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Appropriateness of Teenage Parenthood

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Chapter One

# INTRODUCTION

"It is afterall a way of beginning. To have never quite enough so hunger grows faster than appetite and satisfaction never comes."[1] As many of us see it, a child who is born to an unmarried teenage mother is sentenced to a life of hunger and want, a life of shame and stifled aspirations. For the "unwed" adolescent mothers of those "unplanned" or "unwanted" children, the prospects also seem dismal. As Campbell wrote in 1968:

> The girl who has an illegitimate child at the age of 16 suddenly has 90 percent of her life's script written for her. She will probably drop out of school, even if someone else in her family helps to take care of the baby; she will probably not be able to find a steady job that pays enough to provide for herself and her child; she may feel impelled to marry someone she might not otherwise have chosen. Her life choices are few, and most of them are bad. Had she been able to delay the first child, her prospects might have been quite different.[2]

Since Campbell made these predictions, thousands of papers have been written in many medical and social science fields which confirm the tragic effects of adolescent pregnancy. In psychology, psychiatry, sociology and social welfare, the problem of teenage pregnancy, and by extension the problem of teenage parenthood, are well recognized threats to health, welfare and social order. To some extent, the problems perceived by professionals and academics are not the same as those perceived by the nation as whole. As the number of pregnancies to unmarried teens in the United States has risen, a growing number of researchers and service providers have made careers

in the field of teenage pregnancy. Although they are essentially correct in calling the current state of adolescent fertility in this country a disaster, the people who work in the field have a vested interest in documenting the problems associated with teenage pregnancy. What makes the issue "real" is that it has come to the attention of the great majority of Americans, and they almost universally agree that it is a problem. As Frank Furstenberg asserted in 1976, "teenage parenthood has become less socially acceptable as it has become more publicly visible."[3]

Even more than in 1976, the topics of teenage sexuality, pregnancy, and parenthood have extremely high visibility today. In the past year, Time[4], Ebony5, Newsweek[6] and Good Housekeeping[7] magazines have run cover stories on teenage pregnancy and teenagers as parents. Local and national television producers have found the topic fascinating; in the past six months, teenage pregnancy was featured on The Donahue Show[8], in CBS Reports' controversial documentary "The Vanishing Family: Crisis in Black America"[9], in the CBS News special report on "Growing up Poor"[10], in the Sixty Minutes show entitled "Seventeen Billion Dollars worth of Babies"[11] and even on Saturday Night Live.[12]

Several national organizations have also recognized teenage childbearing as an issue of grave importance. Notably, Planned Parenthood has chosen to make teenage pregnancy its main focus for 1986.[13] After several years of combined efforts undertaken with Delta Sigma Theta Sorority and the Child Welfare League[14] the National Urban

League has made the prevention of adolescent pregnancy its primary goal for 1986.[15] Childwatch[16], a project spearheaded by the Children's Defense Fund and involving the National Council of Negro Women, the Association of Leagues, the National Coalition of 100 Black Women, the March of Dimes, and the Salvation Army, has for several years worked to decrease the number and the negative effects of teenage pregnancies.

Government has become deeply involved in the issues of teenage sexual behavior, pregnancy, and parenting. Public resources are used at all levels of government to support programs which seek to provent teens from, becoming sexually active, to subsidize teenagers who need contraceptive services (and in some states, those who seek abortions) and to provide medical, social, and educational services for pregnant teens, and for adolescent parents and their children.

