Teenage Pregnancy Essay, Research Paper

Teenage pregnancy and out-of-wedlock childbearing were central issues in the debate over welfare reform. They are frequently seen as both the cause of increased welfare costs and caseloads over the last 25 years, and the result of the welfare system itself.

Out-of-wedlock births among teenagers have increased dramatically in the last several decades and now account for almost 70% of all teenage births. Yet, trends in teenage sexual activity and childbearing reflect broader trends in sexual and reproductive behavior among women of all ages and income levels. Women age 20 and older, for example, account for more than three-quarters of the unintended pregnancies and abortions that occur each year in the United States. Moreover, despite the sharp increase in teenage out-of-wedlock births, the increase has been even greater among older women. As a result, teenagers account for a much smaller proportion of out-of-wedlock births today than they did in the 1970s.

Contrary to what I previously thought, only 5% of mothers on welfare are teenagers, and just 1%, or about 32,000, are under age 18. However, a large proportion of women who begin childbearing as teenagers eventually end up on welfare, and those who do tend to need assistance for a long period of time.

Proposals have been based on two basic assumptions: that poor, unmarried teenagers deliberately get pregnant and have babies in order to collect welfare and set up their own households; and that a prohibition on benefits will, in and of itself, discourage out-of-wedlock births. Through the research I?ve done I found that the great majority of poor teenagers use contraceptives to prevent pregnancy, and that most births to poor adolescents are unintended. It also suggests that most women, including teenagers, would prefer to give birth once they are married.

This paper examines teenage sexual and reproductive behavior, in addition to key behavior differences among adolescents of varying income levels. It explores the extent to which teenage mothers depend on welfare and whether welfare recipients who gave birth as teenagers differ significantly on certain socioeconomic indicators from those who were not teenage mothers. It also considers whether current proposals to reduce teenage pregnancies and out-of-wedlock births among young women on or at risk of welfare are likely to achieve.

Teenagers and Sex

Sexual intercourse during the teenage years has become the norm in the United States. While intercourse among very young teenagers is still relatively rare more than 8 in 10 adolescents have had intercourse by the time they turn 20. As sex has become more common at younger ages, historic differences in sexual activity among teenagers of different races, income levels and religions have decreased. For example, while 60% of poor women aged 15-19 are sexually experienced, so are 53% of low-income adolescents and 50% of higher income teenagers.

Contraceptive Use and Pregnancy

Most teenagers can and do use contraception to avoid sexually transmitted diseases (STDs) and unintended pregnancies-even the first time they have intercourse. Nearly 60% of poor and low-income teenage women and about three-quarters of higher income adolescent women use some method of contraception-usually the condom-the first time they have sex.

Although their contraceptive use is not perfect, teenagers use contraceptives as effectively as young, unmarried adults. Adolescent women, in fact, are less likely to experience a contraceptive failure than unmarried method users in their early 20s. At all ages, however, higher income women use contraceptives more successfully than lower income women. Poor and low-income teenagers, for example, are twice as likely as higher income adolescents to have an unplanned pregnancy while using the pill or the condom.

Teenagers who become pregnant rarely place a child for adoption; instead, they have an abortion or give birth and raise the child themselves. About half of pregnancies to adolescent women end in birth, slightly over a third in abortion and the rest in miscarriage. Since the late 1980s, the proportion of teenage pregnancies ending in birth rather than abortion has risen. I would think that the increase may reflect the greater acceptance of out-of-wedlock births as well as the federal government’s policy of extending Medicaid coverage to prenatal care and delivery services but not abortion.

Adolescent Childbearing

While sexual activity among teenagers of all income levels is now common, having a baby is not. Adolescent childbearing is heavily concentrated among poor and low-income teenagers, most of whom are unmarried.

Almost three-quarters of higher income teenagers who become pregnant have abortions; they choose to postpone childbearing so they can complete their education, get a good job, establish their financial independence and get married before they start a family. Poor and low-income teenagers, whose prospects for a good education, a decent job and marriage are dim or nonexistent, often have little incentive to delay childbearing. As a consequence, disadvantaged young women often continue unplanned pregnancies to term and raise the children themselves.

Teenage Mothers and Welfare

AFDC, or Aid to Families with Dependent Children, is the nation’s principal welfare program. It provides cash assistance for needy families. Between 1970-1993, the number of families on AFDC increased 163%, from 2 million to about 5 million, while benefit expenditures rose only 44%, from $15.5 billion to $22.3 billion. During that period, the average monthly AFDC benefit per family declined 45%, from $676 to $373

In 1993, 3.8 million mothers aged 15-44 were AFDC recipients. Fifty-five percent of these women became mothers when they were teenagers. However, only 191,000, or 5%, were current teenage mothers, and most of these-159,000-were aged 18-19; young teenagers, those aged 15-17, accounted for just 32,000 of all mothers on AFDC. The remaining 50% were women aged 20-44 who had their first child as a teenager: 26% of these women were under age 18 when they first gave birth, and 24% were age 18-19 when their first child was born.

