# Social Implications of Teenage Childbearing

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Contrary to popular impression, the absolute level of teenage childbearing in the United States has not risen during the past decade, but has actually declined. Moreover, the newly discovered "epidemic" of adolescent pregnancy is not recent; elevated levels of teenage childbearing can be traced to the beginning of the baby boom after the Second World War. Nevertheless, the issue does seem more pressing now than ever before. In this chapter we shall touch on some of the reasons for this issue's prominence. We shall look at the evidence in the literature on the social consequences of teenage childbearing for adolescent parents, their offspring, and members of their family of origin. After assessing this evidence, we shall briefly mention some of the policy initiatives open for us for preventing premature childbearing and for ameliorating its deleterious effects when it does occur.

## Teenage Childbearing as a Social Issue

Whether we conclude that adolescent fertility is a problem of growing or diminishing social significance largely rests on how we define adolescence and on how we measure fertility. Table 5.1 presents an array of natality statistics for the period 1966 to 1975, subdivided by age. Depending on the indicator, the specific time period, and the age segment we examine, we may form quite different impressions of the current situation. The statistics can provide either some degree of reassurance or considerable cause for alarm.

As indicated above, when absolute numbers are considered, and if we equate teenagers with adolescents, adolescent childbearing has dropped off significantly since the late 1960s. Even among the school-age population (children up to age 18), there has been a decline in the number of births during the past decade. Of course, one explanation for this downward trend is that the pool of adolescents has not been growing as

rapidly in recent years as it did up to 1970. As the share of teenagers in the population diminishes, inevitably there will be a lower number of births, unless the likelihood of their becoming pregnant increases to offset the decline in their numerical significance. In fact, teenagers, especially the 18- and 19-year-olds, are less, not more, likely to become pregnant. The fertility rate, expressed as the number of births per 1,000 teenagers, has dropped off sharply since the end of the baby boom twenty years ago. Both the shrinking pool of teenagers and the decline in their birth rate, are likely to continue in the near future, suggesting that the absolute number of adolescent births may decline still further in the next few years.

If this is true, then what has generated the intense concern about early childbearing in the past few years? Is adolescent parenthood a socially manufactured problem created by the mass media in order to generate public interest or by government officials in order to extend their social programs? We think not. If we look again at table 5.1, we can find some real basis for the recent wave of attention devoted to the subject; the decline, both absolute and relative, in adolescent fertility has been restricted to married teenagers. Out-of-wedlock childbearing has jumped during the same period that marital childbearing among the young has decreased (table 5.2). While most teenagers who have babies are still married when the birth occurs, if present trends continue, this will not be the case for long. In 1950 approximately 85% of the births among the teenage population were to unmarried women; by 1974 the figure was only 60%. When these figures are broken down by age, we can see that the increase in nonmarital childbearing has risen for both mature and younger adolescents. Indeed, a majority of births to females who are under age 18 now take place out of wedlock.

Whether it is justified or not, so-called "illegitimate" births invariably generate more concern about the well-being of the mother and child. Later we shall show that we should be just as concerned about marital as nonmarital teenage fertility. In fact we might argue plausibly that much of the alarm surrounding early childbearing has been provoked by moral concern regarding the fact that an increasing number of teenagers are failing to marry when pregnancy occurs. If these teenagers did marry, the problem might well escape public notice, as it did in the 1950s and early 1960s.

There is reason to suspect that part of the concern about early childbearing can be traced to a more general apprehensiveness about the rise in adolescent sexual activity. Suppose, for example, that the rate of sexual

Table 5.1 Birth Rates for Women 15-17 and 18-19 Years of Age, by Age of Mother, United States, 1966 to 1975. (Rates are live births per 1000 women.)

Age of Mother	1975	1974	1973	1972	
15 to 17 years	36.6	37.7	38.9	39.2	
18 to 19 years	85.7	89.3	91.8	97.3	

Source: National Center for Health Statistics 1977.

Table 5.2 Estimated Illegitimacy Rates for Unmarried Women 15–17 and 18–19 Years of Age, United States, 1966 to 1975. (Rates are illegitimate live births per 1,000 unmarried women. Population estimated as of July 1.)

Age of Mother	1975	1974	1973	1972	
15 to 17 years	19.5	19.0	18.9	18.6	
18 to 19 years	32.8	31.4	30.6	31.0	

Source: National Center for Health Statistics 1977.

intercourse rose but that it was accompanied by increased use of contraception and abortion? Would change in the sexual patterns of youth attract public concern even if it occasioned no teenage births or at least no births which occurred out of wedlock? We believe that it would. Our view is that the teenage parent has provided an opportunity for adults to discuss publicly the broader issue of the sexual mores and sexual instruction of the young.

Although we lack good evidence on patterns of sexual behavior among the young prior to the past few years, it is a safe assumption that youth has never even approached the ideal of premarital chastity. Historical records testify that premarital pregnancy has always been common in American society, although there were undoubtedly tremendous regional, religious and ethnic variations in adherence to strict sexual standards in times past (Reiss 1967; Smith 1973). Those variations still persist, though some evidence remains that they may break down in the future as increasing numbers of adolescents opt for a more liberal sexual code.

If we can only speculate about sexual behavior in the past and the

1971	1970	1969	1968	1967	1966
38.3	38.8	35.8	35.2	35.5	35.8
105.6	114.7	115.0	114.9	117.4	121.2

 1971	1970	1969	1968	1967	1966
17.6	17.1	15.2	14.7	13.9	13.1
31.7	32.9	- 31.5	30.0	27.8	25.8

future, we have learned a good deal about recent trends through the national surveys conducted by Zelnik and Kantner (1977). As is shown in table 5.3, the Zelnik and Kantner studies reveal a sharp rise in the proportion of females who have had sexual intercourse at each age and among both blacks and whites. Noteworthy is the change in sexual patterns among whites. Although their overall level of coital experience is lower, their rate of increase is faster, suggesting that white adolescents are "catching up" to blacks. As whites, particularly those in the middle class, are exposed to the risk of pregnancy, the problem of adolescent sexuality will attract wider interest and will command more support for intervention. One form of intervention, of course, has been the availability of abortion. Again, it is difficult to determine the changes in the use of abortion among teenagers, because reliable data only exists since its legalization. Nevertheless, it is likely that the existence of abortion has both "permitted" more sexual experimentation and, at the same time, allowed teenagers to escape the consequences of an unwanted birth. The generally increasing availability of abortion may also help to explain in

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Table 5.3
Percent of Never-Married Women Aged 15 to 19 Who Have Ever Had Intercourse, by Age and Race, 1976 and 1971.

