged out of particular moments in the federal policymaking process, such as the adolescent pregnancy programs authorized by AFLA, AIDS education, the Youth Risk Behavior Surveillance System, and the State Abstinence Education program created through welfare reform, are directly related to broader efforts to reshape the sexual, reproductive, and marital practices of *all* Americans in accordance with a normative ideals of gender, race, class, sexuality, and age. At the same time, the social programs and the discourses and practices that facilitated their emergence sanction particularistic forms of intervention and regulation. For example, while Title X was

amended in 1978 to extend nominally unrestricted family planning resources to teenage girls in general, white middle-class girls were the primary beneficiaries of such resources. When AFLA introduced the principle of abstinence and parental involvement into efforts to prevent teenage pregnancy and to curb access to contraceptive and abortion services, its proponents relied on an understanding of teenage sexuality as fundamentally unhealthy, inappropriate and “premature.” These regulations clearly targeted teenage girls, rendering boys and queer youth invisible. AIDS education further exacerbated these issues of visibility by constructing white, straight, middle-class teenagers as “normal” and others, such as gay teenage boys and urban boys and girls of color, as deviant and “at-risk.” The State Abstinence Education program resulting from welfare reform legislation was created as a response to the alleged problem of welfare dependency among young single mothers racialized as black. This program, as well as CBAE, is implicitly aimed at low-income teenagers of color who were perceived to deviate from white, middle-class, heterosexual norms of family formation.

In the next chapter, I explore the implications of these findings in the context of community health centers that contract with the state to implement social programs aimed at preventing outcomes associated with teenage sexualities, such as teenage pregnancy and parenthood, sexually transmitted infections, and HIV/AIDS. Drawing on my analysis of interviews conducted with fifteen service providers working in two predominantly Latino-serving community health centers, I discuss how they make sense of their work and the teenagers they serve, engage in practices of regulation, and examine the ways in which they take up, rearticulate, and disrupt the

understandings of teenage sexuality produced through U.S. state social policies and programs and the discourses that facilitated their creation.

Chapter 4: Regulating Teenage Sexualities beyond the U.S.

State: the Practices of Community Health Centers

Over the past four decades, teenage sexuality emerged as a legitimate target of federal intervention and as such as been subject to specific forms of regulation by the U.S. state. In particular, teenage pregnancy was a significant flashpoint in the initial construction of teenage sexuality as a problem; this issue assumed center stage in the policymaking process during the 1970s, where it remains today. Notably, teenage pregnancy is currently enjoying a revival of sorts. Some indicators of renewed attention to the issue include widely-publicized CDC data on a 3% increase in teen birth rates among young women between the ages of 15 and 19 between 2005 and 2006; the emergence of Latinas as the racial-ethnic group with the highest teen pregnancy and birth rates beginning in 2004; the popularity of the 2008 Academy Award nominated film “Juno” about a pregnant white, middle-class teenager who gives the child up for adoption; news reports of an alleged “pregnancy pact” among a group of teenage girls at a suburban Massachusetts high school in the spring of 2008; the proliferation of television shows such as MTV’s “16 and Pregnant” and ABC Family’s “The Secret Life of the American Teenager”; and the visibility of high profile affluent white teenage girls having children outside of marriage, such as Jamie Lynn Spears and Bristol Palin.

As I argued in chapter three, despite the prevalence of a universalizing discourse that makes claims about teenage sexuality in general, both the discourses articulated through the federal policymaking process and the social programs created

as a result of such rationalizing formulations differentially target teens across particular intersections of gender, race, class, sexuality, and age for intervention, with particular emphasis placed on low-income girls of color. These regulatory dynamics produce and reproduce social inequalities.

This chapter examines the discourses and practices of two community health centers (CHCs) as revealed through in-depth interviews with service providers who work for two community-based health care organizations that provide health care and social services to clients who are predominantly first and second generation Latina/o immigrants. In the interviews I explored how these actors make sense of and shape the sexual practices of their teenage clients in various ways, with close attention paid to how service providers invoke the discourses of teenage sexuality and related norms of gender, race, class, sexuality, and age emanating from the U.S. state. I found that service providers instruct young people in the art of what Foucault (1991) refers to as “self-government” through the communication of explicit and implicit messages about how they should govern their sexual selves by engaging in certain sexual practices and relationships while abstaining from others.⁵³ I argue that this discourse is largely but not exclusively constitutive of a *regulatory regime of heteronormativity* (Butler 1993). Heteronormativity in this sense refers to the ways in which collective practices not only involve the presumption of heterosexuality, but also promote the notion that “normal” and “good” Americans are white, middle-class, married, procreative heterosexuals.

⁵³ I use Michel Foucault’s concept of *governmentality* as a heuristic tool for conceptualizing the dynamics of regulation that are influenced in part by the power of the state but also extend beyond the state.

While service providers' discourses are generally consistent with those that are communicated by U.S. state, there are select moments where service providers disrupt and contest this regulatory regime in their accounts. I argue that these CHCs can be understood as an important site of governmentality because of how teenagers accessing services at these CHCs are subjected to a regulatory regime of heteronormativity beyond the conventional domain of the state. At the same time, I find that service providers and the CHCs in which they work sometimes disrupt dominant discourses and practices of social inequality, illustrating that power operates in diffuse ways through complex and contradictory social processes of social regulation.

My focus on Latino-serving organizations in this study is shaped by two, interrelated factors. First, Latinas between the ages of 15 and 19 have had the highest teenage pregnancy and birth rates of all the major racial-ethnic groups in the United States since 2004; interpretations of this empirical fact in the mainstream news media tend to present such information about Latina teen pregnancy using language that subtly portrays reproduction among Latinas as a threat to the nation and a problem that must be stopped, perpetuating and legitimating existing xenophobic and racist ideology about Latinas/os. Second, the state conceptualizes teenage sexuality in universal terms as a problem affecting all teenagers equally but actually targets particular groups of teens – such as low-income girls of color – for regulation. While the threatening specter of the poor single teenage mother has historically constructed as African American, she is also increasingly seen as Latina. I wanted to see how these discourses were or were not taken up by service providers who actually

implement such social programs through the provision sexual and reproductive health care and social services to low-income Latina/o teenagers.

The interviews that inform my analysis in this chapter were conducted with service providers at two community health centers (CHCs) located in the Washington, DC metro area of the United States. Both organizations are federally qualified health centers (FQHC) that provide health care and social services to individuals and families who would otherwise have limited or no access to such services. The clients served by the two organizations are predominantly Latina/o and most are first or second generation immigrants. The main activity of the organizations is the provision of primary health care to a population that is vulnerable as a result of a range of factors, including poverty, housing insecurity, limited English proficiency, employment insecurity, low wages, and – for some – immigration status. Immigration status in particular is significant because it impedes some clients' access to federal social assistance programs since both undocumented and recent documented immigrants are excluded from eligibility for such programs as a result of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, otherwise known as “welfare reform.”

Both CHCs employ the principle of “cultural competence” in their service provision practices, meaning that bilingual (Spanish/English) services are available to clients and service providers are expected to be cognizant of and sensitive to the complex cultural, political, and economic contexts that shape clients' lives. As is the case with many health-related nonprofit service organizations, the bulk of the organizations' operating budgets come from federal and local government grants.

Additional support is obtained through grants and contributions from private foundations and individuals.

I conducted semi-structured interviews with fifteen people across a range of occupations within each organization, including medical professionals, social service professionals, and program managers and administrators, and all of whom I collectively refer to here as “service providers” (see Appendix B). Six of the service providers interviewed were white and nine were Latina/o. Five of the service providers were men and ten were women. Of the white service providers, all but one were women; of the Latina/o service providers, three were men and six were women. Interview subjects were asked questions concerning their views about the needs and concerns of adolescents when it comes to sexual and reproductive health and how they address those needs and concerns through their work at the organization. The interviews were then coded using Atlas, a qualitative data analysis software program. When coding, particular attention was paid to discourses of gender, race, class, sexuality, and age and discourses of sexual morality, personal responsibility and privatization in service providers’ accounts in order to evaluate their discourses and practices in relationship to discourses of teenage sexuality communicated through social policies and programs that I documented in chapter three.

