
Teenage Pregnancy as a Social Problem: A Comparison of Sweden and the United States

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Keywords

Adolescent pregnancy epidemic · Abortion · Claimsmaking · Cultural construction · High risk · Pregnancies · Mass media · Pregnancy rate · Families policy · Sex education · Socially constructed problem · Social control of sexuality · Teenage sexuality

Introduction

Teenage pregnancy has been treated as an urgent social problem in the United States since the 1970s. Scholars, politicians, interest groups, and media actors have all contributed to a seemingly ceaseless debate about what can and should be done about teenage pregnancy. Fueling the debate is the persistent high pregnancy rate among teenagers in the United States in comparison with their peers in other developed nations. In sharp contrast, teenage pregnancy in Sweden is not a recognizable problem in its own right. No one studies *only* teenage pregnancy, and no one in the public debate focuses exclusively on teenage pregnancy. In combination with a very low teenage pregnancy rate, it is as if the problem does not exist. And yet, even if teenage pregnancy itself is not a distinct problem

in Sweden, more comprehensive activities involving teenagers and sexuality are certainly subject to concern and debate. Therefore, it would be a mistake to conclude that the different statuses of teenage pregnancy as a social problem in the United States and Sweden are all about objective magnitude.

A number of observers of teenage pregnancy in the United States have concluded that it is a socially constructed problem in the sense that claims about it are exaggerated and/or misguided and that the problem is fundamentally misrepresented in the public debate (Luker 1996; Vinovskis 1988). Indeed, teenage pregnancy in the United States displays most of the spectacular features that typically accompany the problems selected for social constructionist analyses (crisis language, front-page stories, extensive debate, and high public visibility). In contrast, none of these features characterize the Swedish case. Comparing the two therefore provides an opportunity to examine aspects of social problem construction that are not readily available in analyses of a single case (Bensen and Saguy 2005; Bogard 2001; Linders 1998). Following a constructionist approach, but seeking to extend its explanatory reach, we argue

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that the differences between Sweden and the United States are not best explained by differences in the condition itself (different teen pregnancy rates) but rather by the historical trajectory of claimsmaking surrounding teenage pregnancy and constructing it as a particular kind of social condition with more or less problematic features. The comparison of teenage pregnancy in Sweden and the United States as different kinds of problems also points to a few limitations with analytical approaches developed on the basis of spectacular social problems. In short, the focus on the spectacular features of social problems has encouraged analysts to conflate problem status with the highly visible claimsmaking activities that characterize these types of problems (Best and Horiuchi 1985; Fritz and Altheide 1987; Gentry 1988).

This analytical strategy has two largely unintended consequences for our understanding of how social problems are constructed, both of which are revealed in the comparison with nonspectacular problems; first, it gives analytic priority to the *emergent* phase of social problems, and second, it serves to exaggerate the *novel* elements of problem constructions. As the analysis in this paper shows the far less visible and far more routinized claimsmaking activities surrounding the teenage pregnancy issue in Sweden have been more intent on *maintaining* the problem than constructing it anew. Thus, the absence of widely publicized claimsmaking activities indicates not the absence of a socially constructed social problem, but instead a different kind of problem (Ball and Lilly 1984; Miller 1993), this one sustained by a set of routine claims designed to maintain the issue as a particular kind of problem with an established and institutionalized set of interventions. The comparison between Sweden and the United States provides an opportunity to examine how the same issue—teenage pregnancy—has generated two different claimsmaking processes, one immersed in spectacular claims (United States) and one immersed in administrative routines (Sweden).

