

Teenaged childbearing and welfare policy

I am not suggesting that the problems of teen pregnancy or welfare reciprocity are caused only by the women themselves. The social and economic environments of adolescents, the choices of their parents and those of the fathers of their children also play a role. Teen pregnancy, birth, and welfare rates are affected by what happens in families, in schools, in the health care adolescents obtain, and in employment policies for women, low-income families, and for youth in general.

Sandra Danziger, "Breaking the Chains"
(see box), p. 4

In the 1970s the birthrate among teenagers in the United States was one of the highest in the Western world. The U.S. rate—52 births per thousand women under 20—contrasted with 5 for Japan, 18 for West Germany, 23 for Denmark, France, and Ireland. It was higher than the teen birthrate in such nations as the Philippines, Greece, and Italy.¹ Yet even this high rate represents a decline. For black teenagers births have dropped from a high of 156.1 per thousand in 1960 to 97.0 in 1982 while the drop for whites has been from 79.4 in 1960 to 44.6 in 1982.² The number of births to teenagers has dropped as well, in part because of the declining birthrate, but also because the number of teenagers—the tail end of the baby boom—has been declining.

Why then, one may ask, is there continued—indeed increasing—alarm over the problem? The reason for the concern is that those teenagers who are bearing children are more and more likely to become single mothers. In 1982, 87 percent of births to black teenagers and 37 percent of births to white teenagers were to unwed mothers, whereas in 1970, the percentages were 44 for blacks and 17.5 for whites.³ Teenaged mothers are both more likely than in the past to be unmarried and to choose to keep their children, whether or not they have adequate incomes.

The connection between single parenthood and poverty has been well documented.⁴ Teenage women who become single parents face even bleaker prospects than older single parents. Those who start childbearing at an early age tend to have larger families, fewer years of education, and less experience in the work force than women who have children after

the age of 20. They are therefore more likely than others to require welfare. In 1975, 70 percent of all women under age 30 receiving Aid to Families with Dependent Children (AFDC) had borne their first child as teenagers.⁵

Teenage mothers-to-be are at greater risk physically than older women. They are more likely to have pregnancy complications and poor prenatal health care.

The prospects for the children of teen single mothers are dismal. Such babies are more likely than others to have low birth weight—an indication of serious health problems throughout childhood—to receive inadequate medical care and nutrition, to grow up in poverty, and to continue the cycle of bearing children at an early age out of wedlock. While most of the children do not experience all of these consequences, many do not escape the circumstances of their birth to a young mother.

Featured Publication

Sandra Danziger, "Breaking the Chains: From Teenage Girls to Welfare Mothers, Or, Can Social Policy Increase Options?" Chapter 5 in Jack A. Meyer, ed., *Ladders Out of Poverty* (Washington, D.C.: American Horizons Foundation, 1986). Also available as IRP Discussion Paper no. 825-86.

Dealing with the problem

In a paper titled "Breaking the Chains,"⁶ Institute affiliate Sandra Danziger examines the chain of events that leads teenagers to become single mothers dependent on welfare. She analyzes the effects of current programs and policies on the behavior of adolescents and assesses what can be done at each "decision point" faced by teenagers to provide alternatives to poverty for mother and child. The four decision points discussed by Danziger, whose multistage analysis of the problem is in line with the conceptualization of other researchers,⁷ are

1. The decision to engage in sexual intercourse.
2. The decision not to use contraception.
3. The decision to resolve a pregnancy through keeping the child.
4. The decision to depend on welfare for income maintenance.

Sexual activity

In 1980, 33 percent of girls aged 15-17 and 70 percent of those who had reached age 19 were sexually active. Early sexual initiation is more likely among girls who are black, who come from low-income families, and whose parents have little education. Factors such as being raised by a single parent in a nonreligious atmosphere and having permissive sexual standards are also thought to be related to early sexual behavior. Low grades in school, few educational expectations, and early physical maturity also evidently play a part. Yet many of these distinctions are beginning to weaken as premarital sexual activity increases among all elements of the teenage population. A survey of United Methodist teens in the North Central United States, for example, showed rates of reported premarital sexual activity among church-going youths that were similar to those for teenagers generally.⁸

Contraception

Among teenage girls who were sexually active in 1980, 33 percent used some form of contraception regularly, 42 percent sometimes used contraception, and 25 percent never used contraception. Of those who engage in premarital sex, the pregnancy rate is one in five. "In fact, 29 percent of sexually active whites and 45 percent of experienced blacks aged 15-19 report becoming pregnant before marriage."⁹

Failure to use adequate birth control seems to be related to individual characteristics. The older a person is at first intercourse, the more likely she or he is to use contraception at that time. Older teen women are also more likely to use a more effective method such as the pill or a diaphragm. Unfortunately there is at present no method of birth control that is suited to the typical patterns of teen sexual relationships, when intercourse is seldom planned and infrequently and erratically performed. Misinformation abounds. Ignorance about the risks of pregnancy and the facts of fertility

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and lack of awareness that low-cost contraception is available from clinics may all play a role in the high rate of teenage pregnancy.