The Influence of Abstinence-Only Discourses

The two community health centers from which I recruited interview subjects do not receive federal or local government funds for abstinence education. In general, this is the case for secular CHCs because they adopt a liberal approach to

teenage sexuality that is similar to that of Planned Parenthood, meaning that while they typically encourage teens to wait until they're older before having sex, they simultaneously encourage teens to use of contraceptives to prevent pregnancy and condoms to prevent sexually transmitted infections. As such the two organizations in my study receive both federal and local government grants to prevent teenage pregnancy, encourage family planning, educate teenagers about the prevention of HIV/AIDS and other sexually transmitted diseases, and facilitate teenage parents' access to a range of federal and local social assistance programs for poor children and their parents, including Medicaid, State Children's Health Insurance Program (SCHIP), Temporary Assistance to Needy Families (TANF), and Women, Infants and Children (WIC).

Despite the fact that these organizations do not receive abstinence education funds and are largely governed by the liberal approach to teenage sexuality described above, some service providers mentioned abstinence education policies during their interviews and framed their views and practices in opposition to the conservative approach to teenage sexuality that informs such policies. For example, one service provider criticized what he viewed as politicians' myopic approach to teenage sexuality.

I don't think that you can talk to social policy officials [about teenage sexuality]. They're not willing to touch this because it's such a threat to them. So the ones who are extremely liberal continue to stay straight down the middle...there's one [Congressperson] in particular that I remember talking

to...who you would think would be a little more open about this and the response that I got was striking. “They shouldn’t have sex.” That was the response. And “what can you do to stop them from having sex?” And “if you want me to do something here on the Hill, it will be to help them to stop having sex.” And not to inform them or to educate them or to help them to understand why not now, it’s just “stop having sex.” And I remember walking away from that thinking [small laugh] it was sad. It was truly sad because this person was representing a community [that had a] problem with teenage girls getting pregnant, and the only response we could get was “They need to stop having sex.”

This service provider found the “just say no” approach that is central to abstinence education very problematic, which was a position reflected in the responses of many of those I interviewed on the subject of social policy. That he criticizes this conservative approach to teenage sexuality in relation to the perceived problem of teenage pregnancy in the working-class communities of color represented by the Congressperson suggests that he views a liberal approach to teenage sexuality that highlights pregnancy prevention rather than abstinence as both more pragmatic and desirable.

Another service provider’s comments about abstinence education reveals how this conservative discourse of teenage sexuality informs her understanding of teenage sexuality even though she still adopts a liberal approach to service provision.

It's also not realistic when we just talk about abstinence only. I mean that would be great. *I'd love it to be abstinence only*, but there's a reality check, too. And so...but I wonder if there would be more abstinence if like I say other alternatives were provided. I think that's been the big gap, and I think that's a gap that we've tried to fill at [the organization] where we provide the information. You know, clearly we want these kids to wait. We prefer them not to have - you know be sexually active at 13, 14 or younger. 15, 16 whatever. But give them the information, all the information, support them to make the right decisions, encourage them to talk to their parents or some responsible adult around these issues.

This service provider's assertion that she'd love for the teens she sees to abstain from engaging in sexual activity until marriage clearly illustrates Judith Levine's (2002) observation that most liberals have also come to embrace abstinence as the ideal for teens, even though they do not believe that abstinence is the only thing that teens should be taught. This view appears to strike a balance between an ideal ("waiting") and reality (being "sexually active") by giving young people "information" so that they can "make the right decisions." It is clear here that making the right decision involves teens choosing to abstain from "sexual activity" (i.e., heterosexual intercourse) and in the absence of abstinence, choosing to use contraception and/or condoms. The emphasis is on individual choice-making does not suggest an acknowledgement of the larger social contexts that shape and constrain teenagers' sexual (and reproductive) practices. On the surface, it appears that conservative and

liberal discourses of teenage sexuality are incompatible because they are informed by widely divergent views about sex. As sociologist Kristin Luker (2006) observes, sex is considered *sacred* for conservatives, while and sex is considered *natural* for liberals (99). And yet, the fact that they converge so easily here is noteworthy. This complimentary convergence reflects the power of heteronormativity as an ideological framework that courses throughout discourses of teenage sexuality to structure the set paths by which service providers think about and attempt to shape teenage sexuality. Teenagers should choose to wait to have (heterosexual) sex until they are older, married, and economically self-sufficient because it is considered the “right” (or “moral”) thing to do but since the drive (or desire) to have sex is considered “normal” and “natural,” it is unrealistic to expect them to wait and thus, they must be equipped with knowledge about how to have sex *responsibly* so as to avoid outcomes deemed negative by discourse.

Discourses and Practices of Teenage Pregnancy Prevention

Teenage sexuality is often taken to mean teenage pregnancy, not only in discourse articulated through the federal policymaking process but also in commonsense understandings that are widely-circulated in everyday speech. Despite the recognition that teenage sexuality can and does refer to much more than the possibility of teenage pregnancy, this association structures the ways in which people across a significant range of social contexts make sense of teenage sexuality. Discourses of gender, heterosexism, and age were particularly salient in service

providers' accounts while discourses of race and class were less explicitly invoked. Below, I highlight significant patterns that emerged from interviews with service providers about how they make sense of teenage sexuality and how these understandings shape their accounts of their service provision practices.

Girls as the Problem: The Salience of Gender

When interviewing service providers, the questions I posed to capture their views about teenage sexuality and corresponding service provision practices were framed in gender neutral terms. Many service providers' responses, however, had a distinctly gendered quality in that they frequently highlighted teenage pregnancy as a problem with and about girls. This emphasis reflects discourse that constructs teenage sexuality as a social problem that is both fundamentally heterosexual and gendered – and more specifically, feminized. It suggests, as I noted in chapter three, that “teenage sexuality” really refers to girls' sexuality since boys' sexuality is widely considered natural and normal, and furthermore, that teenage sexuality is fundamentally heterosexual. This heterosexist assumption about teenage sexuality is widely represented in discourse, as documented in the previous chapter, and was systematically reproduced in service providers' accounts. As Gayle Rubin and others have noted, the presumption and prescription that gendered subjects are and should be heterosexual is an enduring feature of the sex/gender system more broadly (Connell 1987, 1995; Ingraham 1994; Rubin 1984). Furthermore, the persistent gendered double standard of heterosexuality appeared to shape many service providers' perceptions of teenage pregnancy as a problem, such that they largely viewed women

and girls as primarily if not solely responsible for policing the boundaries of appropriate heterosexual behavior and preventing unintended or untimely pregnancy.

Thus service providers' responses focused on their straight female teenage female clients. Many of those interviewed recounted the various ways in which they sought to educate girls about birth control and encourage them to use it if they were sexually active. In a few of the service providers' accounts, they noted that among the girls who sought out contraceptive methods, they wanted something that could not be easily detected by parents or other family members, such as Depo-Provera (a hormone-based shot injected every three months) rather than the birth control pill (a hormone-based oral contraceptive taken daily). This strategy made sense to service providers because it enabled the Latina teens they served to accomplish two goals; prevent unintended pregnancy without depending on the cooperation of their male partners and conceal their sexual activity from their disapproving families.

Although a few service providers lamented what they viewed as a lack of honesty or trust between parents and their sexually active teen daughters, they perceived the girls who adopted this approach to sex very positively because they were taking it upon themselves to prevent pregnancy, regardless of the perspectives of the significant others in their lives. This appraisal reflects a liberal approach to teenage sexuality, which emphasizes that (straight) women and girls have a personal responsibility to engage in "family planning," the meaning of which is reflected in a dominant ideology surrounding family formation in the U.S. context. The idealized life course trajectory asserts that a woman first complete her education, marry, and achieve financial self-sufficiency (or at least be financially dependent on her

husband) before having children. The emphasis in this ideal is on the individual who is expected to make the “right choices” such that they reflect dominant white, middle-class values about family formation and economic autonomy from the state. Failure to do so is widely seen as a personal failing for which the individual should be held responsible.

This commonsense understanding about personal responsibility for fertility control emerged in a number of accounts about the lack of knowledge observed among teenage girls about different kinds of birth control. Recounted one service provider, “A lot of times they, and with adults too, they’ve heard things, a lot of misconceptions, like the pill will make you fat. Certain things cause cancer. Certain things will make your hair fall out.” While she acknowledged that there are side effects associated with certain hormonal forms of birth control and that such concerns among her clients were valid, she also implied that these were worth the risks in order to prevent teenage pregnancy.