Any controversial phenomenon, especially one which requires the expenditure of public resources, will generate heated debate and legislation. This is especially true for teenage pregnancy. In 1985, 46 bills related to teenage pregnancy or parenting were introduced in 23 states, and 13 passed. On the federal level, long and acrimonious debate has led to continued funding of some contraceptive services under Title X[17] of the Public Health Services Acts and the institution of new funding for "family life values" projects under Title XX.[18]

Paradoxically, though there has been extreme controversy over how to address the problem of teen pregnancy, there is unanimous agreement

among legislators and lobbyists that teenage pregnancy is a problem, and that the problem should be solved by eliminating it. In the report "Teen Pregnancy: What is Being Done?"[19] by the House Select Committee on Children and Youth, the bipartisan nature of political interest in the topics of teenage pregnancy and parenthood was deftly summarized this way: "Regardless of one's political philosophy, the prospect of one million teen pregnancies, 400,000 abortions and half a million births a year, nearly fifty-five percent of which will be births to unmarried teens, is chilling. The human and fiscal costs to all are unacceptable."[20]

The sentiment voiced above, which cites ubiquitously quoted statistics from the Alan Guttmacher Institute report "Teen Pregnancy: The Problem that Hasn't Gone Away"[21] gives the reader a clue that teen pregnancy is not an entity that exists in a vacuum. Rather, "teen pregnancy" is a metaphor for all teenage sexual activity, pregnancy, and parenting, and for a host of other events which are presumed to be related to teen pregnancy: a cycle of welfare dependency, the decline in family communication, and a host of other moral and social concerns.

Teenage pregnancy is a concern for moral reasons, partly because first pregnancies among teens are the largest single cause of elective abortions (relative to other age groups), and because public involvement in sex education, family planning services, abortion, and maintenance of young families is seen by many as a blatant attack on the sanctity of the family. As adolescent marriage has fallen into

disfavor, teen pregnancy is now seen as a problem regardless of marital status[22]. Additionally, the term "teenage pregnancy" is in many instances simply substituted for the previous moral condemnation "unwed mother"[23] —a semantic shift that does not necessarily signify a real lessening of religious or moral disapproval. As Luker found in her study of pro-life and pro-choice activists,

> people in this study used the words teen-aged and premarital sex interchangeably, although they are two separate categories: older people are just as capable of having premarital (or nonmarital) sex as teens. But teen-aged premarital sex represents the worst of both worlds to most pro-life people. Sexually active teenagers are from their point of view people who on two different grounds should not be having sex: they are unmarried and they are too young to even contemplate marriage seriously.[24]

Teenage pregnancy is also a concern for worldly reasons. Since the phenomenon has come under academic scrutiny, a large body of research has accumulated which demonstrates that the pregnancies of adolescent women are correlated with a variety of health problems for teen mothers and their children, and that there are additional psychological, behavioral, social and financial costs associated with teenage childbearing.

Recently, the Center for Population Options, an organization devoted to adolescent pregnancy prevention, reviewed several studies on the economic impact of teenage childbearing and published an influential report, "Public Costs for Teenage Childbearing.[25] The report outlines "single year costs" (the public costs for all families in which the oldest child was born to a teenage mother), "single birth costs" (the sum of public expenses on one child, from birth to

adulthood), and "single cohort costs" (the public expenses incurred from all children born in a year, as they grow from birth to adulthood). The intent behind documenting the public costs of adolescent fertility is to muster support for family planning programs (such as those funded under Title X) and for measures which will increase the options available to teenagers (other than childbearing.) However, a number of states are following the lead of such liberal organizations, and doing their own accounting of the costs of teenage pregnancy[26]. As they do, public perceptions of teenage pregnancy are likely to be influenced, and teenage pregnancy will be seen as even more of a fiscal problem than it is already.

Although the public condemnation of teenage pregnancy and parenting is uniform throughout the U.S, across different ages, regions, and ethnic groups, there are nevertheless several inconsistencies between this huge outcry and other values which are common in American life. For example, through most of the history of the United States, many segments of the population have been quite pronatalist. Although in different religions, ethnic groups and social classes the terms of the pronatalism have varied, never before have young mothers been singled out for approbation simply because of their age. Because of changing economic conditions, and consequently changing marital norms, young women (in general those under 20 years old) are no longer considered capable of bearing and raising children successfully. Ironically, the loudest expressions of concern come from members of generations in which early marriage and childbearing were the norm.