In both nations, activities associated with teenage sexuality were in various ways monitored and controlled long before the notion of

teenage pregnancy took hold in the 1970s. The arrangements whereby teenage sexuality were monitored and controlled can be expressed as more or less institutionalized claims that maintain the problem and its solutions over time. As such, claims of this kind are not only critical elements in the persistence of social problems, but also hold the key to the transformation of social problems. From this perspective, then, the different problem paths of teenage pregnancy in Sweden and the United States can, in part at least, be explained by different patterns of institutional involvements in the issue/problem. Such involvements are obviously linked to larger institutional practices and arrangements, signaling different welfare state arrangements in Sweden and the United States. For the purposes at hand, however, the key observation is that the arrangements that reinforced the “old” teenage pregnancy problem in both nations were sustained longer in the United States than in Sweden, but then collapsed almost instantaneously, leaving large institutional and interpretive voids to be filled. In contrast, the Swedish problem was transformed over a longer period of time and was subjected to frequent negotiations and adjustments, and thus was better able to withstand and absorb the flood of counterclaims that emerged in both nations in the 1970s.

Teenage Pregnancy as a Social Problem

In what follows, we briefly summarize the histories of teenage pregnancy as a social problem in Sweden and the United States. Our aim is not to recast what is generally known about the two cases, or to resolve evidentiary disputes, but instead to use the comparison to throw new light on the different understandings of teenage pregnancy as a social problem in Sweden and the United States (Furstenberg 1998). The comparison of Sweden and the United States is a suitable example for several different reasons; first, it involves one case that displays most elements of a spectacular social problem (United States) and one that displays virtually no spectacular features

(Sweden); second, the United States displays a claimsmaking field marked by conflict and disagreements whereas claimsmakers in Sweden are far less likely to engage in factual contests; and third, as a social problem, teenage pregnancy in both Sweden and the United States has attracted a wide range of claimsmakers, albeit differently distributed across the two cases. Taking advantage of the fairly substantial secondary literature around teenage pregnancy, and some illustrative examples from primary sources, we focus the analysis on the 1970s and 1980s. For the United States, this period captures the rise and proliferation of teenage pregnancy as a new social problem, whereas for Sweden it points to institutional processes that served to deflect the construction of a new social problem along the lines of the American case.

Prior to this time, teenage pregnancy was not a recognizable problem in its own right in either the United States or Sweden; this was so, in large part, because the very notion of “teenager” as a meaningful social category was not readily available until well into the twentieth century (Arney and Bergen 1984; Davis 1989; Harari and Vinovskis 1993; Hine 1999; Lesko 2001; McLeod 2003; Weatherley 1987). This does not mean, however, that previous generations had *no* concerns about pregnant teenagers. In both nations, such teenagers were problematic primarily and especially if they were unmarried, thus making illegitimacy the main problem under which concerns about pregnant teens was discussed, categorized, and addressed (Gordon 1994; Persson 1972). In this sense, the issue had long historical roots and remedies were in place in both nations. In other words, in so far as pregnant teenagers constituted a public problem in need of a solution, it was sustained in both nations through an existing legal and normative framework and an organizational apparatus aimed at containing and monitoring the social behavior purportedly comprising the problem.

The remedies in place were not identical in the two nations, however, which were to have consequences for the emergence of the “new” teenage pregnancy problem in the 1970s. In short, and anticipating the discussion below, the

solutions to the problem of pregnant teenagers in the United States essentially collapsed during the early 1970s when the combined pressures of the women’s liberation movement and the sexual revolution brought about new sexual practices and attitudes (Cherry et al. 2001). For teenagers especially, these changes meant better access to contraceptives and abortion and also abolition of various discriminatory practices involving pregnant teenagers (e.g., school expulsion for pregnancy, ineligibility for various benefits and rewards). In Sweden, in contrast, the old punitive “illegitimacy” remedies had already been reformed and modified to such an extent that the new challenges brought by the 1970s could be accommodated without much public outcry and without much opportunity for claimsmakers to single out teenage pregnancy as a unique, novel, and urgent problem to address.