The frustration about the lack of perceived medically accurate knowledge exhibited among teenage girls about different birth control methods carried over into service providers’ accounts of struggles to convince girls to use any kind of birth control at all. One service provider lamented that despite what she perceived as a lot of effort on her part, some girls had become pregnant because they weren’t using any method; she attributed this to the girls’ being afraid that their families would find out about the birth control.

They just don't want [the birth control] to be found... there are just so many - and then I actually had one teen who really wanted her baby, her partner wanted it, he wanted to even marry her, and she was - I think she was 18 - and she...I saw her twice. She didn't follow up [and] I couldn't get back hold of her, but she - I think she had an abortion. She said she was going to, because it would kill her family to find out she was pregnant...which was so sad, because...I think it would, you know, because they were so religious, I think it would kill them more to know that she had an abortion than that she was going to have a baby.

In this account, the service provider appears less concerned with the girl making the best decision for herself under the circumstances than with identifying and elevating what she perceived as the preferences of the girl's family of origin. Given this position, it was not surprisingly that abortion was rarely mentioned in most of the interviews. When it did come up, all the service providers observed that the vast majority of the teenage girls they saw who became pregnant went ahead with the pregnancy and all who did so kept their babies. When queried on why this might be, one noted that most simply can't afford to pay for an abortion because it is so expensive.⁵⁴ The same service provider then said, "I think generally that's not the reason. I think most of them decide - a lot of them want to be pregnant."⁵⁵ This

⁵⁴ At Planned Parenthood of Metropolitan Washington in the District of Columbia, the cost of an abortion is \$425 (personal communication, 2008).

⁵⁵ Latina teens have higher abortion rates than whites but lower abortion rates than African Americans and have higher birth rates than both their white and Black counterparts (Frost and Driscoll 2006). The National Latina Institute for Reproductive Health (2004) notes numerous barriers to access, including linguistic and cultural barriers, age restrictions, economic and geographic limitations, and religious hospitals.

perspective is widely reflected in the social science literature on early pregnancy and childbearing among working-class and low-income Latinas, which highlights the combination of “social disadvantage” (e.g., poverty, poor education, unemployment, and limited career opportunities) and “cultural factors” (such as the valorization of motherhood) prevalent among U.S. Latinos to explain why some Latinas want to become mothers at a young age (Frost and Driscoll 2006: 29). While the literature address social structural dynamics in observable patterns of teenage pregnancy of among different groups of teenage girls stratified by race and class, providers tended to view the perceived desires of their female teenage clients largely in a vacuum and as such, they found such girls quite befuddling.

In my interviews with white service providers, almost all recounted cases of teenage girls who either wanted to know if they were able to become pregnant or wanted to become pregnant and have a baby. These accounts did not emerge in my interviews with Latina/o service providers. One white service provider claimed incredulously that it was not unusual for a young woman to say during a primary care visit, “I think I’m infertile, my boyfriend and I have been having sex and I’m not pregnant yet.” Some white service providers tentatively suggested that social class position was relevant in such cases. For example, one white service provider compared the working class and poor teen girls served by the organization to their more affluent counterparts, while also asserting their sameness based on age category.

[T]hat's more common I would say [among girls at the CHC], as opposed to if you went to the average private high school in [an affluent white suburb]⁵⁶ you wouldn't see girls *trying* to get pregnant. I mean there's a lot of similarities [among teenagers]; there's still a lot of sexual activity, that's similar, there's a lot of drugs, and they're still using a lot drugs, they still have the same issues about identity, development, social adaption, sexuality, just looks.

This service provider observes that there are distinct class differences in attitudes toward and desire for pregnancy between some of the teenage girls he sees and those at “the average private high school” but he does not explain why he thinks these differences may influence girls’ orientations toward pregnancy. That he asserts sameness among teenage girls based on age category allows him to counter-balance his observation about the significance of social class in shaping girls’ differing orientations towards pregnancy and motherhood. Thus he is able to avoid dealing with the implications of his observation for the girls to whom he provides health care services. To this service provider, teenage girls who actively seek to become pregnant in their teens are an oddity at best and an aberration at worst. Either way, their attitudes and desires were incomprehensible to him.

Further, noticeably absent from his observation here is the use of direct racial language when identifying which girls he is comparing. Clearly the girls he sees are Latina since it is a Latino-serving organization. The “average private high school” he

⁵⁶ Here he identified by name a town in a white, upper-middle-class suburb outside of the city where the CHC is located. I have omitted the name due to confidentiality concerns.

mentions is in an affluent suburb that is overwhelmingly white. So clearly he is comparing the low income Latina teenagers he sees with their white upper-middle class counterparts but he does not explicitly and directly say this. When service providers did invoke race or ethnicity, they often did so using the euphemism of “culture.” White service providers rarely if ever mentioned race, ethnicity, or culture; a discourse of culture was more common among the Latina/o service providers interviewed, although that too was also a relatively infrequent occurrence. In one rare case, a social services professional noted,

I am Latino, so in some ways I can ... say that I know some traits of the Latino culture. I know that we tend to be very ... uhm ... shy or I don't know, another word would be better than that - but we don't like to talk about sexual health. Most of the Latino parents, especially the ones that were born in their own countries, like El Salvador or Mexico, chances are they're not going to be very forthcoming in terms of talking to the kids about reproductive health. They're not going to be talking about problems, they're not going to be talking about pills or anything like that. In fact they would probably prefer for them not to use any because - or not to have that information in the hopes that they won't have sex.

The service provider elaborated in this observation by stating that the most important way that the CHC could counteract what he viewed as patterned cultural practices was to provide to Latina/o teenagers with medically accurate information about

pregnancy and sexually transmitted infections, both in terms of how these events occur as well as how to prevent them.

The conspicuous absence of a language of race or ethnicity is noteworthy in that it reflects a dominant racial discourse that is allegedly color-blind. As sociologist Eduardo Bonilla-Silva (2006) has carefully documented, this racial discourse of color-blindness reflects the emergence of a dominant racial ideology in our post-civil rights era that he refers to as *color-blind racism* whereby it is not appropriate to “see” color (or other signifiers of race) or to speak of it. Further racial inequality – such as disparities in health among racial/ethnic groups – is viewed through this ideological framework as the outcome of nonracial dynamics. Although sociologists such as Annette Lareau (2003) and Julie Bettie (2003) have both carefully documented the absence of a vocabulary of social class in the United States and pointed to the ways in which race is often used as a euphemism for class, in the accounts of service providers, class was more salient than race or ethnicity. This suggests that a discourse of class supplanted a discourse of race in the context of CHCs serving a predominantly low-income Latino population.

Age of Consent in Heterosexual Relationships

When service providers recounted cases of teenage girls who appeared to be actively seeking to become pregnant, they consistently noted that the girl usually had an older, adult male partner who they perceived as playing an instrumental role in encouraging early pregnancy and childbearing.

[T]his is a classic upfront: “I came in to have a physical exam ‘cause my boyfriend wants me to have a baby.” And the boyfriend’s 24, and she’s 15, and she’s like the youngest 15 you’ve ever seen. She’s like 12 going on 12. [A]nd it’s more like, “What do YOU want from your life, what do you want to do?”