The resolution of pregnancy

The 1.1 million pregnancies of teenagers in 1980 were resolved in the following fashion: 13 percent miscarried, 38 percent were aborted, 4 percent resulted in adoptions, 27 percent resulted in marriages, and 18 percent resulted in single motherhood. The proportion of these pregnancies that eventually lead to single parenthood is higher than these numbers indicate, because teenage mothers are more likely than older women to become separated or divorced.

Although abortion is no longer funded by Medicaid, it remains a significant means for reducing out-of-wedlock births to teenagers, who obtain more than 450,000 abortions annually.¹⁰ Nonetheless, it is assumed that many more teenagers would have abortions if they could obtain them.¹¹

Formal adoption as an alternative to child rearing has declined among white teenagers since the 1970s. It has never been a significant option for black women. Even at the peak period of formal adoption, 1969, when 65-70 percent of unmarried white women resolved their pregnancies this way, only between 5 and 6 percent of black single mothers did so. Informal adoption into an extended family is thought to occur much more frequently among blacks.

Welfare

Approximately 30 percent of teen mothers (including both those who are married and those who are single at the birth of their child) received some form of public assistance in 1984–85. Table 1 presents the proportions receiving public assistance by race and marital status. The table includes not only single parents who live independently, but those who live in subfamilies, usually with their parents or other relatives. It is for this reason that the percentage in poverty (which is based on the income of the entire household) is smaller in some instances than the percentage receiving public assistance. As the table shows, about half of nonwhite and a fifth of white teen mothers received some sort of public assistance.

Table 1

Poverty and Public Assistance Participation of Mothers Aged 16–19, by Race and Marital Status, 1984–1985

	Percentage in Each Marital Status, 1985	Percentage with Incomes at or below Poverty, 1984	Percentage Who Received Public Assistance, 1984–1985
Total: 559,926		32.0%	30.0%
Never married	50.0%	34.6	44.6
Married	44.3	29.7	11.5
Divorced or separated	5.8	28.1	46.5
Whites: 374,943		26.5	20.7
Never married	30.3	27.5	35.7
Married	62.1	26.2	10.6
Divorced or separated	7.7	24.7	43.1
Nonwhites: 184,983		43.4	49.0
Never married	89.7	39.4	50.7
Married	8.2	83.5	24.5
Divorced or separated	2.0	53.8	72.5

Source: Danziger, "Breaking the Chains," Institute for Research on Poverty Discussion Paper no. 825–86, Table 2. Data from the 1985 Current Population Survey Extract, analysis prepared by IRP.

Note: Public assistance includes AFDC, Supplemental Security Income, and General Assistance.

* Hispanics are included in the white and nonwhite categories. Blacks comprise 97 percent of nonwhites.

Programs and policies

Programs, whether public or private, that deal with the cluster of problems leading to teenage mothers on welfare include sex education, family planning and counseling—for adoption or abortion—before the child is born, and child support and numerous counseling and training programs as well as income maintenance (welfare) after the fact. Many of these programs are highly controversial. It has been argued that not only do they not alleviate the problems they are designed to handle, but that they may make matters worse. Danziger reviews the available evidence.

Sex education and family planning

No evidence conclusively links government programs and policies with early onset of sexual activity. Although some studies have found a slight increase in the probability of first intercourse among girls aged 15 and 16 who obtained sex education, and no effect for older teens, another study reported that those who were exposed to sex education classes were less likely to report being sexually active than those who were not.¹² What is evident from the data is that most teenagers engage in premarital sexual activity eventually, whether or not they receive sex education.

Nor is there much evidence to link access to family planning services with onset of sexual activity, since the typical pattern for young women is to delay any visit to a clinic until a year after they become sexually active. Only 14 percent of teens who come to family planning clinics have not yet become sexually active.

