Teenage Pregnancy: The Dimensions of the Problem

by Kristin A. Moore

In 1970, 30 percent of the children born to American teenagers were born outside of marriage. By 1982, this proportion had increased to 51.5 percent, and among black females alone it reached nearly 90 percent. At the present time, one-half of all first births to blacks, and one-fourth of first births to whites, are to teenagers.

In an earlier era, childbearing during the teenage years was a common and acceptable part of life. However, in a modern industrial society such as the U.S., teenage parents and their families experience significant economic and social disadvantages.

Because they are at a particularly high risk of dropping out of school, teenage parents are unlikely to achieve the education and vocational skills required for many of today's jobs. There have been some increases in school completion rates among adolescent mothers in recent years, but the significance of this improvement is attenuated by the fact that women who were not teenage mothers have also increased their levels of attainment. For example, among women aged 20 to 24 in 1980, those less than 18 years old when their first child was born completed an average of 10.6 years of school, compared to 11.5 years among those who were 18 or 19 when their first child was born, and 13.2 among those who had not had a birth. Consequently, although their absolute level of education has improved, their disadvantage relative to other women has not changed.

While in earlier eras the problem of early pregnancy was often "resolved" by marriage, the proportion of prematurely pregnant women who marry before the baby is born has fallen over the last two decades. Those who do marry are economically better off (initially, at least) but also face a high risk of marital dissolution and are more likely than their unmarried counterparts to drop out of school.

Teenage mothers also tend to have more unplanned births, larger families, and more difficulty working outside the home than women who delay childbearing. Their families are thus more likely to require welfare assistance. Studies conducted in the seventies consistently indicated that approximately half of the Aid to Families with Dependent Children (AFDC) budget was expended on families in which the mother was a teenager when she bore her first child. Given the increase in out-of-wedlock childbearing among teens over the past decade, it seems unlikely that this welfare percentage has declined.

The children of teenage parents clearly face more difficulties in growing up than children born to women in their twenties and thirties. Fourteen percent of the babies born to adolescents under age 15 are of low birth weight compared to fewer than six percent of the babies born to mothers aged 25 to 29, a liability that increases the risk of numerous health problems, including anemia and toxemia. The offspring of adolescent parents also tend to score lower on cognitive tests and to perform less well in school. For example, 30 percent of the children in the National Survey of Children whose mothers were less than 17 were behind the modal grade for a child of their age, compared to about one in ten of the children whose mothers were 25 or older. In addition, several studies have found that the children of teenage parents are more likely to become adolescent parents themselves.

The prevalence of adolescent childbearing results from various social and demographic processes. The number of teens in the population, the proportion of those teens who are married, the incidence of sexual activity among the unmarried, the consistency of contraceptive use, and the effectiveness of the methods used are among the factors that affect the probability of pregnancy. Among those who become pregnant, a number of resolutions are possible, including pregnancy loss, marriage, adoption, and out-of-wedlock motherhood.

These behaviors have been changing at different rates, and some of the changes are moving in different directions. Moreover, it is possible for some of the changes to offset others or for one change to affect the size of the population at risk for another behavior. Consequently, it is necessary to explore an entire range of behavioral factors in order to understand teenage childbearing.

Since the U.S. baby boom extended through the 1950s and peaked in 1957, the number of teenagers in the United States increased throughout the 1970s. Increased numbers plus a trend toward later marriage resulted in a considerably larger popula-
tion of unmarried teenagers. At the same time, premarital sexual activity among teenagers became considerably more common. In 1971, 28 percent of females aged 15 to 19 had had sexual intercourse. By 1982, 30 percent of females aged 15 to 17 had done so.

The proportion of sexually experienced adolescents increases rapidly during the teen years, as data from the National Survey of Family Growth show. Among whites in 1982, the proportion ever having had intercourse rose from 18 percent at age 15, to 29 percent at age 16, 40 percent at 17, 55 percent at 18, and 69 percent at age 19. Among blacks, the proportions are higher—28, 42, 55, 77, and 82 percent respectively.