In contemporary American society, social worth and "maturity" are determined to a great extent by a person's ability to make money in the paid labor force. While this standard disenfranchises teenagers and others who are unable to earn significant wages, there are many other "adult" activities in which teenagers participate. Young people drive cars, spend money, have sex, use alcohol and other drugs, form serious relationships and in many other ways they grow up very fast. They are no longer innocent in the sense of being naive, therefore they can no longer be innocent in a moral sense. In popular thought, "teenagers do not act responsibly"[27] when they have sex, and they are to blame for its immediate consequences such as sexually transmitted diseases, abortion, and childbirth. Additionally, the formation of families by adolescents, especially those who are unmarried, is cited as a cause of most aspects of social pathology, including crime, moral decay, poverty, poor education, and the destruction of various minority groups. Clearly this is a heavy onus to place on an essentially powerless group of children.

In addition to the great stigma placed on pregnant teenagers and on teen pregnancy as a social phenomenon, there has been a concomitant de-emphasizing or dismissal of adult problems which are analogous to those of teenagers. Like teenagers, adults can have sex which society deems "irresponsible", because it takes place for the "wrong" reasons, or in the "wrong" relationships: outside marriage, in non-supportive, non-reciprocal, interracial, interreligious, or homosexual homosexual relationships. Although some social and political movements

have attempted to eliminate homosexuality, in general the premarital or extramarital sexual activities of the heterosexual majority have resisted the deviance-labeling and social controls of conservative groups within the society.

Both adolescent and adult women engage in contraceptive risk-taking. Luker has documented the complex and interactive costs and benefits of contraception[28], most of which apply to women of all ages. However, a woman who is approaching an age at which childbearing is not considered appropriate may have an additional impetus for risk-taking, since the

age, but they are made more salient in her mind because of the assumption that if she doesn't get pregnant soon, she may never be able to do so."[29] Women of all ages, whether contracepting or not, have unplanned pregnancies, which may be resolved by abortion or may result in births. Although more pregnancies to unmarried women are unplanned (80% for unmarried women vs. 40% for married women[30]), part of this difference is probably caused the post-conception reckoning of women who whose lives can more easily be rearranged to accommodate a child. Of the women who have children out of wedlock, an increasing number are adults who intentionally choose to raise children while single.[31] For the most part, these women are not subject to a great deal of public condemnation. In extreme contrast to the moralistic reports on unwed teenage pregnancies, the maternities of Farrah Fawcett, Christina Ferrare and other celebrity single mothers were reported with a great deal of envious admiration.[32]

Teenage fathers are often viewed as irresponsible youths who are unwilling to take responsibility for their actions or make commitments to their children or to the women they impregnate. Like these teenagers, successful single men are now seen as selfish and unwilling to invest emotional energy in relationships. These men are said to have the "Peter Pan Syndrome"[33], or are roundly criticized in popular books such as "How to Get a Man to Make a Commitment"[34]. While the criticism of men's emotional deficiencies is largely anecdotal (and often self serving), there are documented financial and custodial differences between men and women which indicate that many adult men abrogate responsibility for their children and partners. Weitzman has documented with extreme clarity the "optional" nature of paternity for men who divorce their wives, showing that in the year after divorce a woman's (and generally her children's) standard of living decreases by an average of 73%, while the husband's standard of living increases by 42%[35]. Given the extremely limited resources of most teenage fathers and the large number of policies which work to separate teenage fathers from their partners and children (e.g. AFDC regulations that specify allowable living situations for recipients or force fathers into menial labor to reimburse the state's contributions)[36,37] it is not clear that teenage fathers have the option of Current studies show, however, that many teenage fathers take an active part in supporting and caring for their children.[38]

The final inconsistency which should be noted is statistical. While the public outcry about teenage pregnancy is increasing, the age distribution is changing so there are fewer births to teenagers,

and considerably more births to women over thirty. Women in the older age group may require more expensive prenatal care (e.g. amniocentesis, ultrasonography) and may have more serious medical problems than the relatively low-risk adolescent women of similar socioeconomic status. Thus, it is not likely that teenage pregnancy is the most important cause of obstetric morbidity.[39]