	Study year and race							
	1976					1971		
	All	White		Black		All		
Age		%	N	%	N		•	
15 to 19	34.9	30.8	1,232	62.7	654	26.8		
15	18.0	13.8	276	38.4	133	13.8		
16	25.4	22.6	301 .	52.6	135	21.2		
17	40.9	36.1	277	68.4	139	26.6		
18	45.2	43.6	220	74.1	143	36.8		
19	55.2	48.7	158	83.6	104	46.8	•.	

Source: Zelnick and Kantner 1977.

part why adolescent fertility may have declined in the face of increased sexual activity and also why a smaller proportion of teenagers today marry upon becoming pregnant. While abortion has served to conceal the growing sexual experience of teenagers and to mitigate the potentially adverse effects of a rise in the adolescent birth rate, it has also drawn attention to teenage sexuality. In no small measure, opposition to abortion has forced attention to an issue that previously would have been swept under the rug. The federal government has been goaded into action by the controversy over abortion. Government officials might have preferred to treat adolescent sexuality as a private concern, relegating it to the jurisdiction of local communities, the churches or the family. Later we shall return to discuss in more detail the alternatives open to various parties interested in preventing premature parenthood.

#### Research on Early Childbearing

In suggesting reasons why interest in adolescent pregnancies has mounted, we should not ignore the role of researchers in supplying in-

				% incr	ease 1971 to	71 to 1976 .	
White		Black		All	White	Black	
%	N	%	N				
21.4	2,633	51.2	1,339	30.2	43.9	22.5	
10.9	642	30.5	344	30.4	26.6	25.9	
16.9	662	46.2	320	19.8	33.7	13.9	
21.8	646	58.8	296	53.8	65.6	16.3	
32.3	396	62.7	228	22.8	35.0	18.2	
39.4	287	76.2	151	17.9	23.6	9.7	

formation both to policy makers and to the general public through the mass media. Until 1970 only scattered studies existed on the topic of teenage parenthood. It is noteworthy that until the mid-1970s, no separate category existed in the *Readers' Guide to Periodical Literature* to designate articles on adolescent childbearing, though there was a heading for teenage marriage. In 1973 the category "pregnant schoolgirls" appeared and then in 1977 this rubric was changed to "teenage pregnancy." The entries on the subject have accordingly increased sharply in the past five years. The review of the literature which follows is not intended to provide a comprehensive guide to this burgeoning area of research, but only to highlight some of the consistent findings that have emerged. For a comprehensive summary of the literature, see Chilman 1977.

In reviewing current research results, we shall give heavy emphasis to the results of the senior author's own longitudinal study of early child-bearing conducted in Baltimore, Maryland from 1966 to 1972. Throughout this period the careers of some 400 adolescent mothers were traced from the time of pregnancy to a point five years after the birth of their first child. The young women in the Baltimore study were first contacted

when they registered for prenatal care at a hospital clinic. At the time all were under the age of 18 and were pregnant for the first time. Nearly all the women in the study were black, most came from working-class or unemployed households and the great majority (81%) were still single when the initial interview was conducted in 1966 or 1967.

Three follow-up studies were conducted at one year, three years and five years after delivery. Cooperation was excellent throughout the study. In the five year follow-up study, 82% of the original sample were reinterviewed. At the conclusion of the study the children of the young mothers were tested as they were entering the school system.

In order to assess the impact of early childbearing on the life chances of the young mothers and their children, a sample of their former classmates (at the time of pregnancy) were interviewed as well in the three-and five-year follow-up studies. The classmates of the adolescent mothers were well matched in age, racial status and economic background. It turned out that slightly more than half of the classmates also had experienced a pregnancy during their late teens. In the discussion that follows, we shall compare the life situations of the young mothers in 1972 to those of their peers who became pregnant in their late teens and to their classmates who were able to delay the onset of childbearing at least until their early twenties.

We have chosen to feature the results of the Baltimore study not only for reasons of familiarity but also because the findings have been widely supported in subsequent investigations. Research on the consequences of early childbearing has produced a remarkable consistency of evidence that premature parenthood disadvantages the young mother and her child (Presser 1974; Baldwin 1976; Chilman 1977). A recent study by Card and Wise (1978) also confirms the supposition that early childbearing disrupts the life chances of the father as well. Not as much data has been accumulated on the effects of early childbearing on other family members, but we shall report on the results of some ongoing investigations of this topic.

### The Etiology of Early Childbearing

Theories about the etiology of early childbearing have often failed to take into account that parenthood is the result of a social process. A major tendency has been to search for psychological or characterological factors which motivate adolescents to enter parenthood prematurely, such as the

need for affection, the quest for adult status, resolution of the oedipal conflict, the desire to escape parental control or the inability to foresee a more gratifying future. No doubt some of these reasons apply in some instances. However, most studies show that only a small minority of adolescents become parents because they want to have a child (at least at the time conception occurs). Most become pregnant unwillingly and unwittingly, though to be sure many are reluctant to terminate the pregnancy by abortion once conception occurs. Adolescents typically have reasons why they want a child once they have become pregnant, but these reasons do not necessarily explain why the pregnancy initially occurred.

Too little research has been done on how and why teenagers begin to have sexual relations. The few existing studies show the potent peer group influence, the difficulty parents have in communicating and reinforcing their sexual expectations and the competing interests of young males and females in heterosexual interaction. Clearly, many teenagers are unprepared to assume the responsibility for their sexual behavior. This is partly due to the transition to nonvirginity, which seldom occurs as part of a process of conscious planning.

It follows, then, that regular use of contraception will be relatively rare among adolescents. Since most females do not foresee having intercourse when it first happens, most fail to take the necessary steps to prevent pregnancy from occurring. Occasionally, their male partners are equipped with a condom; typically, however, males do not have the same stake in preventing pregnancy from occurring since they are less affected by the consequences of an early conception. Not surprisingly, then, most studies have shown that only a minority of teenagers use contraception when intercourse first occurs; and, of course, as time elapses a number of nonusers become pregnant.

Individuals who do receive family planning information and instruction are, of course, less likely to experience an unplanned pregnancy. Several studies suggest, however, that many teenagers equipped with the means of contraception have difficulty using them faithfully over a sustained period of time (Ricketts, 1973). While psychological factors undoubtedly play an important part in the rate of contraceptive use among teenagers, we should recognize that contraception is not easy to use even for adults over a lengthy period of time. Accordingly, many adults elect to become sterilized rather than encounter the risks of imperfect use or the dangers associated with the pill or IUD. Teenagers do not have that option and are forced to make use of contraception which is at best technically effective, but nonetheless difficult to use. It is quite likely that if teenagers

had to take a pill to become pregnant, early childbearing would quickly vanish as a major social problem.