Black teenagers are particularly likely to be at risk of premarital pregnancy. Among 18 to 19 years olds, 97 percent of black females as compared to 83 percent of white females are unmarried. Moreover, at age 19, 81 percent of never married black females have had premarital intercourse, compared to 64 percent of never married white females.

It should be noted that most teenagers do not have intercourse frequently. Data for 1979 indicate that four in ten of those who had ever had sex did not have intercourse during the previous month; only one in five had sex on six or more occasions. Clearly if frequency approached that of married couples, pregnancy risk would be even higher.

Among white females aged 15 to 19 in 1982, 37 percent of all births occurred outside of marriage, up from 18 percent in 1970. This increase almost pales in comparison to the proportion—87 percent—found in 1982 among black females the same age.

The increased number of pregnancies to teenagers during the 1970s has not translated into an increase in the number of births to teenagers. In fact, the number of births to teens aged 15 to 19 fell from roughly 644,700 in 1970 to 527,400 in 1981, and again in 1982 to 513,800. The degree of decline has been slightly greater among older teens, however. Among the oldest teens, aged 18 to 19, births have declined by 21 percent (from 421,118 in 1970 to 352,596 in 1982), compared to a 16 percent decline among teens 15 to 17 (from 223,590 to 187,397), and a 17 percent decline among teens under age 15 (from 11,752 to 9,773).

Although the total number of births to teens has fallen, there have been important changes in the marital status distribution of those births. As noted, in 1970, 30 percent of the births to females under age 20 occurred outside of marriage. By 1981, the proportion had risen to 51 percent. Between 1970 and 1981, the absolute number of marital births to teens fell by approximately 200,000 while the number of non-marital births rose by 70,000.

Some of the most striking race differences are in the proportion of births that occur outside of marriage. Among white females aged 15 to 19 in 1982, 37 percent of all births occurred outside of marriage, up from 18 percent in 1970. This increase almost pales in comparison to the proportion—87 percent—found in 1982 among black females the same age.

Not only has the incidence of out-of-wedlock childbearing risen substantially during recent years, but the proportion of unmarried teens who give their babies up for adoption seems to have fallen, in part due to a greater acceptance of out-of-wedlock motherhood. No reliable national data on adoption are available to document this assertion and thus the magnitude of the change cannot be quantified. However, the direction of the change seems certain judging from the unanimity of the anecdotal evidence and the difficulty that couples currently have in locating an adoptable child.

The end result of having more teenagers, fewer married teenagers, and a higher proportion experiencing intercourse, even infrequently, has been a substantial increase in the number of youth at risk for experiencing a premarital pregnancy during their teen years. What factors predict which teens will initiate sex?

Generally, the closer a source of influence is to the adolescent's life, the greater the influence to be expected. Thus it is not surprising that studies of the effect of societal variables such as welfare policy have shown little impact on teens' sexual behavior. The level of welfare benefits, for example, appears neither to encourage nor discourage early sexual activity. (In fact, national survey data indicate that fewer than one in five adolescent pregnancies are intended for any reason.) Similarly, there is as yet no evidence that the availability of family planning services encourages the early initiation of sex. In addition, studies of sex education have found that while students typically gain in knowledge and become more tolerant of others as a result of sex education, enrollment has little impact on their own sexual behavior.

Family characteristics seem to be more important than external influences affecting teenagers. Researchers have repeatedly shown that adolescents from relatively affluent families, and from intact families, are less likely to place themselves at risk of an early pregnancy. Related research currently focuses on the importance of parental/child communication, parental modeling and supervision, provision of rewards and punishments for
behavior that is approved or disapproved, and a family value system that opposes early sexual activity or parenthood.

Of course, the stronger the external pressures, the stronger family influences need to be to counteract such pressure. In certain communities, the influence of the peer culture in the neighborhood simply overwhelms some families. In this regard, black teens exhibit a disproportionately high incidence of early sexual activity in part because of their disproportionate representation in families of low socioeconomic status, in single parent families, and in impoverished neighborhoods.