Given the complexity of our history and our society, and the similar attributes shared by teenagers and adults, it is not likely that teenage pregnancy and parenthood are the root cause of all other social problems. It is also unlikely that teenage pregnancy and parenthood are the most serious of the social problems which confront us daily. Still, the vast majority of Americans believe that teenage pregnancy is a serious national problem. Clearly, among people with different socio-cultural and academic backgrounds, the problem will be approached in different ways. This is demonstrated by the extremely divergent "consensus" of the majority, which agrees only that teen pregnancy is a problem, but cannot agree about its etiology, function, or solution. The diversity of our society even permits the presence of a small, or at least a very quiet minority who find non-problematic or even positive correlates of teenage pregnancy and adolescent parenthood.

The purpose of this paper is to present a number of different views on teenage pregnancy and parenthood, and to describe how these issues are socially constructed. In demonstrating some social and

professional bases for the construction of these issues, the intent is to challenge the notions that teenage pregnancy and parenthood are well defined phenomena which can be dissected from the rest of society and eradocated through simple means, or that teenage pregnancy and parenthood are inherently problematic. Adolescent pregnancy and parenting as events which occur within the context of an entire society, and their solutions can succeed only if they interact with other, perhaps more important social phenomena, such as racism, sexism, and poverty.

Most of the perspectives presented here are derived from the published literature from several disciplines on the subjects of teenage sexuality, pregnancy, childbearing and parenting. Because the purpose of this description is to present the different meanings and facts extant in a number of disciplines, no attempt has been made to quantitate the extent to which a particular view is held within or among disciplines. Although this methodology is not the classic format of social construction research, both this work and more formal content analyses of the relevant literature easily delineate the thoughts present in academic and professional fields, because academics and professionals document their constructions carefully and frequently.

The thoughts of the lay public are somewhat harder to track, insofar as they are described by their documented actions (which are recorded by journalists who have their own mental constructions) or by the answers given by the telephone-answering public to questions

someone else has designed. (This problem is evident in a recent telephone poll which asked "Do you think the number of teenage pregnancies in the United States is a serious problem, or not so serious a problem?"[40] The question obviously doesn't permit the answer "it's not a problem" nor the observation that teenage pregnancy doesn't effect the respondent as much as the threat of nuclear war, the price of gasoline, or another issue.) In spite of the obvious problems of measuring public opinion in a society that is exquisitely sensitive to the views of small but vocal minorities, there is some information available, and that information is useful in documenting the trends which have been studied. However, the opinions studied in large-scale polls are almost universally the opinions of people eighteen years of age and older. Because teenage pregnancy ostensibly effects teenagers, and because virtually all current and proposed interventions are imposed on teenagers to the exclusion of all other age groups, a social construction of the issues of teenage pregnancy and parenting which excludes teenagers would be incomplete. Therefore, included in this paper are the results of research with high school students, which was designed to describe some of the ways in which they approach the issues of pregnancy and parenting among their own and other age groups.

Previous studies have given conflicting reports about attitudes towards teenage sexuality, pregnancy, and childbearing. A number of studies have addressed teens' attitudes toward adolescent sexual behavior. In 1967, Reiss documented the feelings of male and female, Black and White, high school and college students about various kinds

of nonmarital sexual activities.[41] In 1979, Hass reported the results of a large survey on the sexual attitudes and behaviors of high school students.[42] By 1985, when the Rolling Stone survey "Sex and the American Teenager"[43] was published, the emphasis of the research was reversed. The primary questions asked were "what do kids do" and "how do they feel about it", with relatively little attention paid to how kids feel about sexual behavior in general.

A huge number of studies have been done about teenagers' attitudes towards contraception and abortion. In many of these studies, the emphasis has been on individual decisions about contraceptive acceptance and pregnancy resolution.[44] Some research has focused on attitudes toward parenthood, as opposed to pregnancy. In the late sixties, Kaplan, Smith and Pokorny demonstrated that among poor, unwed pregnant teenagers, unwed pregnancy was regarded as deviant behavior.[45] Vincent and colleagues[46], and Juhasz[47] showed that illegitimacy was more acceptable in some cultural groups than in the society at large. While the quality of these studies is quite good, they focus on minority, indigent communities, and on the minority of pregnant and parenting adolescents. Since these studies were done in the sixties, they may not reflect changes brought about by the increased visibility of teenage pregnancy and parenthood.

