

## **Producing (potentially) pregnant teen bodies: biopower and adolescent pregnancy in the USA**

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Although the rate of adolescent childbearing in the USA continues to decline, and its consequences increasingly found to be equivocal, a persistent discourse of teen pregnancy as pathology structures public health responses. Foucault's concepts of biopower and governmentality are useful to understand and critically analyze the operation of power in discourses related to adolescent childbearing; specifically, how power over life is simultaneously exercised at the level of the body and the population through self-governance. By conducting a situational analysis using health promotion materials and policy documents from a national, non-governmental teen pregnancy prevention organization, I identify two strategies through which the management of bodies and populations emerges in relation to teen pregnancy: the production of risky bodies and subjectivities and the deployment of a regulatory regime of heterosexuality. While the pregnant teenage subject is produced through public health discourses of normalizing judgment, risk, and deference to experts, the pregnant teen body is regulated through abjection and rites of redemption. At the same time, the expansive scope of the teen pregnancy 'problem' requires increasing forms of self-governance and rational behaviors from across diverse populations. This analysis enables us to challenge deeply entrenched assumptions guiding teen pregnancy prevention efforts and explore the possibility that the stigmatization and regulation of young women's reproduction reinforce and reproduce existing health and social inequalities.

**Keywords:** adolescent pregnancy; biopower; governmentality; health promotion; sexuality

### **Introduction**

In this paper, I analyze adolescent pregnancy and motherhood, and their discursive constructions in contemporary US society, through Foucault's concepts of biopower and governmentality. While arguing against the understanding of early childbearing as universally negative, I depart from extant research that problematizes the construction of teen pregnancy in terms of health outcomes, inequalities, or appropriate policy responses (Sisson 2011). Rather, the objective of this analysis is to situate public health discourses surrounding adolescent childbearing within a critical analysis of power. I consider how power operates simultaneously at the population level (through teen pregnancy prevention programs) and at the individual level (through the body of the (potentially) pregnant teen). I begin by introducing the concepts of biopower and governmentality in

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terms of how they are used in the field of health promotion. I then review the dominant sociocultural discourses about teen childbearing in the USA. Through Clarke's (2005) discursive mapping strategies, I identify two ways in which biopower and governmentality function in teen pregnancy discourses. First, I describe how the teen sexual subject and body are *produced* through public health discourses on pregnancy prevention. I illustrate how these discourses pathologize and *regulate* the pregnant teen female body and construct categories of risk. Second, I consider how prevention discourses are *deployed* and expanded throughout the population through participation in self-governance and a regulatory regime of heterosexuality (Butler 1999).

### Biopower, governmentality, and teen pregnancy in the USA

What makes power so useful, according to Foucault, is that it is not simply despotic, but rather that it 'traverses and produces things, it induces pleasure, forms knowledge, produces discourse' (1980, 119). Foucault (1977/1995) locates this productive power in the body – the uses and usefulness of bodies as well as their distribution in space and time. Power becomes biopower when it is situated and exercised at the level of life. Foucault marks the historical and discursive shift toward biopower by noting 'an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations' (1978/1990, 140). In the case of US teen pregnancy prevention, a variety of biopolitical techniques have emerged, ranging from abstinence to 'comprehensive' sexual health education; the pathologization of pregnant teen bodies; an admonishment to engage in contraceptive use; the promotion of the two-parent, heterosexual, middle-class family; restrictions on welfare assistance; and the creation of multi-sector coalitions to reduce teen childbearing (Pillow 2004). Indeed, as Rabinow and Rose (2006) argue, sexuality is key to biopower because it links biopolitics at the individual level to the population level. Biopower not only constructs truth discourses about the 'vital' characteristics of human sexuality and produces authorities empowered to speak about them, it also enables certain modes of subjugation

through which individuals are brought to work on themselves, under certain forms of authority, in relation to truth discourses, by means of practices of the self, in the name of their own life or health, that of their family or some other collectivity, or indeed in the name of the life or health of the population as a whole. (Rabinow and Rose 2006, 197)

The 'vital truth' of early pregnancy and parenting in the USA is that of an unequivocal pathology produced by a wide cadre of experts, including medical providers, public health professionals, educators, and policy-makers. Teen sexual subjectivity is produced as non-agentic, yet teens are called upon to engage in practices of the self, such as abstinence from (presumed heterosexual) sexual activity or compulsory contraceptive use in the name of decreasing teen pregnancy rates, supporting the neoliberal state, and creating normative families.