If there is doubt as to the effects of such programs on initial sexual activity, the effects of sex education and family planning on increased contraceptive use are unequivocal. One study indicates that there would have been 21 percent more teen births and about 150,000 more abortions per year in the late 1970s in the absence of publicly funded family planning services.¹³ It is estimated that for every dollar spent on family planning services to teens, three dollars were saved in health and welfare costs.¹⁴

Experimental school-based comprehensive health care programs appear to be particularly effective, since attendance at such clinics evidently does not stigmatize a teenager. A study of such a program in some Baltimore schools found that pregnancy rates in the experimental schools dropped at the same time that pregnancy rates in the other schools continued to rise.¹⁵

It has been suggested that lack of Medicaid funding for abortion and lack of funding for prenatal care and delivery in the case of a planned adoption provide incentives for young women to keep their babies and obtain AFDC. It has also been suggested that the availability of AFDC benefits may encourage childbearing. But studies comparing AFDC benefit levels in different states with birthrates among teens found no connection between the two.¹⁶ It does appear, how-

ever, that welfare enables some single mothers to live in separate households rather than as subfamilies with their parents.¹⁷ Living on their own, these teenagers may be less likely to continue their schooling, and thus the length of their welfare dependency may be extended. These effects, however, have been found to be quite small.

Child support

In 1968 the Supreme Court ruled that children born to unmarried parents had the right to paternal support. Over the years, especially since the 1984 federal child support enforcement amendments, enforcement measures have become more stringent. At present, however, the advantages of child support enforcement for teen mothers and their children appear to be quite small, since paternity is adjudicated in only a small number of births to teens and teen fathers are seldom in a position to contribute in any meaningful way to the economic well-being of their children. Data from Wisconsin suggest that less than one-fifth of teen single mothers get paternity adjudicated in court. Although three-quarters of these obtain court orders for support, the absent fathers pay only about one-third of what they owe in child support. Greater efforts to legally establish paternity should benefit the children of teen mothers in time, as their fathers become wage earners. Under the Child Support Assurance Program, now being developed in Wisconsin, a public subsidy will be provided to the child if the contribution of the father falls below a minimum level.¹⁸

Teen parent programs

Many projects have been directed at the needs of teen parents and their children: counseling and family planning, pediatric care and general health care, education in parenting, and job training. Most such programs are short term, and few studies of their effectiveness have been carried out. Some initial results, however, are consistent with expectations: prenatal care produces healthier babies, as do nutritional services and pediatric care. Child care services enable teen mothers to return to school. Children benefit from the education in parenting that their parents receive. Yet none of the programs seem to have succeeded in lowering subsequent pregnancy rates of teen mothers. Several experimental projects are under way that emphasize employability, training, and education so as to reduce long-term welfare dependency.

Recommendations to increase the options

Using her review as a base, Danziger offers several suggestions for dealing with the problems of teen pregnancy and welfare dependence.

Before pregnancy

Physical sexual maturity is occurring at increasingly younger ages while social maturity is more and more delayed. Furthermore, teenagers are greatly influenced by their peers and are not very receptive to advice from their parents. Developmental psychologists are proposing, therefore, that young adolescents should be taught rational thinking to enable them to make thoughtful decisions about their sexual behavior and relationships. Such programs have the potential for reducing pregnancy without teaching or promoting activities (such as birth control) that are objectionable to some segments of the population.

Programs that increase the aspirations of youth can also be expected to encourage them to postpone parenthood. Vocational education as well as better educational and employment opportunities generally for both teen women and teen men will provide attractive alternatives to welfare reciprocity.

Birth control clinics and contraceptive devices, if readily available to all who require them, in a setting (such as a school clinic) that does not single out the sexually active, also seem promising.

Though still controversial, sex education is likely to expand. In October 1986 the Surgeon General endorsed sex education courses starting at the earliest possible grade to prevent children from exposure to AIDS. We may expect, as a result of the response to this incipient disaster, to see some diminution in the birthrate to unmarried teenaged girls.

After conception

All options, including adoption and abortion, should be available to a pregnant teenager. Information should be provided on the father's legal and financial responsibilities and obligations, regardless of marital status. When mothers choose to keep their children, more paternities should be adjudicated and more child support orders sought—early in the child's life. Fathers should be encouraged to become involved in rearing their children.

Possibilities for teenagers on welfare

Efforts should be made to reduce the length of time teenaged mothers require public assistance. Education and training should be promoted by providing child care and by encouraging teenaged mothers to remain with their families of origin rather than choosing to live on their own. Welfare-type training programs should be offered to mothers of very young children. Family planning should be available to reduce subsequent pregnancies. Fathers who live with and/or contribute to the support of their children should be extended remedial education and job training.

Conclusion

Historically the birth of a child has been a statement of affirmation—a belief in the future. Teenagers who have children through ignorance, carelessness, or passivity, in a society in which they have few opportunities, deprive not only themselves but their children of a future. Because it is more difficult and more expensive for society to remedy the problems of teenaged mothers than it is to prevent teenagers from becoming parents before they have had a chance to grow up, Danziger puts great stress on means of prevention. Teenagers should be encouraged to value their own capabilities as well as the futures of their children enough to postpone motherhood until they are mature. To do this they require better alternatives in terms of employment opportunities, motivation, sex education, contraception, health care, and counseling. ■

¹ Alan Guttmacher Institute, *Teenage Pregnancy: The Problem That Hasn't Gone Away* (New York: Alan Guttmacher Institute, 1981), p. 23.