Two more recent studies, both done by Zabin and her colleagues, focus on the attitudes and behaviors of teenagers. In one paper, young Black inner-city men were studied.[48] They felt that their parents held negative views about early sexual activity and adolescent

parenthood, and they themeselves felt that teenage parenthood was a problem.[49] In a second study, both girls and boys were questioned. Most of the sexually active students in that study felt that the best age for initiating sexual activity was older than the age at which they started having sex. Additionally, 88% of young women who already had a child said that the best age for a first birth is older than the age at which they first became mothers. A similar study, published in 1985 by Rivara and colleagues, compared low income Black teenage fathers to similar nonfathers. This study found that, while half the teenage fathers reacted negatively to the news of the pregnancy (about the same percentage of nonfathers would react the same way) the fathers were much less likely to perceive pregnancy as a disruption to their plans for schooling, employment, or marriage than were the nonfathers.[50]

The present research was designed to expand slightly on the work already done by Zabin, Clark and colleagues. The study population was composed of students from diverse backgrounds: urban, suburban and rural, and from a number of different racial and ethnic groups. Since most teenagers of high school age are not yet parents, the majority of the sutdents surveyed would be non-parenting teens. With such a population, it was felt that issues of importance to most teenagers could be identified.

In this research, no questions were asked about sexual activity per se, and few questions were asked about pregnancy. One reason for this selectivity was that many adolescent pregnancies are terminated

by abortion, and are for many of the teens who cope with them "a problem that goes away". These pregnancies were not of primary interest in this study. A second reason for asking about parenthood, as opposed to the ways in which people become parents, was the possibility that focusing on the causes of teenage pregnanacy may put the phenomenon of adolescent childbearing in a bad light. The major question behind this research was "how do teenagers feel about teenage parenthood?". If their feelings were closely related to feelings about adolescent sexual behavior, contraceptive practice, or morality, then those answers would be valuable findings. However, answers relating to other considerations were equally valuable.

Previous research has demonstrated that teenagers and adults hold negative attitudes toward childbearing and that children are able to apply adult deviance labels by the time they reach their early teens.[51] Therefore, a working hypothesis for the present work was that, in general, teenagers would disapprove of early parenthood. The specific conditions or reasons for their dissapproval (or approval) were not known before administration of the survey, therefore it was designed to elicit whatever details the students could provide. Because of the emphasis placed on unwed teenage parenthood as opposed to married teenage parenthood, a second hypothesis was that marriage would emerge as an important determinant, or perhaps the most important determinant, of the acceptability of teenage parenthood. Finally, the characteristics of those who approved of teenage parenthood were of interest. While it was guessed that teenage mothers would be somewhat more likely to approve of

adolescent parenthood, the factors which would make other teenagers approve of early childbearing were not at all clear.

Because there is not a significant body of research extant about teenage attitudes concerning the proper age or conditions for parenting, the object of this survey was to serve as a preliminary investigation. Rather than being a pilot study to iron out the problems with a research instrument, the purpose of this survey was to generate hypotheses more than to test them. Strauss and Glaser have described the process they call "the discovery of grounded theory"[52] which usually involves intensive observation or interviewing which allows a researcher to develop theory based on the data which are collected. While surveys administered simultaneously to large numbers of students are not a very reactive way to elicit emerging truths, the responses obtained from the students who completed the questionnaire were quite varied and clear. It is hoped that their answers are an accurate description of the opinions teenagers might hold about the complex issues of teenage pregnancy and parenting.