Teenage Pregnancy in the United States

The emergence in the mid-1970s of teenage pregnancy as a social problem in the United States, as several studies have documented, looks very much like an instance of a new spectacular social problem, accompanied as it was by a flurry of crisis claims with high public visibility (e.g., Luker 1996; Selman 2003; Vinovskis 1988; Wong 1997). Public claimsmakers typically referred to the newly discovered problem as an “epidemic,” following the lead of the Alan Guttmacher Institute, which in 1976 published a pamphlet entitled *11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States*. Over the next few years, the crisis claims were repeated over and over again in the popular press, in academic journals, and in government documents (Luker 1996). Teenage pregnancy, as the U.S. Department of Health, Education (1977), and Welfare announced, had become “everybody’s problem”. To support the conclusion that teenage pregnancy had reached epidemic proportions, claimsmakers introduced a plethora of statistical data. These data typically

included estimates of both the magnitude of the problem, or “basic facts” as the Guttmacher report called them, and the social consequences of teenage pregnancy for the mother, the child, and society at large.

The mounting concern about teenage pregnancy as an urgent problem in need of a solution was almost immediately met with criticism, thus pointing to the competitive field of claimsmakers seeking ownership of the problem (Gusfield 1981). In the popular as well as scientific press, a growing number of commentators pointed out that the problem with teenage pregnancy was overstated and/or misrepresented. It was not true, critics argued that teenage pregnancy had reached epidemic proportions; in fact, the teenage birth rate was declining after a peak in the 1950s (Thompson 1995; Putnam-Scholes 1983; Vinovskis 1988). Moreover, while few observers took issue with the fact that the rate of *unmarried* teen births had increased, there was a fair amount of disagreement about what this fact meant for how the problem of teenage pregnancy was to be perceived—some used it to criticize the notion of an epidemic (Scharf 1979), others used it to key in on the auxiliary problems statistically associated with unmarried teen mothers (Suri 1994; Vinovskis 1988), and yet others used teenage pregnancy as an indication of the loosening of traditional mores concerning family, gender, and sexuality.

Although there was significant dispute over what made teenage pregnancy problematic, the overwhelming number of claimsmakers during these decades agreed that it *was* a problem; that is, in the United States, there was little debate about *whether* teenage pregnancy was a problem, but lots of debate about what kind of problem it was (e.g., Lawson 1993; Warren 1992). Even those who lamented the use of crisis language seldom concluded that the problem was illusionary, only that it was misconstrued in various ways (e.g., Bader 1988; King and Fullard 1982; Pearce 1993).

From an analytical perspective, then, the teenage pregnancy debate in the United States through the 1980s cannot simply be reduced to a battle over claims versus facts, but instead

signals an underlying disagreement over what kinds of facts are relevant, and ultimately, what kind of problem teenage pregnancy really is (Furstenberg 1998; Macintyre and Cunningham-Burley 1993). Here, the dimensions of disagreement were plentiful and wide. One major dimension refers to *whose* problem it was and ranges from everybody’s to the pregnant teenagers themselves. Claimsmakers intent upon presenting the problem as “everybody’s” (U.S. DHEW 1977), typically described it in as dramatic terms as possible, while those framing their concerns around the teenagers themselves typically rejected the epidemic claims, and instead emphasized elements of individual hardship (e.g., Green and Poteteiger 1978; Putnam-Scholes 1983). Another dimension, this one multilayered refers to the *whys* of the problem, and here suggestions ranged from cultural degeneration to structural obstacles, from lax morals to rational responses to difficult circumstances, and from too much *sex* education to too little *sex education* (Irvine 2002; Kantner 1983; Scharf 1979; Shornack 1987; Stafford 1987; Suri 1994). Other dimensions of disagreement were more *content* oriented, and, accordingly, pulled the center of the problem in somewhat different directions, including illegitimacy, sexuality, abortion, gender, youth risk, poverty, welfare, and race/ethnicity (e.g., Murcott 1980; Pearce 1993; Weatherley 1987). A final dimension refers to the kinds of *remedies* claimsmakers proposed, ranging from abstinence to expanded contraceptive services, from increased access to abortion to prohibition of abortion, from expanded to contracted health and welfare services, and from increased family involvement to increased school involvement (e.g., Furstenberg 1991; Marsiglio 1985; Maynard 1995, 1997; Waters et al. 1997; Warren 1992). Given these multiple disagreements over who, why, what, and what to do, it is not surprising that *evaluations* of various remedial programs, the number of which confirms the entrenched problem status of teenage pregnancy as a problem, were as divergent as the initial problem definitions (e.g., Gilchrist and Schinke 1983; Hoffereth 1991; Plotnick 1993).

