

Cause for Alarm?

Understanding Recent Trends in Teenage Childbearing

by Frank F. Furstenberg

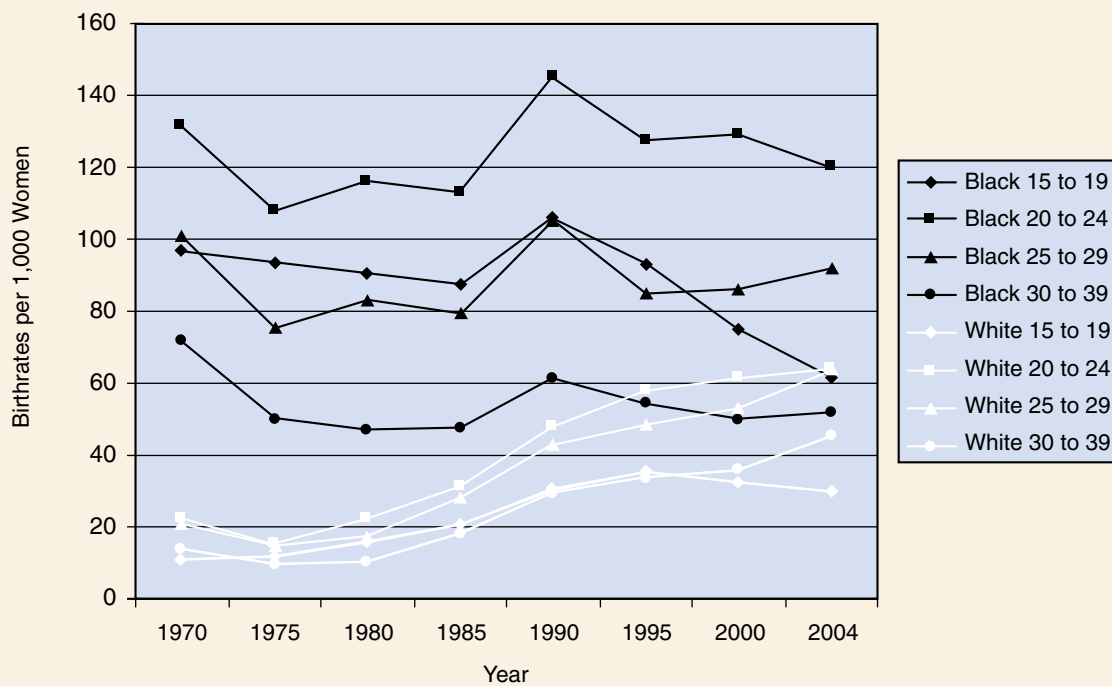
Teen pregnancy is back in the news. After 15 years of decline, the trend in teen birth rates ticked upward in 2006. Coupled with the ongoing media spotlight on the popular film *Juno* and the pregnancy of Britney Spears' younger sister, we're once again wringing our collective hands over kids having kids. But are these concerns really warranted? To what extent does teen pregnancy lead to mothers' and children's long-term poverty? Have policies adopted to deter early childbearing been effective in discouraging teens from having children before they are ready to shoulder the responsibilities of parenthood? To answer these questions, it's necessary to put the issue in proper historical context, and to cast a sober eye on existing policies that were employed to keep rates of teenage childbearing low.

Teenage childbearing first emerged as a public issue in the mid-1960s in the wake of the baby boom era. After the median marriage age for women dipped to 20 years in the late 1950s,

the trend reversed, and Americans began marrying later and later. By 2006, the median age at marriage had risen to nearly 26 years. The rise in median age was occasioned in part by the decline of well-paying manufacturing and union jobs that undercut the time-honored practice of "shotgun weddings." No longer were pregnant teens prepared to marry the fathers of their children when the men lacked good jobs or prospects of getting them in the immediate future. These weddings were partly responsible for the low median marriage age in the United States in the middle of the previous century. Today, shotgun weddings have become archaic; rather few teenage or even older couples now wed merely because of a premarital pregnancy.

While early marriage became less practical and desirable, sexual activity during the teen years continued, and younger women in the 1960s and 1970s practiced contraception poorly (if at all). The inevitable result of the decline in teenage marriage was a rising *proportion* of out-of-wedlock births among teenagers, especially among low-income minorities, even

Figure 1. Birthrates among Unmarried American Women by Race and Age, 1970 to 2004



Source: Centers for Disease Control and Prevention (2000); author's compilation of national vital statistics data from 2000 to 2004.

though the *rate* of non-marital births (per 1,000 unmarried women, ages 15–19) has fluctuated but not increased over the past several decades. (See Figure 1.) Driving the attention, then, was not an increase in the propensity of teens to become pregnant but a much lower likelihood of marriage when they did. Nonetheless, by the 1970s, teenage childbearing was declared by reproductive health advocates as an “epidemic” and by critics of more permissive sexual standards as a crisis for the American family.