Chapter Two

## SOCIOLOGICAL MODELS

When teenagers bear children they form families. The Victorian practice of sending pregnant girls away for their confinement and then allowing their children to be adopted, long prevalent among middle class white adolescents, has died out almost entirely since the 1950s.[1] With slight regional variation, only 7% of white unmarried teens give up their babies for adoption, while among black teens the rate is 0%.[2] Childbearing teens form two kinds of families, both of which are subject to public scrutiny. About 55% of teens are unmarried when they have their children, so they form single-parent families, often as sub-households of the mother's family.[3] The other 45% are married at the time of childbirth (though not necessarily at the time of conception) and form, at least temporarily, two-parent families.[3] In this section, the role of the "ideal" American nuclear family will be contrasted and compared to adolescent family formation, in both marital and non-marital situations.

The nuclear family of an adult male employed in the paid work force, an adult female, employed at home and perhaps also in the paid work force, and their dependent child(ren) is the archetype of a socially acceptable institution. As sociologists point out "most of us know better, but somehow we believe that Father, Mother, Dick, Jane and baby Sally are the 'natural' family after all, and that any other family form is unusual."[4] The nuclear family with a father as breadwinner and mother as homemaker is no longer the norm (in

California in 1980, only 28 percent of all households were made up of couples with children, down from 54 percent in 1950[5]), but it still serves as a compelling religious, educational, moral, economic and political force. As such it stands in stark contrast to unwed teenage parenting and to many aspects of married teenage parenting. The differences and similarities will be demonstrated through the use of three different sociological methods: the structural functionalist perspective, the conflict perspective, and a social construction (labeling) approach.

## Functionalist Approach

The family has been analyzed in great depth in terms of the social function it serves. Though "the family" is a variable concept, in virtually all societies the family serves at least five major needs. First, the institution of the family serves to define and regulate appropriate sexual behavior. A related function of the family is to enforce other aspects of morality and decent conduct. Second, the family is a force for socialization of children and adults, which insures that someone takes responsibility for the care and upbringing of children, and that civilized behavior is encouraged among family members of all ages. (This goes beyond moral regulation to to other aspects of 'normal' behavior.) Third, families are the method by which legitimate reproduction is accomplished. This function not only serves to propagate new members of the society, it determines the 'placement' or social status of those members. Fourth, the family is a fundamental unit of economic production, and to a

greater extent in contemporary American society, a unit of consumption. Finally, in a society in which labor is highly compartmentalized, and the family as a unit of economic cooperation is dispensable for certain segments of society, the family is expected to serve as the primary source of emotional support, happiness and comfort.

In addition to these clearcut functions, the family interacts with other fundamental societal institutions such as religion, government, medicine, education, and economics. Many of these interactions are mutually reinforcing. For the sake of simplicity, teenage pregnancy and parenthood will be discussed mostly in relation to the institution of the family, and interactions with other important institutions will be mentioned in less depth.

Parenthood among both married and unmarried adolescents breaks societal rules of sexual conduct for several reasons. Among conservative segments of American society, all premarital sex is stigmatized, while more liberal adults, who may approve of non-marital sex, also disapprove of "irresponsible" sex, i.e. that resulting in conception. Obviously, teens who become pregnant before marriage fail in the eyes of both groups. While the concept of a functional family (with two married parents) serves to control behavior, individual families themselves are also a means of sexual regualtion. Parents are expected to control the sexual behavior of their children by setting appropriate examples of sexual behavior within marriage (or at least abstention from sexual behavior outside marriage), and by

encouraging or forcing their children to adopt appropriate values and behaviors. These are difficult tasks, if not impossible ones, for teenage parents to accomplish. Children living in single-parent families and those in traditional families are often aware of the circumstances of their conception; even young children can count back nine months. Additionally, children of never-married or divorced women may have less interaction with adults, and less adult supervision, both of which are related to parental ability to control their children's sexual behavior.

This problem can also be applied to the second major function which families serve, that of general socialization of children. Single parents don't have as much time to spend on children as married parents, especially if employment obligations and other children compete for their time and energy. Additionally, people who begin families as teenagers often belong to disadvantaged groups (or they become members of disadvantaged groups) such as ethnic minorities, poor people, or those with little education or low-status occupations. Therefore, members of more advantaged majority groups look upon these parents as poor role models on all criteria, not just sexual or moral ones.