² Kristin A. Moore, Margaret C. Simms, and Charles L. Betsey, *Choice and Circumstance: Racial Differences in Adolescent Sexuality and Fertility* (New Brunswick, N.J.: Transaction Books, 1986), p. 12, Table 2.3.

³ *Ibid.*, pp. 11, 14.

⁴ See, for example, Irwin Garfinkel and Sara S. McLanahan, *Single Mothers and Their Children: A New American Dilemma* (Washington, D.C.: Urban Institute Press, 1986), Chapter 2.

⁵ Kristin A. Moore and Martha R. Burt, *Private Crisis, Public Costs: Policy Perspectives on Teenage Childbearing* (Washington, D.C.: Urban Institute Press, 1982), pp. 108–109.

⁶ Sandra Danziger; see box. Unless otherwise noted, the data in this article are from the Danziger report. The page numbers refer to the IRP Discussion Paper.

⁷ Danziger, p. 2, mentions specifically Louise Flick, "Paths to Adolescent Parenthood: Implications and Prevention," *Public Health Reports*, 101 (1986), 132–147; and Moore and Burt.

⁸ Alan Guttmacher Institute, p. 9.

⁹ Danziger, p. 5, reporting data from Moore, Simms, and Betsey, p. 24.

¹⁰ Moore, Simms, and Betsey, p. 59.

¹¹ *Ibid.*, p. 62.

¹² Danziger, pp. 7–8, citing the following studies: William Marsiglio and Frank Mott, "The Impact of Sex Education on Sexual Activity, Contraceptive Use and Premarital Pregnancy among American Teenagers," *Family Planning Perspectives*, 18 (1986), 151–162; Debra Dawson, "The Effects of Sex Education on Adolescent Behavior," *Family Planning Perspectives*, 18 (1986), 162–170; and Frank Furstenberg, Kristin A. Moore, and James Peterson, "Sex Education and Sexual Experience among Adolescents," *American Journal of Public Health*, 75 (1985), 1331–1332.

¹³ Jacqueline Forrest, Albert Hermalin, and Stanley Henshaw, "The Impact of Family Planning Clinic Programs on Adolescent Pregnancy," *Family Planning Perspectives*, 13 (1981), 109–116.

¹⁴ Mary Chamie and Stanley Henshaw, "The Costs and Benefits of Government Expenditures for Family Planning Programs," *Family Planning Perspectives*, 13 (1981), 117–124.

¹⁵ Danziger, p. 18, citing Laurie Zabin, Marilyn Hirsch, Edward Smith, Rosalie Streett, and Janet Hardy, "Evaluation of a Pregnancy Prevention Program for Urban Teenagers," *Family Planning Perspectives*, 18 (1986), 119–126.

¹⁶ Danziger, p. 22, citing the following studies: David T. Ellwood and Lawrence H. Summers, "Poverty in America: Is Welfare the Answer or the Problem?" in Sheldon H. Danziger and Daniel H. Weinberg, eds., *Fighting Poverty: What Works and What Doesn't* (Cambridge, Mass.: Harvard University Press, 1986); Jacqueline Forrest, "The Impact of U.S. Family Planning Programs on Births, Abortions, and Miscarriages, 1970–1979," *Social Science and Medicine*, 18 (1984), 461–465; Edward Brann, "A Multivariate Analysis of Interstate Variation in Fertility of Teenage Girls," *American Journal of Public Health*, 69 (1979), 661–666; and Moore and Burt.

¹⁷ Danziger, p. 26, citing Robert Hutchens, George Jakobson, and Saul Schwartz, "Living Arrangements, Employment, Schooling and Welfare Reciprocity of Young Women," IRP Special Report no. 40, August 1986.

¹⁸ For a description of the plan see *Focus* 9:1.

Recent Institute Publications on Single-Parent Families

David Ellwood, "Working Off of Welfare: Prospects and Policies for Self-Sufficiency of Women Heading Families," IRP Discussion Paper no. 803–86.

Robert Hutchens, George Jakobson, and Saul Schwartz, "AFDC and the Formation of Subfamilies," IRP Discussion Paper no. 832–87.

Thomas Kniesner, Marjorie McElroy, and Steven Wilcox, "Family Structure, Race, and the Feminization of Poverty," IRP Discussion Paper no. 810–86.

Sara McLanahan, "Family Structure and Dependency: Early Transitions to Female Household Headship," IRP Discussion Paper no. 807–86.

Sara McLanahan, Irwin Garfinkel, and Dorothy Watson, "Family Structure, Poverty, and the Underclass," IRP Discussion Paper no. 833–87.