Teenage Pregnancy in Sweden

In sharp contrast to the United States, teenage pregnancy in Sweden during the 1970s and 1980s was not a spectacular or highly visible problem, which is reflected in the negligent number of studies, reports, and commentaries devoted exclusively to the subject. To say that teenage pregnancy was not a front-page problem in Sweden, however, is not to suggest that it was not a problem *at all*. Thus, while few of the spectacular features that characterized the American problem were present in Sweden, there was still a fair amount of claimsmaking addressing the putative condition; statistics were carefully monitored and refined, numerous public agencies, at both state and local levels, were charged with issues related to teen sexuality, especially the school system, which occupied a prominent position in the preventive effort, and many youth and women's organizations were actively involved in helping, teaching, and disseminating information about sexuality, contraceptives, and intimacy issues. It is in this sense that teenage pregnancy was not a highly visible emergent problem in Sweden but instead a problem maintained by a set of stable institutional arrangements and practices. Thus, one reason why there were no statistical contests in Sweden is linked to the interconnected institutional setting wherein claims about teenage pregnancy were produced and disseminated. Most claimsmakers accepted that the concerted effort to reduce the number of unwanted pregnancies, begun in earnest in conjunction with the liberalization of the abortion law in 1974, was particularly successful among teenagers. And indeed, undisputed "basic facts" revealed that the teenage pregnancy and birth rates steadily declined since the mid-1970s, as did the teenage abortion rate (Socialstyrelsen 2000).

With this background, it should come as no surprise that disagreements over the who, why, what, and what to do aspects of the problem were much less pronounced in Sweden than in the United States. While it would be a mistake to conclude that there were no disagreements at all

among Swedish claimsmakers, it is nevertheless clear that the question of *whose* problem teenage pregnancy is was for the most part settled: The problem was primarily the teenage girl's and secondarily her child's. This observation is not meant to suggest that the potential social consequences of teenage pregnancy and childbearing were less appreciated in Sweden than in the United States. Rather, the point is simply that teenage pregnancy in Sweden was never understood as a social crisis. A subcategory of unwanted childbearing generally, childrearing at a young age was, according to most claimsmakers, more likely to bring financial and other hardship. This was a concern of old standing in Sweden (Hatje 1974; Liljeström 1974) that over time had generated a multifaceted policy package aimed at erasing as far as possible the consequences for children of different economic and marital statuses among parents (Carlson 1990; Kälvmemark 1980). Although no one went so far as to argue that the economic circumstances of childrearing had in fact been equalized, it was generally agreed that the inequalities were much less pronounced and less devastating than they would have been without this concerted policy effort. Hence, teenage parenting in Sweden was not quite as intimately linked to poverty in the public debate as it was in the United States and, accordingly, did not trigger the same kinds of concerns.

Swedish discussions about the *whys* of teenage pregnancy, similarly, amounted to variations around a generally agreed-upon theme: basically, the distinction between good and bad sexuality. This distinction had produced (and continues to produce) a massive effort to educate young people in healthy sexuality, to train them to behave responsibly in sexual interactions, and to steer them away from unhealthy influences, or, at the very least, to provide them with the knowledge necessary to reject those influences. In this environment, the stubborn persistence, monitored by statistics, of practices such as teen abortions, unsafe sex, rape and sexual abuse, pornography consumption, and various forms of sexual harassment served as constant reminders of work left undone (Folkhälsoinstitutet 2000).

Thus, social and political demands were—and still are—formulated almost entirely around improving and expanding existing programs and services that targeted youths, including sex education in schools, contraceptive programs, state subsidies for birth control pills, and various abortion prevention programs (SoU09 1999/2000; SoU10 1998/99; SoU12 1997/98).