Approximately a third of all teenage pregnancies and a half of all pregnancies occurring to women under age 18 are terminated by abortion. If pregnancies are generally unwanted, why are abortions not more prevalent? Many teenagers, like their parents, disapprove of abortion. In the Baltimore study, which was conducted before the period of abortion liberalization, it was common for the young mothers to remark when asked whether they had contemplated abortion, "It's not fair to make the baby pay for the mother's mistake." Even though abortion has become more accepted, this attitude militates against it. One suspects that many teenagers are not fully aware of the hardships that will be imposed on them as a result of early childbearing or feel that the price of adolescent parenthood will be offset by the advantages of motherhood (Furstenberg 1978).

### The Consequences of Teenage Childbearing

#### **SCHOOLING**

As one might expect from casual observation, researchers have consistently found that teenage mothers are more likely to drop out of school than women who delay their first childbirth until they are in their twenties (Chilman 1977; Moore, Waite, Caldwell, and Hofferth 1978). Similarly, women who have their first child out of wedlock have considerably less chance of completing high school than those who delay motherhood until after marriage (Cutright 1973; Card 1978). Significantly, these differences are not merely a product of the women's social background—their race, parents' socioeconomic status, or academic aptitude. In fact the detrimental effect on educational attainment of an early and/or out of wedlock first childbirth is even greater than the detrimental effects of minority status or poor socioeconomic background or a low level of academic aptitude. For this reason, it is fair to conclude " that early and/or out of wedlock parenthood is a major cause of low educational attainment, and not just another element in a vicious cycle of poverty. Further evidence that adolescent parenthood is a causal factor lies in the fact that between one-half and two-thirds of all female high school dropouts cite pregnancy and/or marriage as their principal

reason for leaving school (Coombs and Cooley 1968; Moore, Waite, Caldwell, and Hofferth 1978).

To provide an example of the impact of early childbearing on educational attainment, we shall turn to some findings from the Baltimore study. Five years after delivery, the adolescent mothers in the sample were split almost evenly between those who had dropped out of high school and those who had graduated. By contrast, nine out of ten of their classmates who had not had an early first childbirth had completed high school, and one-fifth of the remainder were still in school. In addition more than one-fourth of all of the classmates had obtained some amount of higher education. On the average the adolescent mothers had had approximately two fewer years of schooling than their classmates in the five-year follow-up study.

Undoubtedly, an important reason why teenage mothers fail to complete their education lies in the enormous difficulties of simultaneously meeting the demands of school as well as those of marriage and/or child rearing. In this regard, some recent evidence shows that marriage may actually be the principal complicating factor. Women whose teenage childbearing leads to an early marriage are twice as likely to drop out of high school as adolescent parents who remain unmarried. Women who marry as adolescents have an 80% chance of dropping out of school, whether they have an early childbirth or not (Moore, Waite, Caldwell, and Hofferth 1978).

This finding is quite surprising and demands more of an explanation than that provided by the heavy demands of conflicting roles. Specifically, why should the demands of marriage be so much more burdensome than those of caring for an infant? Apparently, the women's preexisting motivations and aspirations play a part. The more educationally ambitious young mothers are more likely both to delay marriage and to postpone further childbearing (Furstenberg 1976). Some women, including some with little interest in pursuing occupational careers of their own, opt for marriage and reliance on a spouse rather than seeking preparation for their own employment. Unfortunately, however, this choice all too often works out to the women's disadvantage if their marriages fail.

In spite of the fact that many teenage mothers choose a full-time homemaker role rather than preparing themselves for and seeking employment as well, there is strong evidence that a teenage pregnancy is not merely a convenient excuse to drop out of school. A majority of teenage mothers resume school after delivery (Furstenberg 1976; Moore,

Waite, Caldwell, and Hofferth 1978). Moreover, an early birth is not an insurmountable barrier to graduation from high school, as shown by the fact that a majority of young mothers in the Baltimore study managed to complete this level of schooling. Nevertheless, finishing high school is obviously not just a matter of choosing to do so. As one might expect, teenage mothers from advantageous socioeconomic and family backgrounds are more likely to recoup their losses by completing high school. Along with these advantages of background, such factors as ambition, academic performance, and parental expectations (which are often but not necessarily linked to background) predict whether teenage parents return to and/or remain in school until graduation (Furstenberg 1976; Card and Wise 1978). Additionally, if the first pregnancy disrupts the educational career of the young mother, additional childbearing usually brings it to an abrupt halt. With each successive pregnancy, the proportion of drop-outs rises for the adolescents in the Baltimore study. In fact, this may explain why marriage complicates a woman's schooling even more than an early childbirth. Married women are more likely to experience further childbearing than those who remain single.

#### OCCUPATIONAL AND ECONOMIC ACHIEVEMENT

Not surprisingly, then, adolescent childbearing also seriously injures a woman's occupational and economic prospects. These consequences are both independent of and even more severe than the disadvantages resulting from minority status or poor socioeconomic background or a low level of academic status (Card 1978).

The Baltimore study provides a good illustration of the detrimental impact of adolescent childbearing. Half of the young mothers were employed at the time of the five-year follow-up study. About two-thirds of these women carried the major burden of supporting the family. And in total three out of five young mothers either were self-supporting or were nonworking women married to wage-earning males. Most of these young mothers were, however, clearly in an economically precarious position. By contrast, their classmates who avoided early childbearing were more likely to be working and were more often completely self-supporting when they worked. At the five year follow-up study, only 15% of the classmates were receiving welfare payments, and only 5% depended completely on public assistance. The latter figure was just

one-third as great as the proportion of adolescent mothers who obtained all of their income from welfare.

The dissimilarity between the groups became even more visible when we subdivided the classmates according to whether or not they had experienced a premarital pregnancy. While one-third of the young mothers were receiving at least one-fifth of their income from welfare, only 4% of the classmates who had not conceived premaritally relied at all on public assistance. Moreover, a much higher proportion of the classmates who had not had a prenuptial conception contributed substantially to their own support through employment. Finally, the median annual per capita income in the households of the classmates who had not conceived before marriage (\$1,000) was two-thirds greater than that of the young mothers (\$600).