This narrative, which was articulated in most of my interviews with white service providers, is widely circulated in the social science literature on teenage childbearing and the federal policymaking process (Dash 2003; Erickson 1998).⁵⁷ The girl in the account above can be understood as an archetype, or a composite that is representative of a pattern the service provider observes among the teenage girls who come to the organization for health care services. At the same time, this archetype can also be understood – in the words of Judith Butler (1993: 3) – as a “threatening specter” whose status as an abject subject is constituted through repudiation. The girl is constructed as an abject subject through the convergence of two discourses: age and gender. The service provider is concerned that the girl has adopted the desire of her male partner as her own and thus she perceives the girl’s desire to have a child as inauthentic. For the service provider, the desire to have a child at the age of 15 could not possibly be authentic because that is not what girls want for their future. What

⁵⁷ For decades now, teenage childbearing has been racialized as a “black problem” (Nathanson 1991) and has increasingly become associated with Latinas as rates of teenage childbearing among Latinas have exceeded African Americans in recent years. Anthropologist Pamela Erickson (1998) notes in her study of Latina adolescent childbearing in Los Angeles that how the rates of pregnancy, childbearing, and marriage across different racial/ethnic groups of women are perceived by politicians, researchers, and service providers (who are often white and class privileged) is filtered through the lens of white middle class norms and values, which assert that people should not have children until their twenties, that they should avoid having children outside of marriage, and that if they do have children while unmarried, they should be able to support them economically (14-15). [Move this]

girls want – according to the normative script informed by white, middle-class values – is to go college, marry and then have children; therefore, it must be the boyfriend’s influence. Further, her desire is also not perceived as authentic because of the age of the girl, thereby drawing on a dominant discourse of age to suggest that a girl of 15 couldn’t possibly know what she *really* wants because of her youth. That these two discourses appear to be in conflict – that a girl should know what she wants and that a girl can’t possibly know what she wants yet – obscures their compatibility. The service provider is repudiating the girl in two ways; first, for adopting her boyfriend’s desire as her own and second, for failing to adhere to a normative life course strategy in terms of timing of sex, marriage, and children in relation to educational attainment and economic self-sufficiency. It is a repudiation that accommodates both liberal and conservative discourses of teenage sexuality that emanate from the state as well as a liberal feminist discourse that positively sanctions women’s autonomy and independence from men. While this may seem to make for strange discursive bedfellows, when it comes to teenage pregnancy, they are not.

While particular discourses of gender and age were invoked quite explicitly by white service providers, as explained above, the absence of a more substantive understanding of both girls’ agency and intersecting social inequalities of race, class, and gender was also noteworthy. For the most part, service providers presumed that the girls they saw wanted to become pregnant because they wanted to please their boyfriends and because they didn’t know any better. This discourse relies on (hetero)gender stereotypes about teenage girls, such as the assumption that girls’ practices are shaped first and foremost by gender such that girls are constructed as

passive, pleasing objects that do not have any meaningful agency worthy of consideration or respect. Further, this discourse neglects considerations of how social inequalities of race/ethnicity and social class shape Latinas' reproductive practices in distinctly patterned ways. For example, as Julie Bettie (2003) demonstrates in her ethnography of white and Mexican-American high school senior girls, while most older teenage girls across class and race locations are sexually active, unlike middle-class girls, working-class girls, who were predominantly Latina in Bettie's study, by and large do not have college and careers to look forward to; for them, "motherhood and the responsibility that comes with it can be employed to gain respect, marking adult status" (Bettie 2003: 69). There is no convincing reason for some working-class Latinas to postpone parenthood since the racialized class structure of the U.S. limits their opportunities regardless of when or if they have children. Nonetheless, motherhood as a route to adulthood in adolescence runs counter to white middle-class sensibilities about the life course and family formation, which was quite evident in the accounts offered by white, middle-class service providers.

One white service provider offered a slightly more class complex analysis of why she sees "kids coming in at 15 that say I want to have a baby." She explained,

That's all they see that they can do in their life, you know, for whatever reason. And so that tells us that teen pregnancy prevention has to begin at pre-K. Where you don't talk about getting pregnant, but you talk about opportunities, hopes, dreams. A lot of our kids don't, can't -- because of their reality and because of how they've grown up and how their parents have

grown up, don't think beyond the day. Food on the table at night. It's just the way it is. And so for you to say, Okay, let's talk about you going to college for four years. I mean that's just like an impossible thing. Which is why when we talk a lot to our kids, it's like, you can go to school and work part time. Because then that makes a little more sense. The idea of just going off to college and not working, is like, who're you talking to, you know. So we do it in a way where even if you just take one course, you know, and it takes six years instead of four years, then you're going to have your degree.

While this service provider clearly acknowledges that social class structures the opportunities available to the young Latinas to whom she provides social services, her response to this structural constraint is to try to convince her clients that class mobility through educational attainment is possible, provided one makes the right choices in terms of delaying childbearing and pursuing work and school simultaneously. This message is noteworthy because it is structured around the principles of classical liberalism; it communicates that one's future hinges strictly on individual choice-making and that provided one works hard, one will succeed. In a social context in which people's opportunities and outcomes are heavily structured by their social location in the hierarchical racial, class, and gender structure of the United States, this message – while well-intentioned and certainly pragmatic – has significant limitations.

Of all of the accounts that highlighted significant age differences between the teenage girl and her male partner, only one explicitly invoked age of consent law and

the professional obligation service providers have to report instances of statutory rape.⁵⁸ As Carolyn Cocca (2002) has argued elsewhere, statutory rape has been constructed in discourse as leading inexorably to teenage pregnancy and welfare dependency, communicating that adult men impregnate minor teenage girls who then apply for public assistance in significant numbers. Despite the lack of empirical evidence to support these linkages, this understanding of teenage pregnancy has led to a sharp rise in state expenditures on statutory rape prosecutions. These prosecutions overwhelmingly target poor communities of color, leading to a sharp rise in rates of incarceration of adult men of color resulting from such prosecutions. One service provider seemed to be aware of this pattern of intervention as she recounted the following case.

[W]e have a 14 year old who's pregnant right now from a 22 year old [man]. And ordinarily I really struggle with whether this was a case to report [to Child and Family Services], but there was support from the family about this relationship.

While the service provider implicitly disapproves of the relationship, the fact that the girl's family of origin supports it assumes primacy in her non-interventionist approach to the situation. Further, she acknowledged that the likely outcome –

⁵⁸ In the District of Columbia, the age of consent to engage in sexual activity is 16, with exemptions for those within four years of age (D.C. Code. § 22-3001. Retrieved October 10, 2009 <http://government.westlaw.com/linkedslice/default.asp?SP=DCC-1000>). This is considered by many to be a fairly liberal regulation.

prosecution of and possibly incarceration (or even deportation) for girl's male partner – would not necessarily improve matters for anyone involved. She took into account immigration status and economic factors as well as the girl's family when making her decision not to intervene. Service providers in such circumstances have significant institutional power to impose state intervention and teenage girls and their older male partners are largely at their mercy. As sociologist Annette Lareau (2003) notes about the similar role that teachers and other school administrators are required to play, service providers can be understood as “agents of the state” because they are charged with enforcing laws aimed at preventing child abuse. This form of regulation targets teenage sexuality resulting in pregnancy under the guise of protecting girls from sexual abuse, deterring adult men from having sexual relationships with teenage girls, and reducing the welfare rolls, despite the fact that such instances where an underage girl becomes pregnant by an adult man, gives birth, and is eligible for welfare is statistically uncommon (Cocca 2002; see also Elo, King, and Furstenberg 1999). That examples of such relationships resulting in pregnancy were common in some service providers' accounts indicates the explanatory power of this discourse of teenage sexuality even though they don't represent a statistically significant empirical reality.

Changing Service Provision Practices

Service providers generally adopted a gendered approach in both their interpretations of teenage pregnancy as a problem and in their prevention-related practices of service provision. Girls were produced as the sole agents of pregnancy

prevention; exploited victims of older, sexually predatory men; and ultimately as objects requiring intervention. These understandings of teenage sexuality are clearly contradictory, but this was never acknowledged by the interview subjects. Service providers simultaneously saw girls as sexual victims and as sexual agents; they were viewed as needing protection and intervention from the CHC at the same time that service providers charged girls with the sole responsibility for preventing pregnancy. That the power dynamics potentially at work in such heterosexual relationships might constrain girls' ability to be agentic in this way was never vocalized.

The vast majority of service providers did not mention any efforts on their part or those of others to educate boys and young men about pregnancy prevention, nor to address concerns about the legal aspects – in terms of statutory rape – or social concerns – in terms of gendered power imbalances within heterosexual relationships in their service provision practices. Only a couple of the service providers I interviewed explicitly adopted a different conceptualization, even though these views were not represented in accounts of service provision practices. One program administrator asserted,

[I]t's time that we stop focusing on the women's reproductiveness [sic] and begin to see it as sort of part of that whole intra-conceptual health care where you're looking at the woman and the man and combined. Because I think oftentimes we exclude the boys from the discussion. [E]ven the prevention programs and the dollars and, you know, these abstinence only programs are really very focused on females.