Foucault's notion of governmentality refers to a conceptualization of power that is particularly germane to health promotion. Rather than locating governmental power solely within dominant state institutions or authorities who exercise totalizing, cohesive, or oppressive power on the population, governmentality rests on a dispersed form of power that emerges through all aspects of social life and is enforced through self-governance (Foucault 1991). Lupton (1995) notes that self-governance – enacted through practices of the self – is combined with the more obvious forms of governance

by agencies of the state and other institutions through policing, surveillance, and regulatory activity. Governmentality is at once subjectivizing, in that it is concerned with the creation of individual subjectivity, and objectivizing, in that the individual is made into an object or docile body (Macleod and Durrheim 2002). Central to the operation of governmentality is an individual's duty to participate in governance and engage in voluntary discipline (Lupton 1995). Moreover, governmentality requires the construction of 'experts' with particular authority to produce and adjudicate truth claims through sites such as the family, school, clinic, media, and legislature. In turn, systems of knowledge and truth are produced whose function is to create the subject through normalizing judgment, or a hierarchical and exclusionary scheme of the normal. Analyzing health promotion in the USA through biopower and governmentality allows us to consider how bodies are produced and regulated through public health practice and how these practices are imbricated with self-governance. Moreover, it makes possible strategies to reconceptualize risk discourses and critically analyze the power relations inherent to public health practice.

Adolescent childbearing in the USA is identified as a problem, defined as a social pathology, and incorporated as a matter of national concern through the exercise of biopower. A number of 'truth discourses' arise from social science research, government and non-governmental organizations (NGOs), and the media to form the basis from which dominant understandings of adolescent childbearing develop. The extent to which early childbearing is unequivocally and ubiquitously 'bad' for young women, children, and society – yet hierarchically produced – calls out for close reading. The USA has one of the highest rates of adolescent birth in the developed world, at about 42.5 births per 1000 young women ages 15–19 each year (Martin et al. 2010). In comparison, western European countries such as France and the Netherlands have dramatically lower rates, at seven and five births per 1000 women under the age of 20 each year, respectively (Alford and Hauser 2009). Adolescent childbearing in the USA is variously defined as a public health problem (Rich-Edwards 2002; Scally 2002), a medical problem (Klein 2005), a social problem (Bonell 2004), and an economic problem (Hoffman 2006). The 'epidemic' of teenage childbearing has emerged in a specific socio-historical context that draws on various circulating discourses about fertility, pregnancy, race, motherhood, families, and women's relationship to the state (Irvine 2009; Solinger 2005). Although birth-rates among young women are in decline, public and professional attention to the 'problem' is not (Wilson and Huntington 2006). Producing the problem of early childbearing is as much a manifestation of what is believed to be socially, culturally, and economically acceptable as it is a strategy for the reproduction of privilege among advantaged social groups (Geronimus 2003; Lawlor and Shaw 2002).

Foucault's 'repressive hypothesis' is useful for understanding our fascination with demonizing and pathologizing teen pregnancy and motherhood in public health discourses. Foucault (1978/1990) identifies a paradox in the belief that, particularly since the nineteenth century, society has repressed sexuality while simultaneously producing it as a core feature of human identity and the subject of proliferating discourses. Adolescents are told to avoid sexual activity while we valorize motherhood, assume heteronormative relationships, and sexualize young girls. Moreover, for biopower to function effectively, a normalizing judgment must be deployed within the population to govern acceptable norms surrounding sexuality, sexual behavior, childbearing, and mothering. According to Solinger (2005, 217):

Now that pregnancy has become a ‘choice,’ many middle class women, most politicians, and others define the good choice-maker as the woman who has earned the right to exercise choice properly by having enough [social and economic capital] to be a legitimate and proper mother.