In the clarity of hindsight, teenagers were merely the leading edge of a significant change in family formation—the decline of marriage and the rise of non-marital fertility in the United States and throughout much of the Western world, as Figure 1 shows. Over time, the trend first most conspicuous among black teens became increasingly prevalent among white teens and then among all women in their 20s and even 30s. Recent decades have seen declines in non-marital childbearing among blacks, especially black teenagers, while rates for white women have risen.

Nearly all observers, myself included, initially saw this trend in non-marital childbearing among teenagers as ominous. Across the political spectrum, social scientists and policymakers claimed on the basis of existing evidence that early childbearing contributed substantially to creating and sustaining long-term poverty and social disadvantage. Having a baby before social maturity, many early reports claimed, greatly increased the odds of dropping out of school and entering low-wage work or public assistance. In growing numbers, policy experts began to argue that reducing teenage childbearing was a powerful strategy for curtailing the cycle of social disadvantage. Sharp disputes have also emerged across the political spectrum over proper prevention strategies, and I’ll return to these differences later. But first I want to question the evidence underlying the conventional wisdom that childbearing early in life destines young women, their partners, and children for a life of disadvantage.

While it would be inaccurate to declare the conventional wisdom wholly wrong, a growing body of research indicates that it is surely exaggerated and increasingly disconnected from the policies that have been devised to curb early childbearing. Although teenage childbearing may contribute modestly to economic and social disadvantage, it is certainly not *the*, or even *a*, major cause of poverty for teenage mothers or their children. On the contrary, the main causal pathway likely works in the opposite direction: That is, persistent poverty is one of the primary causes of this nation’s high levels of teenage childbearing.

The Baltimore Study

Some 40 years ago, I began following the lives of several hundred teen mothers in Baltimore. The participants were mostly black, poor or near poor, and under 18 when they became pregnant. They all delivered their babies at a single hospital that drew from a broad catchment area including but not restricted to inner-city neighborhoods. As far as I could discern, their demographic characteristics closely matched the larger population of teen mothers in the city and generally fit the profile

of teen mothers living in other metropolitan areas. Over the decades, the women were interviewed seven times and, in the later stages of the study, I conducted in-depth conversations with a subsample of the participants.

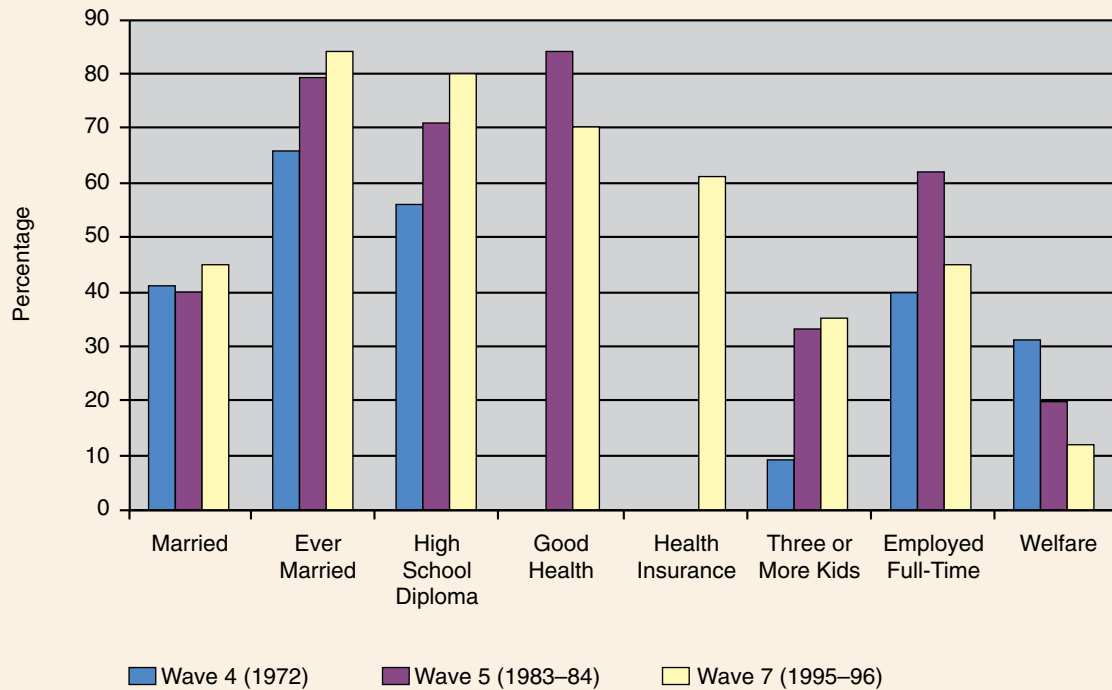
Predictably, in the early stages of the study, many of the women floundered. Many failed to graduate from high school in the early years of the study. Most had trouble gaining a foothold in the labor market, and nearly two-thirds had spells of relying on public assistance. Although a majority married in the first five years following the childbirth, usually to the fathers of their children, most of the marriages failed to survive. Only one in five of those who wed their children’s fathers remained married throughout the first-born’s childhood, and marriages contracted with non-fathers were even less stable. Despite their stated intentions and desires, most of the women had another child within two or three years of their first birth. Compared with their classmates, the women were experiencing distinctly more social and economic problems. So the profile of teen mothers derived from the early interviews gave every indication that most women and children were headed for a life of long-term disadvantage.