While the emphasis on gender inclusiveness is increasingly becoming *de rigueur* among those engaged in teenage pregnancy prevention efforts in national policy advocacy organizations, in the context of the community health centers where I conducted my interviews, this was not widely reflected in actual service provision practices.

One service provider who occupied a supervisory position recounted discovering that the medical director of the organization had been violating the terms of Title X by requiring parental consent for the minors' receipt of family planning services. The service provider, who speculated that the medical director had put the rule in place because she was the mother of teenagers, intervened in this informal practice and removed this barrier to access. He also removed another barrier he saw that teen clients were facing when trying to access health care services. The organization had a program where teens were required to go through a social service intake process in order to access health care services. While the service provider recognized that such a practice was well-intentioned because the staff was trying to screen for depression and related issues, he also found the requirement deeply problematic.

If I am a teenage boy or girl and I want some information right now, and you're going to put me through all this B.S., it's not going to be effective because I'm going to wonder from now on who has that information...So what I did say was if any teen comes in the door, whatever service they want,

we have to broaden the family planning, the Title X rules, and we have to give them services.

Until his intervention, the organization appeared to be inhibiting teens' access to sexual and reproductive health care services through practices that were simultaneously paternalistic and holistic.

Discourses of HIV/AIDS and STI Prevention

While many service providers initially focused on teenage pregnancy and childbearing and sexual relationships between teenage girls and adult men in their accounts of their views of teenage sexuality and their corresponding service provision practices, in follow up questions, talk often shifted to HIV/AIDS and sexually transmitted infections (STIs). Concerns about rising rates of HIV/AIDS and STIs among young people, and especially Latina/o and African American youth,⁵⁹ led service providers to emphasize STI prevention strategies in their interactions with teen clients. In contrast to messages about teenage pregnancy, which were directed almost exclusively toward girls, service providers appeared to view HIV/AIDS and STI prevention as the province of boys and young men. This gendered perspective and approach to service provision is reflected in the following account by a Latina service provider.

I encourage 'em...to have safe sex, to always use a condom. Latinos [are]

⁵⁹ The CDC defines youth as between the ages of 13 and 24.

usually

like, “No, but my girl looks healthy, she’s not sick,” and...I [reply], “You don’t know who is sick.” And I try to tell them a little bit about HIV, or how an STD works in the body and how you can’t really tell when the person is sick. I think I do a lot of STD education, honestly, and a lot of preventive - I talk to them about condoms *a lot*.

Accounts such as the one above indicate that service providers communicated a clear message to their male teenage clients that they had a personal responsibility to protect themselves from their possibly infected partners when engaging in sexual activity. Another service provider noted an important shift that has occurred in terms of the discourse of risk that infuses understandings of teenage sexuality at the organization with the following observation:

[Y]ears ago it used to be the biggest fear would be getting pregnant. Now the biggest fear is to die, if you get AIDS you know you’re going to die. And so it’s a whole different -- and when you look at it, when you ask them the question, are you willing to trust your life in this person’s hands, in terms of having unprotected sex? Are you willing to risk your life to have unprotected sex? And they go, what do you mean? It kind of gets the discussion going and they had never thought of it from that perspective ... even though they’ve had the information.

This framing reflects the discourse of teenage sexuality that emerged in response to the AIDS crisis. As documented in chapter three, teenage sexuality was constructed as risky *and* deadly as meanings of HIV/AIDS were considered in relation to young people.

In the accounts of service providers who emphasized this issue, noticeably absent was the possibility that male teenage clients themselves may have a sexually transmitted infection. Only girls were framed as possible carriers of infection, which indirectly reinforced sexist ideology about female bodies as dirty and diseased (Mamo and Fishman 2009; Riesmann 1983). Further, service providers did not emphasize that boys should have any kind of shared responsibility for preventing unintended pregnancy. These messages reflect an individualistic discourse of personal responsibility that emphasizes boys' obligation to regulate and protect their sexual selves for their own sake rather than out of any sense of collective obligation to self *and* others. Service providers appeared to systematically instruct boys in what Michel Foucault refers to as the "art of self government" strictly in terms of safer sex practices while they provided girls the same lesson, but only with respect to pregnancy prevention (Foucault 1991).

The Prevalence of Heterosexism

As discussed in chapter 3, heterosexism pervades understandings of teenage sexuality in discourse; this was also the case with most of the service providers I interviewed. While service providers overwhelmingly assumed that the teenagers to whom they provided services are heterosexual, this assumption turned out not to be

rooted in actual knowledge about the sexual identities and practices of the teens themselves. When queried about their perceptions of the sexual orientation(s) of teen clients, most service providers admitted that they rarely if ever explicitly inquired about a teen's sexual identity, favoring instead to assume he or she is heterosexual unless proven otherwise. One service provider asserted that he did not think that a teenager's sexual orientation was relevant at all to providing teen clients with health care services. This position, however, proved to be an exception. Most responded to my questions about teen clients' sexual orientation with surprise and some trepidation, which indicated that they were caught off-guard by the line of questioning. In most interviews, service providers recovered rather quickly and went on to assure me that they were open and accepting of sexual identities that diverge from the prescribed heterosexual norm. Explained one white service provider,

I think the majority [of teen clients are heterosexual], but I think we're seeing more either bisexual or gay and lesbian. We have some. I mean I think it's still not in this culture the easiest thing to out yourself. We have a couple that have, and there's been no problem at least at our – you know, here at [the organization], with other teens, I mean obviously with us, there's no problem. But I think it's hard to come out, you know, at this age.

One Latina service provider responded that in the three years she had worked for the CHC, she had never had a teen client who was open about being gay. She then qualified this by saying, "Well, mostly, it is some guys who come with *that kind of*

way and we know when, you know...” This response suggests that the service provider believes that boys and girls who adhere to gender norms in behavior and appearance are straight and those who do not are gay. This assumption, rooted clearly in gender stereotypes, suggests that gay boys are not teens worthy of her concern. In a related vein, another service provider responded to my query about whether or not any of the teens he sees are gay as follows,

Unfortunately that’s - that’s something I can’t speak to with a lot of certainty, because a lot of the adolescents, or the age group between 16 and 18 year olds, if they’ve identified themselves as gay...they usually come to the HIV department, either, I’m not sure what, like if they’re still in school or not, but they usually - they’re usually not in school, they’re usually either working on a part-time basis or anything like that.

Among the many things that are striking about this statement, and others that were similar to it, is how sexual identity is taken as a proxy for sexual practices. Gay teens – who were consistently conceptualized solely as male by nearly all of the service providers – were perceived to be the only teenagers engaging in same-sex sexual practices. That the category, *men who have sex with men* (MSM), which has been a centerpiece of HIV prevention efforts in recent years was not salient in their accounts suggests that heterosexism and adultism worked together to shape their inability to consider the possibility that “normal” teens may be engaging in same-sex sexual activity. Further, gay teens are constructed as a completely separate and “other”

category of people from the teens they envisioned when responding to my questions. Gay teens thus weren't seen as "real" teenagers because they were (potentially) no longer in school. In this discourse, gay teens are "adultified" and excluded in a way that straight teens are not and their perceived distinctiveness from "normal" teens.

Conclusion: The Art of Sexual Self-Government

Service providers at the community health centers often instruct young people in the art of sexual self-government (Foucault 1991). They communicate messages about how teenagers should sexually govern themselves in accordance with heteronormativity, highlighting the centrality of a discourse of personal responsibility and making the "right choices" about sexual relationships and practices self-protection, in terms of the prevention of teenage pregnancy, STIs, and HIV/AIDS. While these are the central messages communicated through the practices of service providers, these lessons are not communicated equally. In many cases, service providers draw on normative understandings of gender, sexuality, and age to differentially target teenage girls and boys with messages of prevention at the same time that they demonstrate limited comprehension of the larger social forces that shape the patterned sexual and reproductive practices among the teens to which they provide health care and social services. Furthermore, service providers overwhelmingly conflated sexual identity with gendered and sexual behaviors when asked about gay and lesbian teenagers, indicating a lack of awareness about the possibility that the teens they saw may be engaging in same-sex sexual activity

regardless of whether they appeared to be straight. This reflects how the dominant discourse of adolescence as fundamentally heterosexual structures CHCs' discourses and practices of service provision.