The normalized childbearing subject is financially independent, married, presumably heterosexual, and safely old enough to avoid the label of ‘teen’ mother. In what has been termed ‘stratified reproduction,’ pregnant and parenting young women are thus positioned at the bottom of a hierarchy that rewards the reproductive choices of some women (older, white, heterosexual, married, and/or middle-class) while stigmatizing those of others (young, non-white, queer, unmarried, and/or poor) (Rapp 2001).

The biopolitical regulation of populations and the administration of self-governance also require the construction of expert authorities empowered to speak the ‘truth’ of adolescent childbearing; that is, as universally and consistently detrimental to women, children, and society. As Geronimus (2003) notes, political liberals and conservatives, advocacy organizations, and feminists alike fail to challenge the social problem construction of teen pregnancy and instead argue about causal mechanisms and appropriate policy responses. The consequences of early childbearing – with their related discourses of risk and pathology – are legitimated through specific scientific truth claims. The reliance on epidemiological and behavioral science to condemn teen pregnancy is able to obscure ideological underpinnings in the name of value-free science (Wilson and Huntington 2006). According to Foucault, such ‘regimes of truth’ contain the ‘techniques and procedures accorded value in the acquisition of truth’ and the ‘status of those who are charged with saying what counts as true’ (1980, 131).

The expert construction of the teen pregnancy problem produces several truth claims about the ‘costs and consequences’ of early childbearing for young women, children, and society at large: teen pregnancy causes poverty, child abuse, incarceration, and physical and mental health problems (Hoffman 2008). Yet, this body of work and their concomitant truth claims have been criticized on both epistemological and methodological grounds (Fessler 2003; Geronimus 1996, 2003; Rich-Edwards 2002; Sisson 2011). Additionally, in contrast to most population-based research, qualitative research on teen pregnancy and parenting finds largely *positive* effects of early childbearing, such as improved self-esteem, a sense of direction and purpose, and pride in the joys of motherhood (Wilson and Huntington 2006). However, this research is not included in government, media, or advocacy organization accounts of teen pregnancy due to the assumption that qualitative research is less rigorous and accurate *and* because the findings challenge dominant discourses on teen motherhood. As Macleod and Durrheim (2002) remind us, it is through the expertise of those authorized to produce knowledge that ‘public’ issues of governance are linked to ‘private’ questions about how one should behave.

It is a mistake to assume that these dominant discourses are totalizing or uniformly oppressive – we must not ignore that where there is power, there is also resistance (Foucault 1982). Although my data and analysis do not focus on how teens take up (or do not take up), negotiate, and transform dominant discourses on youth sexuality and early childbearing, it is incorrect to conceive of young people as completely docile bodies vis-à-vis the operation of biopower (Lupton 1997). Indeed, youth sexuality and young motherhood are continuously negotiated and reshaped through both interactional processes and social movements (Fine and McClelland 2006; Kelly 2000; Garcia 2012; Tolman 2002). Nevertheless, for my purposes here, I will focus on elucidating how

dominant discourses surrounding teen pregnancy prevention operate while acknowledging that young people are not wholly constrained by hegemonic discourses. As I will discuss, there is a need for more research that considers how youth negotiate, resist, and reinvent discourses of sexuality.

### Data and methods

Health promotion activities in the USA related to teen pregnancy prevention are multiple and ubiquitous, with activities taking place at the federal, state, and local levels and administered through educational, clinical, and non-profit organizations. The primary NGO concerned with adolescent childbearing, *The National Campaign to Prevent Teen and Unplanned Pregnancy* (NCPTUP), is funded through a variety of private and public sources and is the most visible and influential teen pregnancy NGO in the nation, with its apparatus extending from MTV programming to the sex lives of legal adults. The *National Campaign* produces a variety of ‘fact sheets’ and ‘data briefs’ about the ‘costs and consequences’ of teenage childbearing, coordinates a ‘National Day to Prevent Teen Pregnancy,’ and offers educational information to teens, parents, and policy-makers, among other activities. Because of the scope, visibility, and institutionalization of the *National Campaign* – and its close relationship with government and private entities focused on teen pregnancy prevention – I use it to connect prevention activities to the dominant discourses of teen pregnancy in the USA. The *Campaign* is certainly not the totality of governmental and NGO teen pregnancy prevention work, but its ubiquity and broad scope make it a useful site from which to examine the prevailing discursive context.