The material detriment of early parenthood can be traced to a variety of sources. Typically, adolescent mothers have lower levels of education and experience difficulty in obtaining employment. They are less likely to have enduring marriages and hence cannot count on the economic support of a spouse. They have higher levels of fertility and more rapid rates of childbearing and hence are not in a position to find employment without daycare assistance. For all of these reasons, adolescent childbearers are more likely to become dependent on public assistance. This can happen in two ways, one direct, the other indirect. First, an out of wedlock birth may lead immediately to the need for welfare assistance if aid from the father of the child or from kin is not forthcoming. Second, even when the mother marries, early wedlock carries a greater risk of separation and divorce, leaving the mother in need of economic assistance. Even if her family lends a hand, as they often do, they rarely can shoulder the entire burden of support. Significantly, among the women who remain married, early postmarital births are no more likely to result in welfare dependency than later postmarital births (Moore and Hofferth 1978).

Thus, the consequences of early childbearing for economic independence depend primarily on the woman's marital career. It should be noted, however, that the ultimate economic position of women who marry and whose marriages subsequently break up is worse than that of women who never marry (Furstenberg 1976). Apparently, single women frequently adapt to the insecurity of their situation by finding jobs and thus acquiring some work experience, while the women who enter marriages which ultimately fail often find themselves unprepared to earn a living. Fur-

thermore, these formerly married women may have been less ambitious in the first place.

For all teenage parents—single, married, or formerly married—child-care is essential to their efforts to find stable employment. Thus, a supportive kinship network which can provide child-care support is one of the critical conditions determining whether young mothers can work or must rely on welfare (Furstenberg and Crawford 1978).

Another key factor in the socioeconomic career of the young mother is her childbearing pattern following her first childbirth. Those women who avoid further childbearing are much more likely to be steadily employed than multiparous women. In fact, marital status is largely irrelevant to work patterns when childbearing is held constant. Larger family size further complicates the already difficult problem of arranging for childcare. The presence of a young child presents an especially difficult barrier to employment. Therefore, additional childbearing increases the handicap of the adolescent mother. Her family may offer childcare support after the first pregnancy but withdraw assistance when the second child arrives. Given the cost of childcare, many women find it impossible to locate a job that provides significantly more income than public assistance, especially when they lack education and experience (Furstenberg 1976).

#### Early Childbearing and Marriage

Adolescents are much more likely to express positive sentiments about becoming pregnant if they plan to marry before or shortly after the child's birth. Accordingly, they are less likely to contemplate abortion if they are about to marry the father of the child (Furstenberg 1976). In fact, although marriage is less likely to follow a teenage pregnancy today than was the case a decade or more ago, many teenagers still resolve an early pregnancy by a precipitate marriage, or, at least, by wedding much earlier than they otherwise might have done (McCarthy and Menken 1979).

In the Baltimore study, the marriage patterns of the young mothers were substantially different from those of their classmates. By age 18 only 21% of the classmates were married, as compared to 41% of the young mothers. The difference was sharper still for marriages that occurred among women not yet 18—11% versus 30%. Premarital pregnancy was not, however, a covert tactic to bring about marriage, for most of the women who entered matrimony did so with obvious reluctance. When asked to reflect on the timing of their marriage, approximately two-thirds

of those who had wed claimed that they would have preferred to marry later. Evidence from other investigations confirms that early pregnancy speeds up the nuptial timetable for both men and women (Card 1978).

Both early pregnancy and early marriage impair a couple's chances of conjugal stability. Data from both census materials and surveys explicitly designed to examine the effect of nuptial and birth timing on marriage duration (Card 1978; McCarthy and Menken 1979) convincingly demonstrate that women who marry as teenagers are more likely to separate and divorce than those who marry later and conceive after wedlock. The comparison between the adolescent mothers and their classmates in Baltimore is illustrative. Within three years of their wedding date, nearly half (44%) of the young mothers were no longer residing with a spouse. By contrast, at the same point in their conjugal careers, three-fourths of the ever-married classmates were still living in intact units.

Some evidence indicates that the source of marital instability lies more in early marriage than in early childbearing. Regardless of the woman's age at first childbirth or whether that birth occurs after marriage or not, early marriages are less stable than later ones. In fact, holding age at marriage constant, an early first birth may actually promote marital stability. The child may provide the couple with a reason to remain married in spite of the many problems associated with early marriage, such as psychological immaturity, lack of preparation for parental and conjugal roles, and limited socioeconomic achievement (Moore, Waite, Hofferth, and Caldwell 1978).

Early marriages are thus highly susceptible to dissolution, regardless of whether they are accompanied by early and/or illegitimate births. Nevertheless, this finding does not imply that early childbearing is inconsequential. Typically, the early marriage would not have occurred but for the early pregnancy. Thus, the dissolution of that marriage and the young mother's subsequent impoverishment are results, albeit indirect ones, of the teenage pregnancy.

The Baltimore data points to some reasons why a premarital pregnancy, particularly one which occurs early in life, may disrupt a marriage. First, the bonds between the young couple are often only newly formed. Accordingly, women who had known the father for at least several years before the pregnancy are more likely to survive the first few years of marriage than those who were only recently acquainted when the pregnancy occurred. Additionally, a marriage in the early teens pulls the young mother away from her family of origin, often sooner than otherwise might have occurred. Many young mothers were both psychologically

and economically unprepared to depart from the parental household. Indeed, a substantial minority of those who married soon after delivery remained in the parental household, at least for a time. These arrangements, which were partly an adaptation to the economic problems of establishing a separate household as well as to the emotional uncertainties of a newly formed marriage, frequently limited the young parents' commitment to the marriage, particularly when the prospects of that marriage appeared limited.

On the other hand some early marriages do endure in spite of the difficulties that the couples face. It is more likely that an early marriage persists when the mother marries the father of the child (Sauber and Corrigan 1970; Furstenberg 1976). The bond between the parents is strengthened by their common bond to the child. On the other hand, additional childbearing is a major barrier to conjugal stability. The chances of ultimate marital success are smaller for women who have more children after their first, particularly if they are born out of wedlock.

Almost all existing studies show that economic resources are strongly linked to marital stability (Bernard 1966; Carter and Glick 1976; Udry 1966, 1967). Accordingly, in the Baltimore study a crude index of the husband's earning potential turned out to be the best single predictor of marital stability.

Additionally, comparing the economic status of the men who married the classmates with the spouses of the young mothers reveals a noticeable difference between the two groups of men, especially after we separate out the couples who married following a premarital pregnancy. Typically, the early childbearers marry less well, economically speaking. These findings strongly suggest that the most important link in the chain between an unplanned pregnancy and later marital failure is the weak economic position of the male who fathers a child out of wedlock and/or marries a single mother. Most of these men have a low earning potential before they wed. An ill-timed marriage may further limit their prospects for economic advancement by compelling them to terminate school and enter the labor force under less than favorable circumstances.