The principle of privatization was also evident in service providers' practices regarding teenage pregnancy, albeit in seemingly contradictory ways. On one hand, service providers protect girls' privacy by facilitating their access to less detectable methods of contraception, which allows teens to conceal their sexual activity from parents and to prevent unintended pregnancy. On the other hand, in the event of pregnancy with an older male partner, service providers were more likely to protect the privacy of a pregnant girl, her partner, and her family of origin from state intervention. Both practices uphold discourses and practices of neoliberalism by encouraging girls' personal responsibility for the prevention of early pregnancy (regardless of the girl's stated desires) and upholding the privatized family as the proper site of moral and economic support. In the case of the latter example, what would be conceptualized as a social – or public – problem is privatized because of the unequivocal support from the family.

The regulatory regime of heteronormativity revealed through service providers' accounts constitutes teenagers in general and Latina/o teenagers in particular as normatively gendered, heterosexual subjects who should ideally adhere to white, middle-class norms of family formation by delaying pregnancy and childbearing, if not sex in the first place, until they are older. In part because of the construction of teenagers as heterosexual, service providers adopt a myopic view of

sexual health care provision and largely neglect to conceptualize both sexuality and safer sex practices in broader, more gender-inclusive terms.

While this discourse of gendered heterosexuality is quite consistent with the discourses of teenage sexuality produced through the federal policymaking process, service providers occasionally disrupted this dominant discourse, providing insight into the possibilities of CHCs as site of intervention in the production of social inequalities that are endemic to the state's regulation of teenage sexualities. Notably, while service providers encouraged teens to delay engagement in sexual activity, they did not explicitly encourage teens to engage in abstinence until marriage or to marry if they became pregnant. Most if not all of the service providers I interviewed adopt a more pluralistic approach to sex, marriage and family, meaning that they recognized there are many possible ways to have a meaningful sexual relationship and to bear and raise children. Further, most service providers sought to educate teens with medically accurate knowledge about sexual and reproductive health and to support the decisions each teen client made about sex (and in some cases, reproduction) even if they did not approve of certain choices. Although some service providers spoke about teen clients in condescending and disparaging terms, some also displayed a modicum of respect for teens themselves, even if it was at times done so grudgingly.

These understandings of teenage sexuality and corresponding service provision practices suggest that CHCs have the potential to substantively challenge and transform the ways in which teenage sexualities are conceptualized and regulated, if not by the state then beyond the state in the domain of the voluntary sector. One of the program administrators I interviewed offered an alternative take on how to

approach teenage sexuality. He was quite clear about his support for women's reproductive rights and advanced a vision of a sex-positive approach to sexuality education that he'd like to see come to fruition in the United States:

I lived for a while in [a European country] and it was amazing how sex education was very much part of the learning process and the development of kids in that country. It was no different than [learning] second languages, [which] they start it in preschool. So the whole notion of sexual education was tied in to your personal health. And I often think that I wish if I could change that belief in this country and then we probably will see less rape, less abuse, teenagers making the right choices...I think all that stuff will go away. But we live in a world where I don't know if in my lifetime, that will happen, where we begin to normalize sexuality in such a way that we see it as part of human development. And part of the health of the human being. And don't eroticize it the way we do or set it aside as something that's bad.

This perspective – one that is liberal in that it conceptualizes sex as natural and normal – goes one step further by viewing sexuality as a central component to the overall health of human beings that should not be mediated by stigma and shame. He is advancing a perspective that urges us to reconceptualize sexuality not as a moral issue, but rather, as a social fact that is the product of socially constructed meanings. While these meanings of teenage sexuality are generally negative, that they are socially constructed indicates they are subject to change. Should community health

centers take up such an explicit approach, they could disrupt the production and reproduction of intersecting social inequalities of race, class, gender, sexuality, and age that are currently articulated through such social processes of regulation focused on teenagers and their sexual practices.

Chapter 5: (Re)envisioning Teenage Sexual Citizenship

The physical distance between the community health centers from which I recruited my interview respondents and the U.S. Capital is relatively small, but one would never know that from reading the texts of hearings and reports generated by Congress. Much of the discourse on teenage sexuality produced through the federal policymaking process is produced by elite social actors, such as policymakers, social scientists, and policy analysts far removed from the everyday lives of service providers in community health centers and the teenagers they serve. Policymakers in particular tend to focus on abstract generalizations and mythical archetypes. At times, representatives from community-based nonprofit service organizations are invited to testify about a particular dimension of the issue at hand so that they may provide an “on-the-ground” perspective, but the line of questioning commonly advanced by policymakers unequivocally shapes the interpretation of the knowledges offered by those engaged in direct service with teenagers. And yet, it is precisely the discourses generated in such moments that inform the contours of the U.S. social programs aimed at intervening in and regulating the sexual practices, relationships, and identities of teenagers in accordance with normative understandings of gender, race, class, sexuality, and age in the United States. As the U.S. welfare state continues to shrink and responsibility for the provision of social services to those concentrated onto the bottom rungs of the socio-economic ladder is increasingly shifted onto the voluntary sector, the need to critically examine the discourses and practices of each domain and the relationship between the two grows.

In this concluding chapter, I recap the central themes that emerged from my queer intersectional analysis of the social regulation of teenage sexualities articulated through the U.S. state and community health centers. Then I turn to theories of sexual citizenship discussed in the introduction of this study and argue that the regulatory discourses and practices of the U.S. state and service providers in community health centers are productive of teenage sexual citizenship. I argue that while the dynamics of regulation articulated through community health centers largely reinscribe the normative vision of teenage sexual citizenship promoted through U.S. state social policies and programs focused on teenage sexuality, they also offer a glimpse of an emerging oppositional discourse of teenage sexual citizenship. This oppositional discourse disrupts and contests the production and reproduction of intersectional inequalities of race, class, gender, sexuality, and age currently articulated through U.S. state social policies and programs. I conclude by considering the policy implications of my findings and offer some suggestions for ways to challenge the reproduction of social inequalities currently embedded in the social regulation of teenage sexualities.

Regulating Teenage Sexualities, Producing Teenage Sexual Citizenship

In my queer intersectional analysis of the discourses of teenage sexuality produced through the federal policymaking process and the regulatory practices of the U.S. state and community health centers that contract with it in the implementation of U.S. state social programs, I found that discourses of teenage sexuality co-constituted teenagers as a homogenous, coherent social group unified by age category and

heterosexuality. These discourses appeared on the surface to be gender-neutral, color-blind, and class-blind and constituted teenagers and their sexual practices in general as problems in need of federal intervention and regulation. While these discourses of universalism allowed policymakers to rationalize the creation of social policies and programs that appeared to focus on all young people's sexualities equally, in fact, actors involved in the policymaking process actually differentiated among teenagers across intersections of gender, race, class, and sexuality, and rendered particular groups of teenagers the primary focus of federal practices of intervention and regulation. Discourses of gender constructed girls in general and low-income girls of color in particular as the primary targets of state-sanctioned social regulation aimed at shaping and containing their sexual practices through concerns with sexual morality, personal responsibility and welfare dependency. These discourses of particularism rendered boys in general and gay and lesbian teenagers in particular invisible such that both groups were largely excluded from the category of "teenager" and omitted from regulatory efforts aimed at that age category.

These discourses and state-led practices of regulation were widely reproduced in service providers' accounts of their views of teenage sexuality and their practices of service provision to low-income Latina/o teenagers. Even as some service providers contested particular dimensions of dominant discourses of teenage sexuality by refraining from moralizing about teenagers' engagement in heterosexual sexual activity and abstaining from enforcing age-of-consent laws, they relied heavily on a narrow understanding of teenage sexuality as a problem with and about girls. Further, when the girls they encountered contradicted their views about age-

appropriate behavior, such as desiring to become pregnant and have a baby or their seeming reluctance to use birth control, service providers often responded with confusion and frustration, and at times, disdain. Service providers' widespread inability to conceive of teenage sexuality in less sexist, adultist,⁶⁰ and heterosexist terms led them to make many assumptions about which teenagers were worthy of particular kinds of information and encouragement and which were not. These assumptions substantively impacted their service provision practices.