I use Adele Clark’s situational analysis to critique a variety of textual, visual, and interactive materials from the *National Campaign*, including research reports, web pages, videos, health promotion materials, internet quizzes and games, and smart phone applications. These materials were collected through the *National Campaign* website and its sister sites Stayteen.org and Bedsider.org. I focused specifically on materials related to pregnancy prevention and did not include materials focused on, for example, the prevention of sexually transmitted infections. Because the *Campaign* seeks to reach a variety of audiences, I incorporated materials aimed at youth (both non-pregnant and pregnant), adults of childbearing age, policy-makers, and the general public. As a result, the analysis at once considers content that is trying to promote behavior change, direct public policy, and align the public with an organizational message.

Clarke’s (2005) situational mapping strategies were used to analyze the materials and discursively connect them to the circulating health promotion discourses on teen pregnancy prevention. In situational analysis, the situation of inquiry itself is the key unit of investigation. According to Clarke (2005, 155), situational analysis is valuable for examining how identities and subjectivities, power/knowledge, ideologies, and control are produced through discourses. Situational analysis can make possible a more complete construction of the situation, including how discourses are created and legitimated through the situation of inquiry (Perez and Cannella 2011). The approach is particularly useful in that it addresses all the major discourses related to the situation of inquiry, not merely the master discourses at work, thereby allowing the analyst to ‘turn up the volume’ on lesser but still present discourses, less but still present participants, the quiet, the silent, and the silenced (Clarke 2005, 175). Situational mapping exercises enabled me to evaluate narrative and visual materials from the *National Campaign* in and through the larger situation of dominant teen pregnancy prevention discourses.

Mapping exercises proceeded as follows. First, wherever possible, materials were printed in hard copy and hand-coded for examples of discursive constructions of risk, the body, self-governance, deference to experts, and the production of subjectivity. Video and multimedia content, including online quizzes and a smartphone app, were viewed/utilized and their content described in analytic memos. These processes collated a wide variety of *Campaign* materials and facilitated the creation of situational maps according to Clarke's (2005) guidelines. I first created a 'messy map' that thoroughly examined the situation of inquiry by identifying analytically pertinent human, non-human, material, symbolic, and discursive elements (Clarke 2005, 86). A messy map simply consists of a large sheet of paper with these elements arranged in no particular fashion. After examining the messy map, the identified elements are then organized into an 'ordered/working map' by their discursive domain. This ordered map is displayed in Figure 1. Reviewing the 'ordered/working map' allowed me to identify how elements of the situation work *within and through* various discourses, in particular how these elements converge around two main themes: the production of risky bodies and subjectivities and the deployment of a regulatory regime of heterosexuality. These are not mutually exclusive issues; they are reinforced and organized through several circulating discourses, including the universal pathology of teen pregnancy, the enumeration of risk, and the veil of neutral, value-free science.

### Producing risky bodies and subjectivities

The first way mapping analyses identified the operation of biopower and governmentality through the *National Campaign* concerns the production of teen sexual subjectivity. Lupton (1995) suggests that the practices and discourses of health promotion have been essential to producing body and self. She argues that when the body is seen as uncontrolled (due to a failure to adhere to health prescriptions), then the self is believed to be undisciplined. The *National Campaign* produces the sexual subjectivity of young people as perpetually at-risk and non-agentic, put possibly redeemable through practices of the self. These biopolitical constructions of risk are necessary to manage, regulate, and control populations. Lupton (1995) argues that risk is a moral technology used as a means of identifying specific targets of surveillance and punishment. The construction of epidemiological 'facts' produces the 'normal' subject; that is, those who fall within the normal distribution of health determinants or status (Petersen and Lupton 1996). Bodies that fall outside this distribution are considered 'at-risk' and can manage their risk status through rational, individual behaviors.