Given the high rate of marital dissolution among the ever-married adolescent parents (60% five years after their first childbirth), it is surprising that few of them get divorced, even when one takes into account the cost of a divorce. The major reason for the low incidence of divorce among the sample, apparently, is that few of the young women had current plans to marry again. However, women like those in the Baltimore study also face certain objective barriers to remarrying. Most of the

adolescent mothers had at least two children by the time their marriages broke up, a situation which presents a formidable challenge to the earning power of potential mates. To add to their difficulties, the young mothers usually have limited economic assets of their own to contribute to a new marriage.

Ironically, the majority (60%) of the young mothers who managed to avoid single parenthood by marrying either before or shortly after delivery ended up as single parents several years later. And many of these women no doubt will never remarry. Therefore, it might be said that once an unplanned pregnancy occurs in adolescence, it seldom matters whether the young mother marries. In time, she may be almost as likely as the unwed mother to bear the major, if not the sole, responsibility for supporting her child.

#### Teenage Childbearing and Subsequent Fertility

Research has shown that the earlier a woman's age at marriage, the greater her level and pace of subsequent childbearing (Westoff and Ryder 1977). Moreover, regardless of a woman's age at marriage, a premarital first childbirth leads to a higher level of fertility (Coombs and Freedman 1970). Nevertheless, evidence shows that it is not a premarital birth but an early birth which is correlated with a higher level of childbearing. The earlier a woman's age at first childbirth, the greater the level and pace of her fertility (up to fifteen years later) and the greater the proportion of illegitimate and unwanted births which she experiences (Trussel and Menken 1977). And, significantly, women with an illegitimate first birth do not subsequently bear more children than women whose first birth was within wedlock. Additionally, the consequences of early childbearing vary little by race or level of educational attainment. In fact age at first birth accounts for around half of the racial and educational differences in completed fertility. These results suggest a need for family planning services among all groups of adolescents, younger and older, single and married.

In the Baltimore study, nearly all of the mothers' first pregnancies were unplanned, and most were unwanted at the time conception occurred. One year after delivery, the entire sample was asked when they planned to have their next child. Only 6% said they hoped to become pregnant again "soon." Three years after delivery, only 7% said they were hoping to have another child at the time.

Similarly, although some teenagers welcome a second child soon after the first, even when the initial pregnancy was unplanned, the second child more often represents a major setback to the future plans of the young mother, proving especially damaging to her prospects of economic self-sufficiency. Existing evidence seems to support the prevailing belief that a pregnancy in early adolescence signals the beginning of a rapid succession of unwanted births. Although estimates vary, depending on the experiences of the women following the first birth, most published studies show that at least one-half of all teenage mothers experience a second pregnancy within 36 months of delivery (Ricketts 1973).

Many women experienced timing failures in the birth of their second child. Also, within five years after delivery some women had already reached or exceeded the total number of children they wanted to have ever, although they were still in their early twenties. The cumulative probability of becoming pregnant a second and third time shows that nearly all of the ever-married women were running well ahead of their schedules of desired family size. Very few of the single women expressed a desire to have another child before marrying, yet most became pregnant again out of wedlock.

Five years after the young mothers' first child was born, two-thirds of them had had at least two pregnancies, and nearly one-third had had three or more. By contrast, only one-fourth of the classmates had become pregnant more than once, and only 6% had conceived three or more times. The young mothers who never married had, on the average, 1.09 more pregnancies than the single classmates; the difference among the married women was 0.66. This shows that the young mothers' fertility pattern subsequent to their first birth was roughly identical to that of their classmates who deferred their first birth. Nevertheless, we should not underestimate the problems which result from that untimely first childbirth.

Some social characteristics help to account for whether the teenage mothers have another child soon after their first childbirth. The women in the Baltimore study most highly committed to education and those who returned to school immediately following the delivery of their first child were much less likely to experience a second conception in the 12-month period after the birth. Even after four years the women who returned to school had lower rates of second pregnancy than those who did not. This was especially true for the unmarried women. Women may defer childbearing in order to attain their educational goals, but they may also discontinue their educations when they fail to prevent an

unwanted pregnancy. Accordingly, we found (even holding educational ambition constant) that women remain in school at least until graduation if they are able to defer further childbearing.

It is often said that public assistance encourages childbearing out of wedlock because it provides a means of supporting additional children for unmarried women. The "broodsow myth," as Placek and Hendershot (1974) so aptly labeled it, received no confirmation from the Baltimore data. The welfare mother was not significantly more likely to become pregnant again after she went on relief than the young mother who was not receiving public assistance. This data suggests that there is no reason to single out the welfare mother as incapable of regulating her childbearing.

## Long-Term Consequences for the Children of Early Childbearers

Among the few studies addressing this topic is Card's (1978) reanalysis of the Project TALENT data. She finds that the children of teenage mothers, while in high school, have lower cognitive test scores, lower grades, and lower educational expectations than their classmates, whose parents were at least in their twenties when they were born. Moreover, children of early childbearers have different personality characteristics and interests. Finally, as they grow older (toward age 30), they have lower levels of education, earlier first marriages, and higher rates of marital dissolution. Nevertheless, most of the observed cognitive differences are the result of background disadvantages, particularly higher rates of family instability. Similarly, all of their personality and interest differences can be accounted for by their disadvantages in socioeconomic and family background (other than their "early" birth). The educational disadvantages of these children of teenage mothers are basically a function of their cognitive detriment. Thus, Card proposes a recurrent pattern of disadvantage: early childbearing results in marital dissolution, which in turn leads to cognitive impairment to the child and subsequent educational deficits. This educational disadvantage helps to perpetuate the same cycle of early marriage and childbearing and high fertility among the offspring of early childbearers which their parents first experienced.

Several ongoing studies support Card's finding that early childbearing may be linked to developmental disadvantages for the child. Research by Dryfoos and Belmont (1978) reveals a similar pattern of lower cognitive achievement among the children of early versus later childbearers.

Though the differences observed are slight (on the average approximately three points in I.Q.), they are consistent and recurrent in a variety of samples and do not disappear even after appropriate controls are introduced. Significantly, the research by Dryfoos and Belmont shows no parallel pattern of personality or interpersonal differences between the offspring of early and later childbearers.

Several explanations might account for these differences in cognitive achievement. The differences could be traced to physiological conditions such as prematurity, low birth weight, and complications at delivery. An alternative explanation might be that early childbearers are themselves less intellectually endowed, and the differences observed might be linked to genetic factors or possibly to the parent's capacity to provide early infant stimulation. Finally, it is possible that the young age of the mother makes her a less capable childrearer, which may in turn be reflected in the child's slower rate of development of cognitive skills.