In contrast to the United States, Swedish claimsmaking activities, in terms of both *content* and *remedies*, came to coalesce around an approach that acknowledged and took for granted teenage sexual activity, while at the same time, placing a strong emphasis on the distinction between “good” and “bad” expressions of that sexuality (Linders 2001), where “good” refers to maturity and conditions of equality, and “bad” all forms of coercive, unsafe, and irresponsible sexual behavior. Thus, the Swedish understanding of teenage sexuality, in short, amounts to an effort to coax teenagers toward good (loving, caring, safe, and preferably stable) and away from bad (hasty, thoughtless, temporary, and unsafe) sexual behavior, including ending up with an unwanted pregnancy (Linders 2001).

Policy measures along these lines have long had wide social and political backing in Sweden, as is indicated by the wide political spectrum from which political demands has originated. What this means is that virtually no one in the Swedish debate suggests that the Swedish approach to youth sexuality should revert back to an earlier and more restrictive position. Teenage sexuality, along with adult sexuality outside of marriage, has lost its taint of immorality and has become accepted as a fact of life. Thus, the very fact that teenagers *do* expose themselves to the risk of pregnancy—by having sex—is not in itself viewed as an indicator of the problem or of the in/effectiveness of various programs designed to alleviate the problem (Linders 2001).

Explaining the Difference

Following a constructionist approach, but seeking to extend its explanatory reach (Best 2003; Bogard 2003), we argue that the differences

outlined above between Sweden and the United States are not best explained by differences in the condition itself (i.e., different teen pregnancy rates) but rather by the historical trajectory of claimsmaking surrounding and constructing teenage pregnancy as a problematic social condition. In both nations, activities associated with teenage sexuality were in various ways monitored and controlled long before the notion of teenage pregnancy took hold in the 1970s. The arrangements whereby teenage sexuality were routinely monitored and controlled can be expressed as more or less institutionalized claims that sustain the problem and its solutions over time. As such, claims of this kind are not only critical elements in the maintenance of social problems, but also hold the key to the transformation of social problems. From this perspective, then, the different problem paths of teenage pregnancy in Sweden and the United States can, in part at least, be explained by different patterns of institutional involvements in the issue/problem (Ungar 1998). Such involvements are obviously linked to larger institutional practices and arrangements, signaling different welfare state arrangements in Sweden and the United States (Esping-Andersen 1990; Olsson 1990; Orloff 2002).

Teenage Pregnancy as an Institutionalized Problem

Since the late nineteenth century, in both Sweden and in the United States, teenage sexuality, including pregnancy and birth, has been subjected to interventionist claims; these claims were originally aimed at controlling and managing a range of social behaviors considered problematic, including extramarital sexual activity, prostitution, promiscuity, and other forms of behavior deemed inappropriate. Formal remedies in both nations included criminal categories, age of consent, confinement and maternal homes, school and work regulations, juvenile reform centers, and restrictions on the availability of abortion, contraceptives, and sexual materials and information. More informal but no less

effective were claims organized around shame, embarrassment, and moral disapproval. In neither nation were these types of solutions designed to eliminate the problem; rather, the remedies were primarily aimed at maintaining the moral boundary between acceptable and unacceptable forms of young women's behavior. As long as the boundary remained intact, moral transgressions could be accommodated and contained. In both nations, the claims upholding this moral boundary came under intense attack in the 1960s, thus setting the stage for the emergence of the "new" problem of teenage pregnancy.

While sharing this general history of claims around teenagers, sexuality, and pregnancy, as well as the flurry of subsequent counterclaims, there are still some significant differences between the two nations (Cherry et al. 2001; Jones et al. 1986). Most importantly, the two nations differ with regard to the historical paths of these claims and solutions. Specifically, while the traditional claims surrounding and constructing deviant sexual behaviors had undergone a slow but steady transformation in Sweden for a few decades prior to the 1960s, the institutionalized remedies in the United States were remarkably resistant to change until the challenges of the 1960s, which led to the subsequent collapse of the traditional approach to teenage sexuality and unmarried pregnancy. This collapse, which paved the way for the emergence of the "new" problem of teenage pregnancy in the United States, was precipitated by rapid changes in several different areas, including birth control and abortion, sex education, and public assistance to needy mothers. While none of these changes in themselves were organized directly around teenagers, they nevertheless had a profound impact on the process by which "teenage pregnancy" was identified as an urgent problem in need of a solution. Because of the much more gradual transformation of claims in these areas in Sweden, and the greater reach of official claims, the institutional structure could better withstand and/or absorb the

onslaught of counterclaims, and thus preempted the emergence of a "new" social problem.