In all societies, norms of family formation insure legitimate reproduction. Although adolescents are successful at reproducing new members of this society (and in some communities, they are more fertile than their older peers), adolescent family formation blatantly contradicts the majority culture's definition of legitimacy. Accounts

from English and American fiction of the nineteenth century demonstrate that the response of those societies to such reproduction was complete ostracization[6,7]. The stigma of unwed motherhood persisted into the twentieth century, where out-of-wedlock pregnancy was seen as evidence of immorality and unbridled sexuality[8]. Within white middle and upper class communities, a common practice from the 1930s to the 1960s was to send girls away during their pregnancy[9], so that their infants could be adopted and the girl's shameful secret was not made public. The other usual methods for pregnant adolescents to avoid social approbation were illegal abortion and "shotgun" marriages. Because of the stigma associated with unwed pregnancy, neither illegal abortion nor premarital conceptions were well documented until the latter half of this century. However, the best data on the prevalence of abortion in the twentieth century (prior to the Supreme Court's decision in Roe v. Wade), found in the Kinsey Report, showed that almost 90% of premarital pregnancies among Kinsey's respondents were ended by abortions, most of which were illegal.[10] Furthermore, Rubin, in her study of white, working class families in the San Francisco Bay Area, showed that a significant number of marriages were precipitated by an unplanned pregnancy.[11]

In the past twenty years, the overt stigmatization of adolescent pregnancy has lessened, and the pejorative terms "unwed mother" and "illegitimate child" have been replaced by the neutral sounding phrases "teenage mother" or "pregnancy in adolescence". With this semantic change and with greatly increased journalistic coverage of teenage parents and their children, there has been a shift

in the public perception of the shame associated with teenage pregnancy. While many people in the United States still condemn premarital sexual activity and adolescent pregnancy in the strongest moral terms, most Americans believe that teenage pregnancy is more accepted (if not acceptable) now than it was twenty years ago. Clearly the moral approbation is no longer a united chorus; now it comes mostly from those with strong fundamentalist religious beliefs.[13] However, in a society where secular values dominate public actions (if not political pronouncements), it may be that teenage pregnancy is just as illegitimate as before. A social problem that requires the expenditure of public resources may be stigmatized differently, but just as strongly as a mortal sin. This possibility is discussed more thoroughly below in relation to social construction and deviance labeling.

It is important to note that terms such as "pregnant adolescent" or "teenage mother" have shifting definitions depending on who uses them. The researchers who have documented negative outcomes for both unmarried and married childbearing adolescents are generally careful about describing the specific groups to whom they refer. Among neoconservatives, however, these terms are usually used to refer only to unmarried teen parents. This distinction was made very clear in the minority view given in the report of the House Select Committee on Children, Youth, and Families about teen pregnancy, which states:

> ...this lack of definition manifests itself in a failure to distinguish between married and unmarried teens and in a far greater emphasis on birth rates than
> We believe that the general public does indeed distinguish between the married and the unmarried in

its concern for teenage pregnancy...
Pregnancies among unmarried teens--what the trends are and how to prevent them--this is the public's concern. This is our concern.[14]

While the committee members are probably correct in assuming that the public cares most about unwed teenage pregnancy, it is not at all clear that the lay public have an accurate perception of the dimensions of the problem as they define it. For example, residents of Illinois (where numerous studies have been done on the antecedents of adolescent childbearing and where the controversy over school-based clinics is far from over[15]) would probably be surprised to see the decline in births to adolescents which occurred from 1960-1978 (shown in Figure 1). The most commonly cited statistics on adolescent pregnancy refer to all pregnancies to women under twenty. Those people who think "teenage pregnancy" refers only to unmarried teenage pregnancy, or those who believe that "teenage" ends when a woman reaches legal adulthood at age eighteen, will greatly overestimate the magnitude of the problem which concerns them. Overstating the problem in this way may serve to increase the overall concern about "illegitimate" reproduction at a time when value-laden labels are viewed with disdain.