Intersectionality as an Approach to and as a Site of Analysis

My study contributes to the burgeoning interdisciplinary scholarship in intersectionality studies, which not only conceptualizes intersectionality as an approach to analysis but also as a site of analysis in and of itself. As an approach to analysis, intersectionality posits that race, class, gender, sexuality, and other categories of difference are socially constructed systems of power and inequality that must be understood in relation to each other in any line of inquiry in the human sciences. As a site of analysis, intersectionality also refers to how intersecting inequalities of race, class, gender, sexuality and other categories of difference are articulated or produced in specific social contexts. Thus, I use intersectionality to analyze the social regulation of teenage sexualities by the U.S. state and the community health centers that contract with them while also demonstrating that these interrelated domains of regulation are productive of social inequalities involving intersections of race, class, gender, sexuality, and age.

⁶⁰ Adultism refers to “institutionalized beliefs and practices that cast young people as categorically less able, less intelligent, and less responsible than adults” (Fields 2008: 19).

In addition to these contributions, I contribute to efforts that expand the terrain of intersectionality by integrating key insights of queer theory, which focuses on documenting dynamics of normalization while also seeking to disrupt those dynamics. As such, my integration of these two theoretical perspectives contributes to new intersectional epistemological advances in both the sociology of sexualities and queer studies. By queering intersectionality theory in my approach to critical discourse analysis, I place my own analysis of these regulatory dynamics in conversation with the work of queer, feminist sociologists such as Jessica Fields, C.J. Pascoe, and Jane Ward, all of whom are creatively pushing the boundaries of intersectionality, feminist sociological theory, and queer studies in new directions.

As Ward (2008) notes in her conceptualization of *queer intersectionality*, it is necessary to examine how processes of normalization are produced through intersections of race, class, gender, and sexuality in a queer intersectional approaches to analysis. By foregrounding the social construction of adolescence in my analysis, I was able to trouble how discourses of gender, race, class, sexuality, and age are explicitly and implicitly invoked to explain teenage sexuality and to rationalize either the creation of targeted social policies and programs or the patterned practices of service provision that arise through the implementation of social programs by community health centers. Further, by exploring the articulation of discourses of sexual morality, personal responsibility, and privatization in concert with discourses of gender, race, class, sexuality, and age, I was able to evaluate how these regulatory dynamics are constitutive of teenage sexual citizenship, which I discuss below.

Teenage Sexual Citizenship

As I discussed in chapter one, theorists have conceptualized *sexual citizenship* in two central ways, focusing either on how the state mediates access to sexual rights through laws and policies or, on how inclusion and belonging in a national community is informed by discourses of sexuality (Bell and Binnie 2000; Evans 1993; Giddens 1992; Richardson 1998, 2000; Weeks 1998). Scholars of sexual citizenship demonstrate and critique the ways in which the “normal citizen” has largely been constructed as heterosexual, cisgendered, white, and middle-class with a focus on how the institutionalization of normative heterosexuality – and its implicit racial and class norms – throughout all domains of social life informs the meanings and practices of and access to citizenship in both material and cultural senses. Sexual citizenship can therefore be understood as *produced through* formal and informal modes of social regulation because of the numerous ways in which institutions, ideologies, discourses, and practices promote engagement in age-specific racialized and classed gender and sexual norms as a prerequisite for respect, recognition, and acceptance within national culture and as the basis by which some are able to claim the rights and responsibilities of citizenship while others are denied access by virtue to their non-participation in such norms. Thus, sexual citizenship is produced through the complex and often contradictory interaction of three dimensions of social regulation: (1) formal social policies and institutional practices governing sexuality, (2) informal social practices governing sexuality, and (3) discourses of sexuality that define who has a legitimate claim to the identity of citizen. As I argue below, these

three dimensions of regulation are central to the production of teenage sexual citizenship in the social contexts under investigation in this study.

Discourses of Teenage Sexual Citizenship in U.S. Social Policy

The formal social policies and institutional practices governing the sexual practices of teenagers that resulted from the discourses of teenage sexuality articulated through the federal policymaking domain make clear that in order to be regarded as legitimate citizens worthy of rights, resources, and recognition as members of the national community, young people are expected adhere to heteronormativity by engaging in normatively heterosexual relations that are monogamous, married and procreative, but only once they reach adulthood, have completed their education, and have achieved economic self-sufficiency. As a normative vision of teenage sexual citizenship, it predicates inclusion and belonging within the national community on conformity to intersectional norms of gender, race, class, sexuality, and age.

Abstinence education clearly condemns a wide range of sexual practices that fall outside this narrowly defined expression of normative heterosexuality, including nonmarital and non-monogamous heterosexualities, same-sex sexualities, and pregnancy and childbearing among the young, the unmarried, and the poor. By contrast, Title X takes a different tack. Rather than advancing abstinence from sex outside of a marital relationship as the only moral path, the state provides poor and young women (including minor age teenage girls) with some access to the sexual and reproductive health care resources that could assist them in preventing unintended

pregnancy, provided that is a choice they can and want to make. While Title X does not frame its purpose so explicitly, one implication of the construction of this social program is that by granting young and poor women access to low-cost sexual and reproductive health care resources (not including abortion), young and poor women have an obligation to contracept as part of their responsibilities of citizenship. Taken together, both abstinence education programs and the nation's family planning program regulate teenagers' sexual practices, relationships, and identities by promoting of heteronormativity, negatively sanctioning sexual practices that fall outside the purview of heteronormativity, and condemning non-conformers as failed citizens who are unworthy of inclusion and social support.

The normative vision of teenage sexual citizenship articulated through the U.S. state highlights young peoples' *responsibility* to adhere to norms of gender, race, class, sexuality, and age, while simultaneously limiting their sexual *rights*. Teenagers who do not aspire or adhere to heteronormativity are excluded from *membership* in the national community and are denied the respect and recognition accorded to heteronormative citizens. Thus, while scholars have focused largely on rights in their theories of sexual citizenship, rather than on the dialectic between rights and responsibilities, the U.S. state clearly highlights how teenage sexual citizenship emphasizes responsibilities over rights for young people. Furthermore, these regulations conceptualize teenage sexuality as fundamentally unhealthy, inappropriate and "premature," which denies young people the possibility and legitimacy of sexual agency and subjectivity. As Jessica Fields (2008) argues in her research on sexuality education, the failure of the state and its agents to imagine teenagers' sexualities as

anything but a social problem for adults to solve reinforces the ways in which social inequalities structure young people's ability to achieve sexual subjectivity in the first place. Given the extent to which these regulatory dynamics are gendered, meaning that teenage girls (but not boys) are targeted for intervention and regulation, membership and belonging in the national community is thus contingently constructed in gender stratified terms that are clearly constituted in relation to norms of race, class, and age.

Discourses of Teenage Sexuality Citizenship in Community Health Centers

The formal social policies, institutional practices, and discourses governing teenage sexuality that are reflected in the U.S. state's social policies and programs communicate in largely unambiguous terms who has a legitimate claim to the identity of citizen. How these policies, practices, and discourses are reflected in and shape the provision of sexual and reproductive health care to Latina/o teenagers in the context of community health centers reveals the connections between formal and informal modes of social regulation while contesting the state's definition of who has a legitimate claim to the identity of citizen.

In my research, I found that many service providers conceptualized teenagers in general and the Latina/o teenagers they served in particular as normatively gendered, heterosexual subjects who should ideally adhere to white, middle-class norms of family formation by delaying pregnancy and childbearing until they had completed their schooling, achieved economic self-sufficiency, and entered into marriage with an age-appropriate partner. Notably, however, while a number of

service providers held these views, in their accounts of service provision, it was clear that their actions did not uniformly reflect their ideals. For example, service providers encouraged teenage girls to use contraceptives, but did not explicitly encourage them to engage in abstinence until marriage or to marry if they became pregnant and decided to carry the pregnancy to term. They also did not emphasize economic self-sufficiency as a prerequisite to engagement in sexual practices, in large part because they were intimately familiar with the wide array of economic constraints already endured by teenage clients and their families of origin. With one exception, all the service providers I interviewed resisted the dominant discourse of victim-blaming endemic to dominant discourse that condemns the poor for the poverty that structures their lives. Much more common was the articulation of an understanding of their Latina/o clients as a simultaneously hard-working and exploited group concentrated onto the bottom rungs of the socioeconomic ladder of the United States. Further, in their service provision practices, they adopted a more pluralistic approach to sex, marriage and family formation. Service providers consistently recognized that there are many possible and acceptable ways to have meaningful sexual and intimate relationships and to bear and raise children. At the same time, they excluded from consideration the possibility that such sexual and intimate relationships may involve two members of the same gender.