It was a something of a shock, then, to discover that this projection turned out to be largely inaccurate. Later interviews from the Baltimore study revealed that most of the teen mothers made substantial strides in their adult years (see Figure 2). Many returned to school either to graduate or earn a GED, and by their 40s, 10 percent had graduated from college. Most curtailed their fertility after a second or third birth. Over half became sterilized in their mid and late 20s, sometimes despite considerable opposition from the medical profession. Stable marriages continued to be elusive, but as single mothers, most of the women became self-supporting. Less than a sixth of the pool of women became chronic welfare recipients, and most of those who did suffered from serious cognitive, educational, physical or mental deficits, many of which predated the birth of their first child. Compared with a national sample of women with similar demographic and family characteristics, the teen mothers in Baltimore were only modestly worse off in later life than their counterparts who had begun childbearing after their teen years.

As for their first-born children, the picture is somewhat less clear. This much I can say. Slightly more than a third of the daughters became teenage mothers. Most of these daughters were faring surprisingly well by their late 20s. Compared with the daughters, the first-born sons were displaying many more problems in early adulthood. Close to half of the sons had dropped out of high school, and many had spent time in prison. What is more difficult to judge from this study and others like it is whether their mother’s age when they were born contributes at all to these struggles.

The results of my study are far from unique. The few other long-term longitudinal studies that exist reveal similar trajectories of recovery among teen mothers. All point to a high level of resiliency among early childbearers and, at least, their female offspring. This research seems to suggest that, while the short-term impact of childbearing can be highly disruptive to the lives

Figure 2. Characteristics of Teenage Mothers, 1972 to 1995–96 Across Time, Weighted for Attrition (N = 197)



of some women, teenage motherhood is not nearly as potent a source of disadvantage as many policy makers have believed. Apart from the remarkable determination of many teen mothers to get back on track, there is another reason some of the early studies on the consequences of teenage childbearing were misleading. They simply did not take adequate measure of the “selective recruitment” of unplanned parenthood—the distinctive characteristics of teenagers who have sex early in life, fail to use contraception reliably, and bring pregnancies to term. Prior to becoming pregnant, such teenagers are likely to have poor school performance, mental health problems, and the like.

Over the past decade and a half, economists, demographers, and sociologists have had a field day trying to measure the impact of early childbearing after taking account of selection. Disagreement remains in the literature on the precise magnitude of the impact, but almost everyone agrees that the size of the effect of the timing of first birth falls somewhere between minimal and modest depending on which outcome is examined. To put it differently, if young women from poor, minority communities delay their first birth by five years on average, it would do relatively little to change their economic fortunes in later life or to improve their chances of entering and maintaining a stable union. This is not to say that reducing teenage childbearing is not a worthy enterprise. Relatively few teens plan to become pregnant or are happy when conception occurs, but it turns out that reducing teenage childbearing is a rela-

tively blunt instrument for improving the economic or family fortunes of the disadvantaged.

Teenage Childbearing and Public Policy

In my recent book on this topic, I trace three lines of public policy that were predicated on the assumption that early childbearing was strongly implicated in the intergenerational transmission of social disadvantage: welfare reform, marriage promotion, and abstinence promotion. Welfare reform was in part justified as an approach to removing the “incentives” for early childbearing. Charles Murray, among many others, argued that the welfare system encouraged early and out-of-wedlock childbearing. Some proponents of welfare reform have pointed to the decline in teenage childbearing, especially among black women, as evidence of its success. However, the decline in early childbearing began fully five years before Temporary Assistance for Needy Families was passed (much less implemented). Evidence from state-level comparisons designed to reveal the impact of rules and restrictions on teen childbearing and out-of-wedlock parenthood either show no effects or very modest impacts. Qualitative data from my study and others that included interviews with young parents reinforce the impression that public assistance did not provide incentives for childbearing. What two researchers referred to years ago as “the myth of the brood sow” was, in fact, a fictitious account of why teenagers and poor women more generally have children out of wedlock.