The *National Campaign* warns that 3 out of every 10 girls get pregnant at least once by age 20 and that 6 out of 10 teens say they wish they waited to have sex (2013b). At the *Campaign's* sister site, Stayteen.org, aimed at disseminating sexual health information, teens learn how to 'stay' a teen, that is, how to stay not-pregnant. The site constructs teen sexual subjectivity through risk in order to *stay normative*, or 'ensure that children are born into stable two-parent families' (NCPTUP 2013b). Data and health promotion messages utilize a distorted and inflated sense of risk that masks the production of statistical 'fact.' First, while the '3 in 10' statistic purports to measure the cumulative risk of pregnancy before the age of 20, it does so by adding together the yearly pregnancy rates of women ages 14–19 (NCPTUP 2011), a technique that is not the standard epidemiological measure of cumulative risk (Rothman, Greenland, and Lash 2008). Second, the '6 out of 10' statistic derives from a leading question on a survey administered by the *National Campaign*: 'If you have had sexual

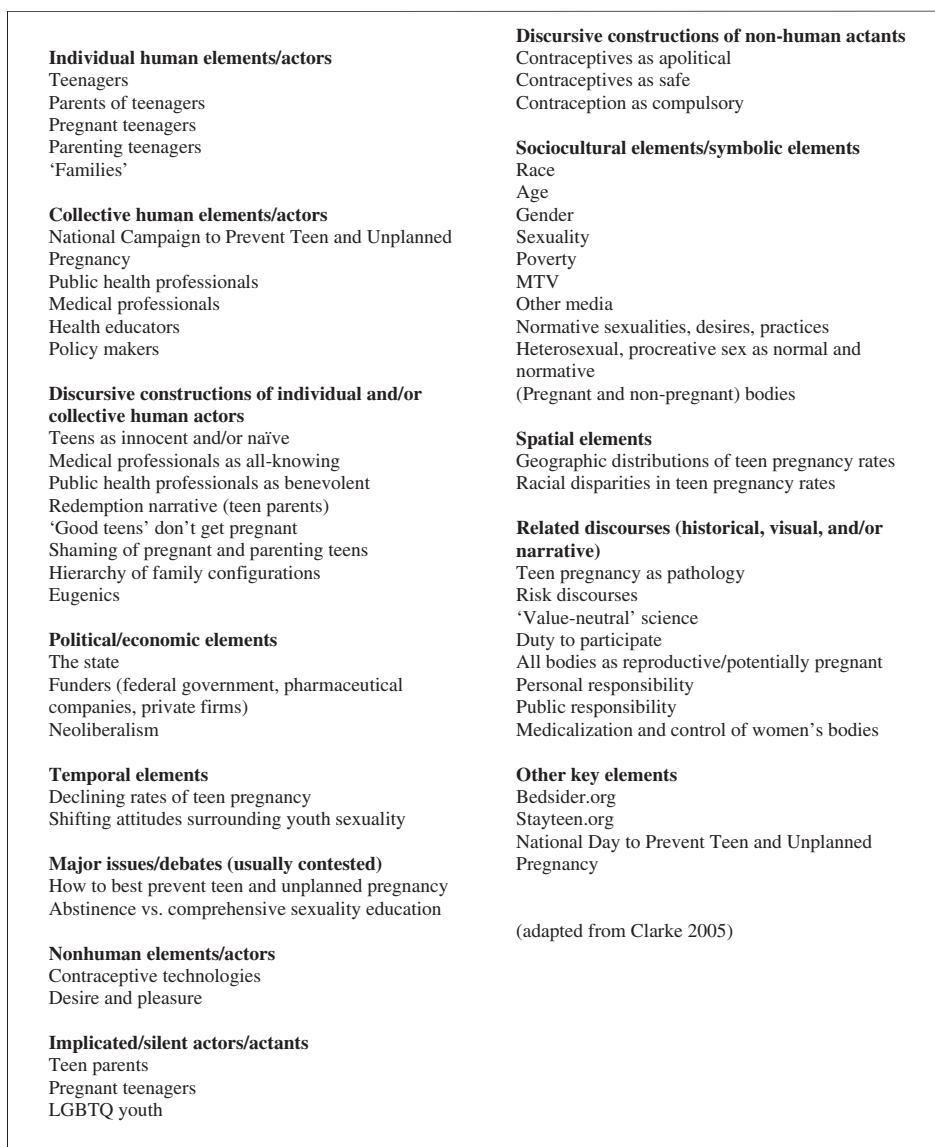


Figure 1. National campaign situational map.

intercourse, do you wish you had waited longer?' (Albert 2010). These examples of 'embedded science' (McClelland and Fine 2008) do not evaluate objective knowledge but rather produce and legitimate *what must be known* in order to effectively manage the population.