Of those teens having sexual intercourse, perhaps one in ten has sexual intercourse only once and then stops for many years. For the majority who have sex more or less regularly, the probability of pregnancy rests on their fecundity and their use of contraception. Although sub-fecundity, perhaps due to venereal disease, does seem to be on the rise, most American teenagers seem to be fully fecund by their fifteenth year. Very young teens who rely on their infertility to keep them from becoming pregnant sometimes end up getting caught when full fecundity arrives. Most premarital teenage pregnancies occur, however, within six months of first intercourse (according to research by Laurie Zabin, John Kantner, and Melvin Zelnik).

Only a minority of teens seem actively to desire pregnancy. What appears to be missing for many is sufficient motivation to avoid it.

The number of pregnancies need not inevitably rise as a result of more frequent premarital intercourse, but avoiding such an increase requires an offsetting improvement in the frequency and effectiveness of contraceptive use. A large percentage of sexually active teens delay the initiation of contraceptive use, rely on ineffective methods, or employ their methods incorrectly or

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>Number of Total Births and Out-of-Wedlock Births, Percent of Teen Births Out-of-Wedlock, and Percent of all Births to Teens By Race.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Number of Births to Females Under Age 20</td>
</tr>
<tr>
<td>1982</td>
<td></td>
</tr>
<tr>
<td>All Races</td>
<td>523,531</td>
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<tr>
<td>White</td>
<td>362,101</td>
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<tr>
<td>Black</td>
<td>145,929</td>
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<tr>
<td>1970</td>
<td></td>
</tr>
<tr>
<td>All Races</td>
<td>656,460</td>
</tr>
<tr>
<td>White</td>
<td>467,928</td>
</tr>
<tr>
<td>Black</td>
<td>179,100</td>
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</tbody>
</table>
TABLE 2
Teenage Birth Rate and Out-of-Wedlock Birth Rate, by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Birth Rate (Births Per 1,000 Females Aged 15 to 19)</th>
<th>Out-of-Wedlock Birth Rate (Births per 1,000 Unmarried Females Aged 15 to 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Races</td>
<td>53</td>
<td>68</td>
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<tr>
<td>White</td>
<td>45</td>
<td>57</td>
</tr>
<tr>
<td>Black</td>
<td>97</td>
<td>148</td>
</tr>
</tbody>
</table>

Inconsistently. While some increase in the use of contraception did occur during the 1970s, the improvement did not compensate for the increased size of the population at risk. Consequently, the number of pregnancies among females aged 15 to 19 rose from an estimated 840,000 in 1970 to 1,120,000 in 1981. However, considering only sexually active teenage females, the rate of pregnancy seems to have remained fairly stable during the 1970s and perhaps even to have fallen.

The primary reason for the high incidence of pregnancy among sexually active American teenagers is their late, inconsistent, and incorrect use of contraceptives. Very few teens fail to practice contraception because they are unaware that such a thing exists. Johns Hopkins professors John Kantner and Melvin Zelnik found that nearly all of the females interviewed in a 1971 national survey had heard of birth control pills. However, misinformation about other forms of contraceptives is widespread. Many teens have inordinate fears of contraceptive side effects, lack awareness of how and where to obtain a method, underestimate the effectiveness of current methods, and/or fear that their parents will be told if they visit a family planning clinic or doctor.

Contraceptive use is relatively low among both white and black teens, but constitutes a particular problem among black youth. In part this is due to the fact that black adolescents are younger when they begin having sex, and younger teens are generally less likely to use birth control. However, at any given age, blacks are somewhat less likely to use contraceptives. For example, among females 15 to 19 in 1979, 24 percent of white females reported never practicing contraception, compared to 36 percent of black females. Because black teens are more likely to be sexually active and because they are less likely to employ contraceptives, they are considerably more likely to become pregnant. Thus one in four black 17-year-olds have been pregnant, compared to one in ten whites the same age.

Only a minority of teens seem actively to desire pregnancy. What appears to be missing for many is sufficient motivation to avoid it. While education about how pregnancy occurs and can be prevented is crucial to implement prevention, as are family services, it has become clear that motivation is needed as well. If the motivation to avoid parenthood is not present, programs and services will be ignored. Thus an effective prevention program would have to address the need for information, services, and motivation.