Marriage promotion, a central policy of the current administration, seems unlikely to be very effective. The policy is predicated on the assumption that persuading couples to marry will improve their own prospects and the well-being of their children. Nothing from my study or the work of others who have tried to measure the impact of birth timing on marriage prospects seems to support this notion. The women who married and remained in stable unions—a very small percentage of all those who ever wed—certainly did better than those who did not, but that result occurred largely because they and their partners had more resources and commitment from the start. And, as I mentioned earlier, even among those who wed their child's father, only one marriage in five survived until the child was 18. Indeed, the likely breakup of these unions only created further flux in the family lives of the women and children.

I would not place high hopes on this nation's ability to counsel unwed couples with children sufficiently well to achieve stable and lasting marriages. At the margins, counseling couples may help, but it is difficult to imagine that such programs will be intense and long-lasting enough to make a sizable difference in the high rate of union dissolution. There are some ongoing experiments of programs designed to do just that, and we would be wise to await their results before pronouncing marriage promotion as a failure. However, I would be extremely surprised, pleasantly so, if this policy turns out to be an effective recipe for creating stable families and thereby reducing poverty.

A third direction of public policy has been to discourage early childbearing by promoting sexual abstinence during the teen years. Based on the premise that there is no effective way of preventing early childbearing except by getting teens to defer sexual activity, this approach has been one of the hallmarks of the conservative movement. Looking at all of the available information, it is probably not too soon to conclude that abstinence promotion is both retrogressive and a dismal failure.

According to data collected by the Guttmacher Institute, there has been a decline over the past decade in school-based sex education programs that explicitly discuss contraception. It appears that we have actually been back-peddling in providing preventive and reproductive health services to adolescents because many conservatives believe these services encourage promiscuity. However, virtually all the random-assignment evaluations of programs aimed at promoting abstinence have shown that they are unsuccessful in getting teens to postpone sexual activity. This finding is consistent with national data collected by the Centers for Disease Control (CDC) indicating that patterns of sexual activity have remained relatively stable during the past decade even as federal and state governments promoted the virtues of sexual abstinence. There has been a slight drop in the number of teens who have ever had intercourse, but the number of those who have had intercourse in the past three months remains unchanged. Moreover, a substantial number of teens continue to engage in unprotected sex. Recent data

released by CDC indicates that about a quarter of teenage girls who have ever had sex have an STD.

Our benighted approach to prevention—advocating abstinence while limiting exposure to contraceptive education—may also be implicated in the recent uptick in teenage childbearing. For the first time in 15 years, rates of teenage childbearing rose, and the increase was substantial, occurring among all ethnic groups. We cannot know for sure that the policies of the current administration explain this change or even that it is the beginning of a reversal of the long-standing decline in the rate of early childbearing. Nonetheless, we can conclude, I believe, that “abstinence only” has not worked to deter sexual activity, STDs, pregnancies, or childbearing. Whatever one believes about the costs of early childbearing or its link to long-term poverty and family instability, “abstinence only” programs have been a policy disaster.

None of the three approaches to pregnancy prevention among teens mentioned above appears to be a successful strategy for reducing either teenage childbearing or poverty. The apparent “causal” link between early childbearing and long-term poverty is questionable. If anything, the link probably mostly operates in the reverse direction: Persistent poverty may foster conditions that elevate higher levels of unintended childbearing, especially among teenagers.

If we want to work on reducing teen childbearing—and I think we do—we should adopt a more realistic approach to preparing teens to make wiser decisions if and when they do enter sexual relationships. This is far from impossible. Most other countries in advanced economies treat this decision less as a moral dilemma than a public health problem. They actively promote safe sex through condoms and advocate reducing unwanted pregnancies by educating the young to use contraception and by making services readily available. Their levels of sexual activity among teens are no higher than the levels in the United States and, generally, they have lower rates of unintended pregnancies and abortions.

Strengthening reproductive health services for teens will help curtail the level of unintended pregnancy among young, unmarried women, but it will not help much to improve their fortunes in later life unless they are able to put the delay in parenthood to their advantage. This means that we must craft more effective policies at keeping youth in school, improving their educational attainment, and increasing the payoff of employment when they enter the workplace. Then, and only then, will we begin to see a connection between postponement of parenthood and the reduction of poverty. ■

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