In addition to the production of teen sexual subjectivity as always 'at-risk,' mapping analyses indicated that teen pregnancy discourses also regulate the teen body and envision it as always already potentially pregnant, regardless of sexual behaviors, practices, or identities. The consequences of sexual behavior are presented not as a range of potential outcomes, but rather *inevabilities*. Discipline is enacted through fear by

producing the body as a site of toxicity, contamination, and catastrophe (Lupton 1995). Lupton (1995) reminds us that discourses act to shape bodies, and the experiences of bodies, in ways that individuals cannot totally control. Constructions of risk produce young women in a subjective state that envisions their bodies in a position of 'pre-pregnancy' that must be regulated (through abstinence or contraceptive use) and monitored (through expert authorities such as health professionals). Stayteen.org provides one example:

Think about this: if you're having sex and not using any kind of birth control, you're actually *planning on getting pregnant*. It's as simple as that ... The most effective birth control of all: Not having sex. It's the only 'method' that can provide a 100% guarantee of no pregnancy and no sexually transmitted infections (STIs). Bottom line: No sex, no pregnancy. So let's say you and your partner have decided to have sex and you want to be responsible and use birth control. But you find all the choices overwhelming and confusing. What can you do? (emphasis original) (Stayteen.org 2012)

The reader (presumably female, although the text is largely gender-neutral) is invited to learn about contraceptive methods that are organized by 'most effective methods' (abstinence or longlasting, provider controlled methods such as Implanon and the IUD) and 'methods you can get without a doctor's visit' as well as by methods that work 'for girls or boys or both.' Only two potential practices of the self are presented here: abstinence or contraceptive use. The sexually active (female, heterosexual) teen that does not use birth control is planning on becoming pregnant through her ostensible lack of responsibility. Three important issues are at work here: sexual activity is conceived as solely between opposite sex/gender partners; the quantification of risk is knowable and important to decisions to mitigate that risk; and pregnancy is not only possible, but *inevitable*, if young women do not engage in practices of the self. No part of the *National Campaign* or Stayteen materials represents sexuality as anything except heterosexual and procreative. Non-normative sexualities, desires, practices, and families are not merely delegitimized but erased. Because sexuality is understood in these terms, all teens are currently (or eventually) engaging in practices that will inevitably result in pregnancy. It also assumes that teen pregnancy is always unwanted, and that all teens *can* and *will* participate in practices of the self to avoid pregnancy. These precarious assumptions rest on truth discourses that cannot account for same-sex/gender desires and relations, the fact that some young women desire pregnancy and do so purposefully, and that all teens have access to and a willingness to use contraception. The 'at-risk' teen body is always potentially pregnant.

When a teen body *does* become pregnant, it is represented as uncontrolled and uncontrollable, visibly swollen with evidence of a lack of sexual restraint and adherence to normative understandings of appropriate fertility. The pregnant teen body is abject (Lupton 1999, 138) and irresponsible, a failure of rational public health and a threat to the neoliberal state, the normative family, and the discipline of public health. Pillow (2003) argues that the pregnant teen body is seen as 'dangerous' and as such public policies are focused on controlling, regulating, shaping, and (re)producing bodies. Stayteen video public service announcements (PSAs) all end with the same message: 'I love my life. I'm not going to mess it up with a pregnancy' (Stayteen.org 2013). The not-subtle implication here is that young women cannot love their lives when pregnant or parenting. The abjection of the pregnant teen body must be made visible through such pronouncements in order to effectively warn others about the potential danger of early childbearing – pregnant young women have 'messed up' and do not love their lives.