In one sense, then, early childbearing contributes to intergenerational poverty and disadvantage. On the other hand, it should be noted that no vicious cycle, this one included, can persist without society's continued indifference to the problem of economic inequality.

## Teenage Childbearing and Family Support

In her extensive review of the literature on the social aspects of adolescent childbearing, Chilman (1977) discusses the need for research on its consequences for other family members.

No studies have looked at the consequences of early marriage and early childbearing on the parents of the young people involved. To what extent are parents called upon to give financial, childcare and social-psychological support to the young family? What effects may the provision of such supports have on relationships between the older and younger generations? What effects may the provision have on the life styles and plans of older couples?

Two recent analyses conducted by the authors bear on these questions: first a reanalysis of the Baltimore study data (Furstenberg and Crawford 1978); and second an analysis of data collected on two samples of lower income women in Camden, New Jersey (Crawford and Furstenberg 1979).

#### THE BALTIMORE DATA ON FAMILY SUPPORT

The Baltimore study data contain a record of the composition of the adolescent mother's household at each of the four points in the study—during pregnancy and one year, three years, and five years after delivery. When inspected longitudinally, these data on residential situations provide a useful way of mapping one feature of family support over time. From this information, it appears that mothers were much more likely to receive substantial amounts of financial assistance and familial childcare support when they remained with relatives (cf. Cantor and co-workers 1975). Moving out of the parental household, whether to marry or to establish an independent residence, not only reduced the subsidies provided by the family in the form of room and board, but also lessened the chances that a relative would be available to provide daycare. (See also Presser 1978.)

Not surprisingly then most mothers stayed close to home, especially during the early years of the study. At pregnancy, when most of the women were in their early or middle teens, nearly 90% lived with a parent or a close relative. One year after delivery most young mothers (77%) were still living with parents or close relatives. Separation from the family of origin became more common in the ensuing years, but even five years after the birth of their child, nearly half (46%) remained with their parents or other kin. One popular stereotype of the adolescent mother often portrays her as a social isolate, removed from parental or conjugal support, but our data belie this image. Only 26% of the young mothers were living alone at the five-year follow-up; the remainder were residing with parents or other relatives and/or were living in marital units.

In searching for conditions that shape a young mother's residential career, we identified two very general types of determinants. The first is related to the young mother's need for assistance and is accordingly called the "demand" factor. The second, relating to the family's capacity to respond, is labelled the "supply" factor. In the discussion which follows, we shall make reference to each set of conditions in turn.

Following from what has been said so far, we might anticipate that an adolescent's family shouldered much more responsibility when she remained single than when she married. Detailed inspection of the data certainly bears out this prediction. Especially in the early years of the study, most of the women moved away from their families only after they married. From responses to unstructured questions, we learned that a major deterrent to marriage was that it might require forfeiting family support. The decision to remain in the home after marriage may, of

course, be dictated by economic considerations, but we suspect that it also reflects ambivalence about substituting a tenuous conjugal bond for a functioning family network. Not surprisingly, then, those teenage mothers who married but remained in their parents' households were less likely to have stable unions than the other teenage mothers. Few couples who stayed married remained in the women's parents' households for very long. Living with parents as well as a spouse is at best a temporary convenience which permits early marriage but does little to promote its stability.

Surprisingly, age was not an important determinant of the woman's residential careers. Apart from its influence on their marital prospects, age did not account for whether or not the young mothers remained with their parents throughout the study. By contrast, their educational status clearly predicted their residential arrangements. Young mothers who continued their education after becoming pregnant were significantly more likely to remain with their parents than those who dropped out of school. Furthermore, parents often had an explicit understanding with their off-spring that they would supply childcare only so long as the young mothers were attending school.

The quality of the relationship between the adolescent mothers and their parents during pregnancy also foreshadowed their subsequent residential choices. In households where the bonds between parents and daughters were close, marriage was less likely to occur. In the event that the young mothers elected to remain single, they usually stayed with their parents. Correspondingly, women who expressed a low level of reliance on their parents were almost twice as likely to move out after delivery, either because of marriage or to establish households of their own.

By the second trimester of the pregnancy, most prospective grandmothers had already signaled their intention to help out after the child was born. The few who stated that they hoped the baby would be given up for adoption were, in fact, less likely to provide childcare assistance following the birth or to provide room and board for the young mother and her child. Thus, the parents' willingness to supply assistance may explain at least a small part of their daughter's residential choices.

Given the inclination of all but a few parents to lend assistance, the family's ability to aid their daughter became a major factor shaping the young mother's residential careers. Adolescents were much more likely to remain in couple-headed households than in female-headed households. Young mothers in couple-headed households were also more likely to return to and remain in school. Evidently, either the greater economic

resources of the couple-headed families were used to purchase childcare services, or the grandmother remained at home while the young mother resumed her education.

Moreover, space was more abundant in two-parent households, providing less pressure on the young mother to leave the parental home. Although the data we collected are not fine-grained enough to examine the connection between crowding and separation from parents, it is clear that young mothers were more likely to move out of their parents' household when a second pregnancy occurred. Repeat pregnancy occurred more frequently in female-headed families, which were already pressed for space and strained for resources.

Up to this point, we have touched on some of the circumstances which led to departure from the parental household. However, most adolescents and their offspring stayed in the household for at least several years after the birth of the child. By this time most had completed or had dropped out of school, had married the father of the child or had abandoned plans to do so, were working or had gained stable support from public assistance. Their children were in school or were old enough to be cared for outside the home. In short, the family had often tided the young mother over during the difficult period of the transition to parenthood.

As we have seen, some young mothers benefited from greater amounts of family assistance than others. Does the provision of such support, particularly when it is abundant and long-lasting, improve the life chances of the young mother and her child? The weaknesses of our data preclude a definitive answer, but there are strong hints that young mothers who received significant amounts of aid were more likely to be in an economically favorable position at the conclusion of the study than those who did not. Adolescents who remained with their parents were more likely to advance educationally and economically compared to their peers who left home before or immediately after their child was born. Most participants in the Baltimore study stayed home, at least in part, because they were being provided with childcare assistance by a parent, sibling, or other relative. The last two interviews revealed that the young mothers who lived at home received more help from family members than those who were not residing with relatives. Losing these advantages often forced the adolescent to terminate her education, or, in the event she was working, to quit her job.