While most service providers sought to provide teenage girls with medically accurate knowledge about sexuality and reproduction in the hopes that they would delay childbearing, they also overwhelmingly supported the decisions that each individual teen client made about sex and in some cases, reproduction, even if those

structurally contingent choices ran counter to their middle-class sensibilities. In sum, I found that most service providers displayed respect for their teen clients, even if it was at times conferred grudgingly. This provided a marked contrast to adultist discourses of adolescence that were produced in the policymaking arena, which constructed teens as either innocent children in need to protection *or* as social problems requiring policing and containment. At the same time, however, a few service providers made it clear that they viewed the “problem girls” they served as beyond help and approached service provision from the standpoint of damage control. This discourse, which constructs low-income children of color as “unsalvageable,” is also reflected in the findings of the work of Ann Arnett Ferguson (2000) on the regulation of black boys and girls in a public elementary school and the work of Jessica Fields (2008) on the debates over sex education in North Carolina.

The discourses and practices of service providers working in community health centers can therefore be conceptualized as simultaneously producing and disrupting the normative ideal of teenage sexual citizenship promoted by the U.S. state. In one sense, service providers produce teenage sexual citizenship as a discourse of sexual self-governance, and seek to transform young people into citizens who are accountable to the U.S. state for the “choices” they make about sex, reproduction, and relationships. In seeking to normalize teenagers in accordance with the prevailing social norms and social institutions of education, family, work, and heterosexuality, service providers reproduce the normative ideal of teenage sexual citizenship through their discourses and practices of regulation. At the same time, however, service providers also articulated an oppositional discourse of teenage

sexual citizenship. Many of the service providers I interviewed demonstrated at least some understanding of the economic constraints shaping their teenage clients' life choices and outcomes, thereby indicating a slightly more sophisticated comprehension of the structure of racialized class inequality than that which is articulated through the state. While discourses and practices of adultism, sexism and heterosexism pervaded throughout both community health centers, a few service providers acknowledged that racism and xenophobia, especially in the context of heightened national tensions over immigration from Latin America during the time the interviews were conducted, impacted their clients' lives in ways that were entwined with their socioeconomic status. In a limited sense, service providers' informal practices of regulation reveal a more flexible form of teenage sexual citizenship than that those envisioned by the U.S. state.

Policy Implications

As sociologist C.J. Pascoe (2007) remarked in the conclusion of her study on masculinity and sexuality in high school, "It is hard to base policy recommendations on poststructuralist theory and analysis" (167). Nonetheless, I offer some tentative suggestions for how the state's understanding and regulation of teenage sexuality might be reconfigured so as to not intervene in the reproduction of social inequalities endemic to the state's regulation of teenage sexualities. The language of sexual citizenship, as outlined above, provides a useful heuristic for troubling assumptions about the "nature" of adolescents that are so clearly articulated in the federal

policymaking process and the discourses and practices of service providers in community health centers. Further, by conceptualizing such discourses and practices of social regulation as productive of teenage sexual citizenship, it becomes possible to think about how discourses of teenage sexuality structure who can legitimately claim full membership in the national community and who cannot, especially with regards to intersections of gender, race, class, sexuality, and age.

Both Title X and abstinence education programs are shaped and constrained by the discourses that facilitated their creation. The scope of each social program is structured around a set of assumptions that reflect liberal and conservative discourses about sexuality in general and teenage sexuality in particular. While the nation's only family planning program seeks to ensure access to sexual and reproductive health care for women and girls who may not otherwise have access such resources, the public funding for this program is woefully inadequate and arguably narrow in scope. In the case of abstinence education, not only do such programs fail to achieve their stated goals, empirical evidence demonstrates that they deliberately disseminate false information about contraception and safer sex practices (Waxman 2004). Furthermore, as discussed throughout this study, abstinence education curricula conceptualize non-heteronormative sexualities as immoral and inappropriate, further marginalizing those who do not conform to normative prescriptions of heteronormativity. That these social programs have emerged concurrently with the increasing visibility of lesbian, gay, bisexual, and transgender people and the corresponding LGBT rights movement reflects ongoing anxieties among social conservatives about the changing landscape of gender, sexual, and familial relations

in the contemporary United States. The struggle for the right to marriage equality, family recognition, and anti-discrimination laws that protect people on the basis of sexual orientation and gender identity are not only at odds with the ongoing efforts of social conservatives to impose a narrow understanding of sexual morality and family formation, but the visibility of LGBTQ people and their families also reveal that gender and sexuality is expressed in many more forms than abstinence education would have us believe while also challenging many of the assertions embedded in the guidelines for teaching abstinence.

One way in which these heteronormative regulatory dynamics could be contested is through the creation and implementation of a publicly funded sexuality education program that places an anti-racist, anti-homophobic, and anti-sexist approach at the center of comprehensive sexuality education. Such a program, if implemented in schools *and* community health centers could potentially systematically address the needs and concerns of LGBTQ youth, recognize that sexual practices are not synonymous with sexual identities, and end the myopic focus on girls as the sole arbiters of engagement in sexual activity and pregnancy prevention. In addition to these efforts, teenagers could potentially benefit from the creation of a social program that takes, much like comprehensive sexuality, a more inclusive and holistic approach to sexuality as a significant aspect of health and well-being. Teenagers are clearly not a homogenous group unified by heterosexuality and age category and in fact, encounter a wide range life circumstances and opportunity structures shaped by social inequalities of race, class, gender, sexuality, and age. Any

targeted, particularistic forms of intervention must be oriented toward explicitly addressing these dynamics of inequality rather than reproducing them.

For young people who are structurally disadvantaged by intersections of race, class, gender, and sexuality, the voluntary sector often looms large in their lives, especially given the preponderance of youth-focused service organizations that seek to manage them as problematic sources and sites of risk. Other teens, privileged by race, class, gender, and sexual orientation, rarely interface directly with community-based service organizations and are often encouraged by families, schools, and health care professionals to explore and enjoy their sexualities while also being equipped with the ability to protect themselves from some of the more undesirable outcomes associated with sexual activity. In the event of a mishap, such as an unintended pregnancy, privileged teens are typically afforded forms of privacy and protection unknown to their low-income and racially minoritized counterparts. That these dynamics themselves reflect and reproduce social inequalities is not widely recognized, in large part because of how dominant discourses of teenage sexuality structure most adults' thinking on the subject of teens and sex.

In light of my findings, I suggest that it is imperative that the state and its agents reconceptualize teenage sexualities and the ways in which they are regulated by and beyond the U.S. state in more liberatory, less normatively structured terms. The language of sexual citizenship provides a potentially useful heuristic tool with which to rethink the normalizing discourses and practices of regulation that target girls in general and low-income girls of color in particular for protection and containment. The language of sexual citizenship encourages us to think beyond the

essentialist, sexist, heterosexist, and sex-negative prevention-based messages currently governing the politics of teenage sexualities in the United States and to imagine a more democratic notion of citizenship that affirms sexual difference and family diversity as it cuts across the boundaries of race, class, gender, and age, rather than positing heteronormativity as the basis for inclusion in the national community.

Appendices

Appendix A

Legislation

Title XX of the Public Health Service Act: Adolescent Family Life Demonstration Projects. Office of Population Affairs, Department of Health and Human Services, Washington, DC. Retrieved March 10, 2006.

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Appendix B

Table B1. Service Providers by Gender	Men	Women	Total
Medical Professionals	2	7	9
Social Service Professionals	1	2	3
Program Administrators	1	2	3

Table B2. Racial/Ethnic Identities	Men	Women	Total
Latino/a	3	6	9
White	1	5	6

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