Finally, the body of the teenage mother is used as a warning about the duty and responsibility teens have to avoid pregnancy. Representations of young mothers in the media and health promotion programs must reify the dangers of early childbearing in order to be an effective exercise of biopower. For example, in 2001, the *Campaign's* first 'National Day to Prevent Teen Pregnancy' included a series of posters depicting young women of color along with large print including the words 'CHEAP' and 'DIRTY.' The text below reads: 'Condoms are CHEAP. If we'd used one, I wouldn't have to tell my parents I'm pregnant' and 'I want to be out with my friends. Instead I'm changing DIRTY diapers at home' (See Pillow 2004). Second, and related, teen mothers are compelled to engage in 'rites of redemption,' or confessional techniques in which their personal narratives are used as prevention messages (Kelly 2000). The positive aspects of their lives, and those of their children and families, must be downplayed or eliminated in order to serve as a 'warning label.' Stayteen.org includes contact information for teen parents who want to help spread prevention messages with their 'uniquely powerful point of view on the subject of teen pregnancy' (Stayteen.org 2012). By sharing their story, young mothers can help other teens 'appreciate the challenges of being a teen parent.' The website acknowledges that their message might 'unintentionally offend' teen parents and offers that while an individual young mother's experience may be very positive, 'the majority of teen moms and dads have an incredibly difficult road ahead for themselves and for their children.' However, the *Campaign* is 'by no means trying to insult you as a teen parent or make you feel like you've made a bad choice, but [is] instead hoping to help all teens realize the consequences of having children too early' (Stayteen.org 2012). Finally, video PSAs featuring characters from the MTV reality show *Teen Mom* encourage viewers to visit the Stayteen site to learn 'more information on how to protect yourself.' One teen mom goes so far to say that she would not 'wish a teen pregnancy on anyone' (Stayteen.org 2013). Here, teen motherhood is so threatening that even a teen mother herself would not wish it on anyone else.

### Deployment of prevention programming and regulatory discourses

Mapping analyses also illustrated how the use of biopower functions in population-level prevention programs that rely on techniques of governmentality. Features of these practices include the duty to participate and assumptions of a rational actor who exercises control and responsibility (Gagnon et al. 2010). The normalizing judgment of experts regulates subjects and invokes self-surveillance; it is important to note how this ever-expanding gaze pushes the boundaries of subject production and regulation. Not only do public health professionals have a duty to engage in teen pregnancy prevention, so do parents, teens themselves, and unmarried young adults. As one indication of the scope of the duty to participate, the *Campaign* boasts that the 2012 'National Day to Prevent Teen Pregnancy' included over 200 media partners and successfully engaged more than 700,000 teens in the day's activities (100,000 more than the previous year), namely an online quiz that features sexual decision-making scenarios where users score points for making the 'correct' choice (NCPTUP 2013d). Moreover, because teen pregnancy is posited as matter of national concern, the whole population is caught up in the work of teen pregnancy prevention. The *National Campaign* goes so far as to state that if they are successful in their mission of preventing teen pregnancy and pregnancy among unmarried young adults, then the nation itself will be stronger (NCPTUP 2013c). Certain bodies must be prevented from reproducing not just in the name of

individual and population health, but also the health of the nation itself. The implication here is that a 'healthy nation' is one with homogenous family formations and a small welfare state.

Similarly, Stayteen.org presents contraceptive use as an individual practice (not a negotiation) that is compulsory in order to serve the interests of the population (who want less teen births). The responsibilities of individuals and collectives are outlined in the *National Campaign's* 'What we do' website section: (1) strengthen a culture of *personal responsibility* regarding sex, getting pregnant, and bringing children into the world, as well as strengthening the practice of always using contraception when you aren't ready to have a child; and (2) support *responsible policies* that will increase the use of contraception, particularly by those who cannot afford it and by those at greatest risk for having an unplanned pregnancy (emphases original) (NCPTUP 2013d). Thus, the responsibility for teen pregnancy prevention is shared between individual and political bodies; it requires rational, calculated responses to risk such as contraceptive use and appropriate public policies. Additionally, *Campaign* materials repeatedly focus on the monetary 'costs' of teen childbearing. As part of the 'Counting It Up' project, website visitors can calculate the financial costs of teen pregnancy in their state or county. Accompanying text reiterates that one of the problems associated with teen pregnancy is increased costs to US taxpayers and implies that public assistance to low-income families is a zero-sum game that rewards irresponsible behavior, rather than a strategy to improve well-being for vulnerable members of society.