Long-term Dependency

It is a sad reality that unmarried women who begin childbearing in their teenage years very often end up on welfare. According to data collected between the late 1970s and mid-1980s, three-quarters of unmarried adolescent mothers began receiving welfare within five years of the birth of their first child. Marriage is no guarantee against welfare, however, 25% of teenage mothers who were married when they gave birth also went on welfare within five years.

Women who choose to give birth as teenagers are among the poorest AFDC recipients: 53% of current and former teenage mothers on AFDC in 1992 had incomes below 50% of the poverty line, compared with 41% of women who did not give birth as teenagers. In part, their poverty reflects the fact that current and former teenage mothers are less likely than others to receive any financial support from their child’s father because they were never married. And, although current and former teenage mothers on AFDC are as likely to work as women who did not have a baby as a teenager they earned an average of $1,600 less in 1992. Their lower earnings resulted from a lack of education in 1992, 47% of current and former teenage mothers on AFDC had graduated from high school, compared with 62% of those who were older when they gave birth.

Women on AFDC who began childbearing, as teenagers are more likely to have large families than women who waited until they were at least age 20 to have a baby. Eighteen percent of women who had their first child as a teenager have four or more children-twice the proportion among women who did not give birth as a teenager.

Because they tend to have less education and larger families, teenage mothers often have a harder time working their way off of welfare and becoming self-sufficient. As a consequence, they are disproportionately represented among those recipients who remain on AFDC for long periods of time.

Welfare Reform

The most popular proposals during the welfare reform process are as follows;

- A denial of AFDC benefits to unmarried teenage mothers under age 18, perhaps with a state option to extend the ban to even older unwed mothers;

- A ban on additional benefits for women who have a child while on welfare; and

- A revival of the “gag rule” through a prohibition on the use of welfare funds to provide abortion information and counseling as well as services.

I feel that the ability to make decisions about whether and when to have a child is an essential prerequisite to taking charge of one’s life. Yet, largely missing from the public debate on welfare reform is an acknowledgment of this fact and of the importance of ensuring that poor teenagers and adult women on or at risk of welfare have easy access to comprehensive family planning and abortion services that would enable them to avoid unintended pregnancies and unwanted births.

I can?t imagine anyone arguing that family planning and abortion services, by themselves, are the key to reforming welfare. Nevertheless, their provision on a purely voluntary basis is a simple, cost-effective strategy that would “empower” poor women and, at the same time, have a positive impact on unplanned childbearing.

Granted, not all women use contraceptives, or use them effectively, but contraception does work, for teenagers as well as adult women. Publicly funded family planning services have prevented an average of 1.2 million unintended pregnancies, including 509,000 unintended births and 516,000 additional abortions, each year. Every dollar spent on publicly subsidized family planning services saves more than $4 that would otherwise be spent to provide medical care, welfare benefits and other social services to women who by law would be eligible for such services if they became pregnant and gave birth.

Meanwhile, public funding of abortion services for Medicaid-eligible women has been severely restricted since the mid-1970s. Studies have shown that 20-35% of Medicaid-eligible women (most of whom are AFDC recipients) who would have abortions if coverage were available continue their pregnancies to term in the absence of coverage-at a cost of millions of dollars annually to the federal government and the states.

Conclusion

Sexual activity is now common among teenagers in the United States, and there is little difference in levels of sexual activity among adolescents of different income levels. However, poor and low-income teenagers are less likely to use contraceptives when they have intercourse, and thus are more likely to experience an unplanned pregnancy. When they do get pregnant, teenagers from disadvantaged families are also less likely than their more affluent peers to have an abortion; about 60% of poor teenagers and nearly half of low-income adolescents continue their pregnancy and give birth. All too often, the poorest of these young women have-and perceive that they have-futures that are bleak. They see little reason why having a baby now will make their lives “worse,” or, why waiting until later will make their lives “better.”

A major challenge is to provide these young women with realistic incentives to wait. That means guaranteeing them-and their partners-access to the education and training that will enable them to get good jobs, which, in turn, will give these young people reason to hope that their lives will improve. It also means assuring that family planning and abortion services are widely available on a voluntary basis to all poor and low-income teenagers who want to delay having a baby.

Efforts to prevent adolescent pregnancies and births must be targeted not just at those already poor or currently living in welfare families, but at all women at risk of poverty and welfare, since research shows that most young women who give birth as a teenager do not immediately go on welfare. Eventually, however, many fall into poverty, and very often, welfare dependency.

The currently proposed disincentives to teenage pregnancies and out-of-wedlock births are misguided in this regard, if for no other reason than because they are targeted largely at the very small proportion of young women who are likely to go on public assistance immediately upon the birth of their baby. Yet, very often there is a lag sometimes of several years between the time most teenagers who eventually become welfare-dependent give birth and when they actually begin to receive AFDC benefits. These women are not expecting to go on welfare when they have a child and therefore are unlikely to change their behavior as a result of restrictions on welfare eligibility related to childbearing.

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