The Institutional Environment of Birth Control and Abortion. In both Sweden and in the United States, the introduction of the pill and the IUD in the 1960s, and the decriminalization of abortion in the 1970s, seemed to confirm the arrival of a "sexual revolution," and in both nations, these new methods for avoiding the reproductive consequences of sexual intercourse brought public concerns about the consequences for the young (Garrow 1994; Linnér 1967). In Sweden, however, these concerns found no politically effective following. The official ban on the dissemination of contraceptives and birth control information was lifted already in 1938, while it was not until 1965 that the United States Supreme Court, in *Griswold v. Connecticut*, ruled that banning contraceptives infringed on married couples' right to privacy. Similarly, while both Sweden (1974) and the United States (1973) decriminalized abortion at around the same time, Sweden had begun reforming its abortion law some 40 years earlier. Thus, the significance of the earlier institutionalization of counterclaims in Sweden lies not only in the practical implications of those claims but also in the transformation, however modest, of the linkage between problem definitions and remedies. The early involvement of the Swedish state in population control (which was the immediate "social problem" the laws concerning birth control and abortion were designed to remedy) served as a bridge to more modern state intervention in the area of teenage pregnancy. Thus, the question of whether the state should be involved in the citizens' sexual and reproductive lives has long since disappeared from the Swedish debate. This development can be contrasted with the United States. In 1958, President Eisenhower's response to a commission that recommended increased official attention to issues of birth control: "I cannot imagine anything more emphatically a subject that is not a proper political activity or function or

responsibility [of the federal government].... This is not our business” (quoted in Nathanson 1991: 40).

Sex Education. In both Sweden and the United States, sex education is linked to the issue of teenage pregnancy, but from an institutional perspective, the link is differently articulated. Sex education for children and youths was introduced in Sweden in the 1940s, and was made a compulsory part of the school curriculum in 1955. At that time, the sex education curriculum was limited, and still rooted in the traditional claims package. Nevertheless, the early institutionalization of sex education for the young eased the transition to the more comprehensive programs that were introduced a few decades later. As a result, sex education, generally speaking, is a noncontroversial issue in Sweden. Consequently, sex education is not implicated in the teenage pregnancy problem the same way as it is in the United States—that is, what is at issue is not whether teenagers should be given comprehensive sex education, including information about birth control, but rather how to make that education more effective. In contrast, sex education entered American public schools much later, and remains controversial to this day. For example, President Richard Nixon announced in 1972 that he would not support the distribution of birth control services and information to teenagers (Nathanson 1991). As late as 1975, several states still prohibited sex education and only a handful mandated some form of sex education (Alan Guttmacher Institute 1976). Estimates of how many students are actually exposed to sex education vary, of course, but even generous estimates suggest that somewhere between 20 and 30 % of high school students receive no sex education at all from their schools (Luker 1996; Bennett 1988). Moreover, the content of sex education classes vary considerably, ranging from comprehensive sex education, including birth control, to abstinence only education. While there is variation among schools and teachers in Sweden as well, the nationalized school curriculum leaves much less discretion to individual schools and districts, and thus fewer opportunities for local oppositional

claimsmaking campaigns to intervene in the curriculum than in the United States.