In-depth interviews with teenagers conducted by Hannah Meara indicate that those teens who have managed consistently to practice contraception are those who pursue personal goals with considerable determination. Those who never consistently or properly used a method or who experienced a pregnancy before using contraceptives tended to have disorganized and in some cases “nightmarish” lives. A number of researchers have found that the young women most likely to become pregnant are those who lack high educational aspirations.

There are many complex reasons that might explain the failure of teenagers to use contraceptives. The difficulty of simultaneously managing the initiation of a sexual relationship and negotiating the rules of birth control use seems to overtax the capacity of many younger adolescents. Many teens, wishing to maintain at least the facade of spontaneity, may fear that any act of preparation would brand them as having planned to have sex.

Many studies have documented the importance of the male in encouraging premarital sex regardless of contraceptive use. Unfortunately, little is known about what motivates—or fails to motivate—the young male, primarily because researchers have tended to focus on females but in part because high school-age males have been found to be uninterested and hard-to-study respondents. Because the occurrence of an untimely birth is more likely to interfere with a young woman’s educational or
occupational plans, one would anticipate such aspirations to be a stronger influence on young females.

The heterogeneity of American culture with all its racial, ethnic, and socioeconomic subgroups has made it difficult to develop an integrated approach to reducing teenage pregnancy.

Teenagers who do give birth more often intended to become pregnant, are apt to feel a religious or moral obligation to carry their pregnancy to term, or already have marriage plans. They are less likely to have higher educational aspirations. Whether a pregnancy can be resolved in marriage is affected, of course, by the availability of the father for marriage. Given high unemployment among young men in general and among minority youth in particular, this form of resolution may not be feasible for many young women.

The heterogeneity of American culture with all its racial, ethnic, and socioeconomic subgroups has made it difficult to develop an integrated approach to reducing teenage pregnancy. Many approaches are possible. Sweden has achieved pregnancy rates far below the U.S. in a liberal social climate while Japan has maintained low rates in a very traditional setting that discourages premarital intercourse. But both these countries have very homogeneous populations. The U.S., by contrast, needs to develop multiple strategies tied to the cultural mores of individual subgroups.

Although teens often describe becoming an adolescent parent as if it were a one-step process (“I couldn’t say no!”), there are in fact a number of decision points that are traversed along the way—points broadly demarked by sexual activity, pregnancy, and pregnancy resolution—as described above. Moreover, the influences that affect the behavior of teens differ at different decision points. Consequently, the process framework that has organized this discussion can also be used to explore the potential of varied policy approaches.

It seems clear that intervention is easier and less costly when it occurs earlier in the decision-making process and closer to the individuals involved—that is, before pregnancy and within the family or local community, rather than after pregnancy or at the national level. Programs that encourage teens to make conscious and rational decisions about becoming sexually involved and that strive to develop a sense of individual responsibility are to be encouraged; however it seems unlikely that any federal effort is going to have an impact comparable to that initiated by parents, churches, local schools, or community self-help groups.

Concerning pregnancy prevention, it seems clear that access to family planning services does reduce the incidence of unwanted pregnancy among adolescents. Low-cost, accessible, and private services need to be maintained. However, mere provision of services will only reduce the barriers so that the moderately motivated will seek services along with the highly motivated. Those with low motivation need to find some reason that makes preventing pregnancy worth the effort. This motivation might come, for males, from the fear of making child support payments for 18 years. Alternatively, it could arise from a realization that early parenthood poses true social and economic costs for the individual teen. For the latter perspective to work, it needs to be in some sense true: adolescents who believe that early parenthood represents no cost to them in terms of getting an education or a decent job lack the reason to postpone parenthood that most middle-class teens have. Thus, perhaps surprisingly, part of the answer to reducing the incidence of teenage parenthood may lie in improving schools and job opportunities.

End Notes


4. For further discussion of these increases, see Kristin A. Moore, Margaret Simms, and Charles Betsey, Choice and Circumstance: Race Differences in Adolescent Sexuality and Fertility (New Brunswick, N.J.: Transaction Books, forthcoming).


8. Moore, Simms, and Betsey, op. cit.


10. Moore and Burt, op. cit.