How did these collaborative childcare arrangements affect the wellbeing of the mother and her offspring? Based on the mothers' own reports and on observations by interviewers in the home, there were no sizable differences between the full-time mothers and those who collaborated with a relative. However, the information obtained directly from the children themselves provides a somewhat stronger indication of the benefits of collaborative care. On a test of cognitive performance, the Pre-School Inventory, children of unmarried mothers achieved significantly higher scores when their parents were not their full-time caretakers. As we have already mentioned, the provision of childcare assistance was more likely to occur when the young mother remained with her parents. Thus, unless relatives provided childcare after the young mother's departure as well, moving out often resulted in some cognitive detriment for the child. Perhaps children receive more stimulation when they have multiple caretakers. Also, the quality of care may be higher when the mother receives supervision from an experienced relative or when she simply is relieved of full-time responsibility for childcare.

Even though we do not have the means at hand to explore the differing interpretations of our findings, we can say with some confidence that on the basis of our data family assistance confers certain benefits for the mother and probably for the child as well. How long lasting they are, we cannot say for certain from the Baltimore data.

#### LONG-TERM CONSEQUENCES FOR KIN

A reanalysis of data on two samples of women from Camden, New Jersey, one with mates and the other without, provides some information on the long-term picture (Crawford and Furstenberg 1979). Comparing the early childbearers (women who had their first child before age 18) with those who entered parenthood later, we discovered some indications that the pattern of reliance on family members for support is not merely short-lived. While the kinship networks of the early and later childbearers were not very different in size, women who had children during adolescence were less likely to have mates and more likely to share a household with relatives. The differences that appear in the probability of living with relatives are slight and might escape notice were it not for the fact that they represent continuities with the picture which emerges from the Baltimore data. It would be erroneous, however, to conclude that early childbearers inevitably develop stronger bonds with kin, for the later childbearers list just as many relatives on whom they can depend as the early childbearers. However, a larger share of these relatives reside outside their home.

The Camden data permit us to examine another issue raised but left unanswered by the Baltimore study. What are the costs to family members of providing assistance to the adolescent mother and her child? Although we have no precise way of reckoning these liabilities, we can see whether the parents and siblings of adolescent childbearers tend to encounter more economic or marital difficulties than the relatives of later childbearers. Given the crudities of the data, it is not possible to provide a refined estimate. All that can be said is that the analysis turned up no evidence supporting the notion that a woman's early childbearing injures the life chances of her close relatives. However, the answer to this question is too important to rest on the results of our inadequate data set.

## Consequences of Teenage Childbearing: Implications for Social Programs

In this chapter, we have summarized only a portion of the growing body of research on the consequences of teenage childbearing. Despite the diversity of research designs, populations studied, and measures employed, we have observed a remarkable degree of consistency in the results obtained by researchers. Early childbearing creates a distinctly higher risk of social and economic disadvantages, in great part because it complicates the transition to adulthood by disrupting schooling and creating pressures for early marriage and further fertility. We are disposed to conclude that premature parenthood is one of the principal social mechanisms that perpetuate the cycle of poverty.

This leads us to ask what social measures can be taken to ameliorate the effects of early and unplanned parenthood. As public awareness of the costs of adolescent childbearing has grown in the past decade, services have developed to equip the young parent to handle the economic and psychological demands of childcare. Prenatal services providing medical care to the mother and child, special educational programs permitting the young mother to remain in school during the transition to parenthood, vocational training and job placement, childcare services, and contraceptive instruction are but a few measures in an arsenal of social interventions that has been devised by public and private agencies to reduce the ill effects of early childbearing.

In 1978 Congress approved legislation to support a comprehensive network of programs for the teenage parent. The bill, the "Adolescent

Health, Services and Pregnancy Prevention and Care Act," was designed to coordinate and integrate the disparate services as well as to channel some additional moneys to agencies starved for resources. Assuming that appropriations are allocated, what can we expect the effect of this legislation to be on the well-being of young parents and their children?

While we believe that the bill passed by Congress represents a positive initiative on the part of the federal government, we do not hold out much hope that it will substantially alter the life chances of adolescent parents and their children. Our research and the findings of others persuade us that the single most important obstacle facing the teenage parent is economic insecurity.

Lack of skills, minimal daycare support, and the uncertainties of the labor market conspire to create an uncertain economic future for adolescent parents and their children. Unless jobs become more readily available, it is certain that many adolescent mothers will be compelled to turn to public assistance for support. Few are in a position to be fully supported by the child's father, who frequently cannot find work. Families are often willing to extend resources to the young mother, but their assistance is unpredictable. Economic disadvantage erodes the possibility of a stable conjugal partnership, and marital breakup in turn jeopardizes the child's life chances.

In pointing to the need for stable and remunerative employment for teenage parents, we are well aware of the potential costs involved. Child-care services, vocational training, and public service jobs are suffering cutbacks for lack of taxpayer support. Given the political climate, it is unlikely that this trend will be reversed in the near future. Indeed, we do not look forward to much change until a labor market shortage develops in this country, an event that may not occur until in the latter part of this century, when the fertility declines of recent decades begin to shrink the size of the labor force.

In the meantime, we must look to other strategies for coping with the undesirable sequelae of early childbearing. We believe the most promising approach is a much more vigorous campaign to prevent early childbearing. Some encouraging signs can be seen already. Schools are gradually introducing sex education into the curriculum, a step which is bound to provoke a host of political, ethical, and social conflicts in these communities. Nonetheless, it appears unavoidable that parents will thus be encouraged, if not pushed, to share the task of providing sexual socialization to the young. It also seems clear that churches, voluntary organ-

izations such as the scouts, and special interest groups will also take a more active part in equipping youth with sexual knowledge and family planning techniques.

Presently, researchers have little to say about the likely success of such public education campaigns in controlling teenage pregnancies, though only the most optimistic planners believe that sex education and contraceptive services alone will reduce adolescent births to an insignificant number. Obviously, we are assuming that the prevalence of sexual activity is not likely to decline in the immediate future, a proposition with which few experts disagree. Given the many reservations that teenagers have about birth control, the ambivalent feelings which often accompany non-marital sexuality, and the psychological propensity of adolescents toward risk-taking, we expect a substantial, though perhaps diminished, rate of premarital pregnancy to occur in the years to come.

This prospect raises the sensitive question of whether abortion services are not a necessary backup to contraceptive programs. Although the question of abortion is a private matter, the provision of abortion facilities is a public concern. Reasoned debate is not likely to prevail in the discussion of whether abortion should be made more accessible to adolescents. It is clear to us, however, that the recent legislation passed by Congress, even if accompanied by a similar initiative by state and local government, is not likely to offset the severe economic and social costs of early childbearing. Therefore, our best strategy is to avoid unwanted pregnancies in the first place, and we suspect that contraceptive programs can be sufficiently effective without supplementary pregnancy counseling and abortion services.