The most notable way prevention programming and discourses are deployed is through a regulatory regime of heterosexuality, a process through which bodies are produced and governed in consolidation of a 'heterosexual imperative' (Butler 1999). It is remarkable that, despite long-held American fears about 'big government,' there was no public outcry when the *National Campaign* expanded its mission to include the prevention of unplanned pregnancies among adults ages 18–29 in order 'to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation' (2013c). The scope of governance and regulation of teenage pregnancy is thus now extended to legal adults. This shift not only privileges middle-class, procreative, married heterosexuality over other sexualities and relationship arrangements/families, but also renders them invisible. Another *National Campaign* site, Bedsider.org, is designed to help women ages 18–29 'find the method of birth control that's right for them and learn how to use it consistently and effectively.' The site features text-messaging reminders for users to remember when to take their contraceptive pills or change their contraceptive devices as well as reminders to make medical appointments (Bedsider 2012b). A smartphone application titled 'Booty Log' uses a false guise of sex positivity to encourage users to 'log' and rate their sexual encounters along with the method of contraception used. This self-surveillance reminds adult women of their duty to conform to normative family arrangements – planned pregnancies that occur in a committed, presumably heterosexual, relationship with financial stability – through technologies of the self and deference to medical experts.

Bedsider's health promotion images also use a weak appeal to desire and pleasure to remind young adult women of the requirement to participate in normative sexuality and family planning. A series of health promotion materials featuring sex 'fails' illustrate young male/female couples in a series of sexual mishaps – a dog interrupts a couple on a couch, a 'too skinny' pair of jeans seem impossible to remove, a couple has difficulty fitting on a small couch (Bedsider 2012a). Each of the ads feature the

message, ‘You didn’t give up on sex. Don’t give up on birth control either.’ Illustrated examples of contraceptive technologies line the bottom of the image. The non-sequiturs ‘your dog might bother you and your pants might be difficult to remove but don’t forget to use contraception’ remind viewers that if they want to have sex, they must abide by certain rules. A related set of promotional images, including t-shirts in men’s and women’s styles and a poster of a woman removing her bra, state: ‘#1 tip for hotter sex: Get on birth control’ (NCPTUP 2013a). The text below reads: ‘Sex is a lot more fun when you’re not worried about getting pregnant before you’re ready. All you need to do is find a method of birth control that works for you!’ Here, the *adult* potentially pregnant body is a site of fear and possible contamination – contraception is conflated with sexual pleasure because it can mediate that fears that accompany heterosexual sex. Contraception is not only required for adults to enjoy pleasure, it is ‘easy’ to do by participating in work on the body. Bedsider not only produces ‘normal’ sex but is also implicated in a regulatory regime of heterosexuality that produces the bodies it governs – that is, heterosexual, procreative bodies.

### Conclusion: moving beyond risky bodies and imperative duties

This analysis reveals several notable ways in which biopower and governmentality operate in USA-based teen pregnancy prevention activities, specifically those of a particular NGO. It elucidates how health promotion activities are never neutral but rather are always implicated in existing discourses surrounding the state, the family, sexuality, and scientific knowledge production. Health promotion work on this issue does much more than attempt to prevent pregnancies: it demarcates (in)appropriate reproductive bodies, consolidates heterosexual power, produces ever-expanding at-risk populations, and calls on individuals and populations to work on their bodies in very specific ways. Additionally, and importantly, this analysis prompts necessary questions for those involved in research and practice.

First, the unquestioned acceptance of early childbearing as universally negative must be unpacked and critically examined. An important element of challenging this deeply entrenched assumption will be to historicize our current understandings of adolescence, pregnancy, motherhood, and the family in order to locate discursive discontinuities. When and how was the teenage mother produced as a particular, universal, and essential subject? How does our unquestioned acceptance of the deviance of teen pregnancy and motherhood illustrate and reify disciplinary power on the body? How does the ideological construction of teen pregnancy affect research agendas, choice of methodologies, and the manipulation of results? How do the targets of teen pregnancy prevention messages comply with, resist, negotiate, and transform dominant discourses? How might we ‘queer’ the theory and practice of preventing unintended pregnancies? Second, we must ask whose interests are served by the strategy of prevention through regulation and discipline. Does the regulation of teen bodies and subjectivities help alleviate any of the potential ill-effects of early childbearing? Or is it possible that the stigmatization and regulation of young women’s reproduction reinforces and reproduces existing health and social inequalities?

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