Public Assistance to Needy Mothers. In both Sweden and the United States, the state takes some responsibility for the support of poor women and their children, thus providing institutional linkages between the teenage pregnancy problem and the social welfare system. In general, however, the interpretive foundation of that linkage is more complex and more subject to conflict in the United States than in Sweden (Furstenberg 2007; Harris 1997; Maynard 1995). The claim that teenage pregnancy, especially among young black women, is positively related to the distribution of welfare benefits was widely disseminated in the 1960s (at a time when white teenage pregnancy remained “invisible,” and the war on poverty had expanded the welfare rolls, particularly to black women), and has lingered in the debate ever since, despite vigorous attempts at dispelling myths and exaggerations about the young, unmarried, black welfare mother (e.g., Collins 1991; Kaplan 1997; Luker 1996; Nathanson 1991; Williams 1991). And yet, the emergence of the “new” teenage pregnancy problem in the 1970s was in large part an accomplishment of claims suggesting that all “eleven million” teenagers were “at risk,” and not just those who were poor and/or of minority background (Hulbert 1984). In sharp contrast, the claim that the welfare system is implicated in the problem of teenage pregnancy has virtually no adherents in Sweden. Teenagers who have children do receive public assistance, but many claimsmakers agree that the way government-provided maternity benefits are structured (as a percentage of income), if anything, serves to delay childbearing. Moreover, while public assistance to needy mothers has a fairly long history in both Sweden and the United States, the implementation of Aid to Dependent Children (ADC) in the United States never quite resolved the dilemma of unmarried mothers (Luker 1996; Gordon 1994). The Swedish approach, as an aspect of the social democratic state building project, was soon translated into a concerted, rational effort to remove some of the economic distinctions between married and

unmarried motherhood, despite the fact that the marital union remained the moral ideal well into the twentieth century (Hirdman 1989; Källemark 1980).

Conclusion

In this paper, we have sketched a comparative constructionist analysis of “teenage pregnancy” as a social problem in Sweden and the United States. Teenage pregnancy in the United States displays most of the spectacular features that typically accompany the problems selected for social constructionist analysis (crisis language, front-page stories, and high public visibility) whereas teenage pregnancy in Sweden displays few if any of these features. Comparing the two therefore provides an opportunity to examine aspects of social problem construction that are not readily available in analyses of a single social problem. More specifically, we have identified two interrelated limitations with the focus on spectacular social problems, the first linked to the conflation of highly visible claimsmaking with problem construction, and the second to the contested relationship between claims and facts.

First, while several scholars have pointed to the limitations of relying on publicly visible claimsmaking for our determination of what constitutes social problems (e.g., Collins 1989), our concern here has to do with the privileging of some social problem aspects (emergent phase, contested definitions) over others (maintenance phase, consensus definitions) that follows from such a reliance. The different claimsmaking patterns (content, venues, and claimsmakers) revealed in the comparison between the United States and Sweden point to the different status of teenage pregnancy as a social problem in the two nations. The much more varied and contested problem definitions in the United States have generated precisely the kind of data that constructionists typically use to demonstrate the “constructedness” of social problems, whereas the issue in Sweden has generated very little of these kinds of data; that is, teenage pregnancy in

Sweden has not been subjected to much social conflict, does not generate front-page news (or much news at all), and is not an issue that has galvanized conflicts among various interest groups. As we have demonstrated, this does not mean that teenage pregnancy is not a socially constructed problem in Sweden. What it does mean, however, is that teenage pregnancy in Sweden is maintained as a social problem through different kinds of claimsmaking activities—institutional rather than public—than those that characterize the problem in the United States.

Thus, despite the fact that teenage pregnancy in Sweden lacks spectacular features, and despite the fact that the number of teenage pregnancies does not serve as claimsmaking fuel in Sweden, it is still appropriate to approach the issue as a social problem. This is so not because of its factual features but because it is surrounded and maintained by an official claimsmaking apparatus, designed to monitor, manage, and control the social behaviors captured by teenage pregnancy. Moreover, although a host of popular claims about the teenage pregnancy problem in the United States are no doubt suitable for debunking, that approach essentially turns a blind eye to the quite extensive social scientific literature designed to dispel the myths about popular and misconstrued conceptions of teenage pregnancy. While much of this literature is aimed at “rescuing” the teenage mother from the various real-life hardships associated with single parenthood, such as poverty and educational handicaps, it has, at the same time, contributed to the contested claimsmaking field that constructs the problem and generates the facts that sustain it.

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