In this brief overview of service needs, we have not given adequate space to the immense complexities of providing programs for adolescents. Generally speaking, most health and social service programs have been tailored to suit the convenience of professionals, not the clients they serve. Teenagers looking for contraceptive information and services have had to seek them out, often against considerable obstacles. At relatively low cost, family planning programs have begun to lower these barriers by making service programs more accommodating to the adolescent life style. More flexible clinic hours, more attractive and congenial settings for service programs, outreach by community workers, subsidized transportation, and peer-based counseling are but a few of the innovations that have been made to reach the teenage population.

When we remember that a decade ago relatively few programs existed for the teen population and two decades ago it would have been unthinkable to equip unmarried adolescents with contraceptives, it should be clear that enormous strides have been made in the prevention of unwanted pregnancy. Though these gains have not come easily, they auger well for a more enlightened approach to teenage sexuality in the future.

#### References

- Baldwin, W. S. Adolescent pregnancy and childbearing-growing concerns for Americans. *Population Bulletin*. 21(2). Washington, D.C.: Population Reference Bureau, Inc., 1976.
- Bernard, J. Marital stability and patterns of status variables. J. Mariage and Fam. 28:421-439, 1966.
- Cantor, M. H.; Rosenthal, K.; and Wilke, L. Social and family relationships of black teenaged women in New York City. Paper presented at 28th Annual Scientific Meeting of the Gerontological Society. Louisville, Kentucky, 1975.
- Card, J. Long term consequences for children born to adolescent parents. Final Report prepared for the National Institute of Child Health and Human Development. Contract HD-72820. Palo Alto, California: American Institutes for Research, 1978.
- Card, J., and Wise, L. Teenage mothers and teenage fathers: the impact of early childbearing on the parents' personal and professional lives. Fam. Plann. Perspect. 10:199-205, 1978.
- Carter, H., and Glick, P. C. Marriage and divorce: a social and

- economic study. Cambridge: Harvard University Press, 1976.
- Chilman, C. S. Social and psychological aspects of adolescent sexuality: an analytic overview of research and theory. Report prepared for the National Institute of Child Health and Human Development. Contract N01-HD52821. Institute for Family Development, Center for Advanced Studies in Human Services, School of Social Welfare. Milwaukee: University of Wisconsin, 1977.
- Coombs, J., and Cooley, W.W., Dropouts: in high school and after school. American Educational Research Journal. 5:343, 1968.
- Coombs, L., and Freedman, R. Premarital pregnancy, childspacing, and later economic achievement. *Population Studies*. 24:389–412. 1970.
- Crawford, G., and Furstenberg, F., Jr. The long term consequences of early childbearing for women's social networks. Paper presented at the 1979 Meeting of the Eastern Sociological Society, 1979.
- Cutright, P. Timing the first birth: does it matter? J. Marriage Fam. 35:585-595, 1973.
- Dryfoos, J., and Belmont, L. The in-

- tellectual and behavioral status of children born to adolescent mothers. Third Progress Report, National Institute of Child Health and Human Development, Contract 7-2805. Columbia University: Alan Guttmacher Institute and the School of Public Health, 1978.
- Furstenberg, F. F., Jr. Unplanned parenthood: the social consequences of teenage childbearing. New York: The Free Press, 1976.
- Furstenberg, F. F., Jr. Burdens and benefits: the impact of early child-bearing on the family. Paper presented at the Conference on Perspectives on Policy Toward Teenage Pregnancy, Family Impact Seminar, Washington, D.C., 1978.
- Furstenberg, F.F., Jr., and Crawford, A. G. Family support: helping teenage mothers to cope, Fam. Plann. Perspect. 10:322-333, 1978.
- McCarthy, J., and Menken, J. Marriage, remarriage, marital disruption and age at first birth. Fam. Plann. Perspect. 11:21-30. 1979.
- Moore, K. A., and Hofferth, S. L. The consequences of age at first childbirth: female headed families and welfare dependency. Working Paper 1146-05. The Urban Institute: Washington, D.C. 1978.
- Moore, K. A. et al. The consequences of age at first childbirth: educational attainment. Working Paper 1146-01. Washington, D.C.: The Urban Institute, 1978.
- Moore, K. A. et al. The consequences of age at first childbirth:

- marriage, separation, and divorce. Working Paper 1146-03. Washington, D.C.: The Urban Institute, 1978.
- National Center for Health Statistics, Health Resources Administration, Public Health Service, U.S. Department of Health, Education, and Welfare. Teenage childbearing: United States, 1966 to 1975. Monthly Vital Statistics Report. Natality Statistics. 26:77-1120, 1977.
- Placek, P. J., and Hendershot, G. E. Public welfare and family planning: an empirical study of the "broodsow" myth. Social Problems. 21:658, 1974.
- Presser, H. B. Early motherhood: ignorance or bliss? Fam. Plann. Perspect. 7:8-14, 1974.
- Presser, H. B. Sally's corner: coping with unmarried motherhood. Paper presented at the meeting of the American Sociological Association San Francisco, 1978.
- Reiss, I. The social context of premarital sexual permissiveness. New York: Holt, Rinehart and Winston, 1967.
- Ricketts, S. A. Contraceptive use among teenage mothers: evaluation of a family planning program. Ph.D. Dissertation. University of Pennsylvania, Philadelphia, 1973.
- Sauber, M., and Corrigan, E. The six year experience of unwed mothers as parents. New York: Community Council of Greater New York, 1970.
- Smith, D. S. The dating of the American sexual revolution: evi-

- dence and interpretation. In *The American family in social-historical perspective*. M. Gordon, ed. New York: St. Martin's Press, 1973.
- Trussel, J., and Menken, J. Early childbearing and subsequent fertility. Fam. Plann. Perspect. 10:673-674, 1967.
- Udry, J. R. Marital instability by race, sex education, and occupation using 1960 census data. Am. J. Sociol. 72:203-209, 1966.
- Udry, J. R. Marital instability by race and income based on 1960 census data, Am. J. Sociol. 52: 673-674, 1967.
- Westoff, F., and Ryder, N.B. *The* contraceptive revolution. Princeton: Princeton University Press, 1977.
- Zelnik, M. and Kantner, J. F. Sexual and contraceptive experience of young unmarried women in the United States, 1976 and 1971. Fam. Plann. Perspect. 9:55-71, 1977.

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