The two remaining functions served by families are economic cooperation and emotional support. While these functions are deemed absolutely necessary for parents, because children drain even the most plentiful financial and emotional resources, they are thought to be served mostly through the relationship of marriage, whether or not a couple has children. In wealthier segments of the society, in which

women are likely to command adequate wages, men are able to pay for housekeeping services, and the wages of married couples are subject to high taxes, the aspects of economic cooperation in marriage are downplayed, and marriage is seen as a means of fulfilling unmet emotional needs. It appears that the expectation of complete fulfillment and emotional support from a spouse is unrealistic--- the disparity between what people expect from marriage and what marriage actually provides is often cited as a major cause of the United States' high divorce rate[16]. Although sociologists may see in this a structural conflict between what people want and what is actually attainable, many adults believe that their problems with marriage are personal ones. Marriage rates remain high in the 1980's, and "serial polygamy" (the practice of marrying and divorcing several different people in succession) has become relatively common as adults search for Mr. or Mrs. Right.[17]

Those widely-held delusions contrast distinctly with the perceived state of single teenage mothers, who of course have no husband to provide intense emotional support. In the popular mythology, teenagers who become pregnant and decide to raise their children themselves often do so because of emotional needs for "someone to love" or someone "who will love me back" or just for a person to call their own[18]. Though adolescents may be much more sophisticated than to bear children to have something to hug, they often underestimate the amount of effort required for their care. Interestingly, because having children is the accepted norm for married adults, the justification for their having children is often

no more than age and marital status. Though children are a disruption to most women's lives (albeit a welcomed, loveable disruption) and perhaps a greater disruption to an established careers and high standards of adults than to the disorganized life of a high school student, the burdens to teens are known a priori, and those to adults are considered mostly a posteriori.

While perceptions of the happiness people will receive from marital and parental relationships are colored by prejudices for married adults and against teenagers, the common perceptions about the different economic status of teen vs. adult parents are well grounded in fact. Seen in economic terms, marriage is a contract which women enter into in order to gain money, power, and social status, as well as love. To a much greater extent than childless women, women with children need economic support from men or from other sources. There are at least three lines of evidence for this. First, married women who become divorced suffer an extreme financial penalty, as mentioned above. Second, among white women who begin childrearing as unmarried teens in poverty, a significant percentage are able to move into the middle class, almost always because of marriage[19]. Third, Black teen mothers, whose chances for marriage are extremely restricted by a variety of social factors, almost never move out of poverty[20]. These mothers and their children now form a distinct "underclass" in American society[21].

Because of their low rates of marriage and high rates of divorce, teenage mothers often have no husband to support them and their

children. Also, these young women often come from impoverished backgrounds, they have relatively little education, they are usually unable to obtain good jobs, and they have to meet the extra expenses associated with childrearing. Thus, these women are most in need of the economic cooperativity provided by marital or familial relations, and they have less access to needed resources than other women.

From a structural functionalist perspective, if this society is organized so that childbearing women must depend on men in order to survive economically, then unwed motherhood at any age is not functional. However, a careful analysis of the circumstances of unwed motherhood reveals that in certain communities reproduction by single women is a functional alternative to the national norm. For example, a number of ethnographic accounts reveal that unmarried teenage pregnancy is a viable path to adulthood for adolescent women[22], that childbearing is one way to bring money into impoverished communities[23], and that those mothers who have several children by different fathers are able to build large networks of female kin, among whom they can share scarce monetary and other resources[24].

The prevalence of unmarried teenage parenthood, and its function as a survival strategy, is common is situations of extreme poverty. For example, in Bangladesh, the mean age at first marriage for girls is 11.6 years, seventy percent of females aged 15-19 have been married, and the birthrate to females 15-19 is 253 per thousand[25]. In Japan, which has a uniformly high standard of living, the mean age at first marriage is 25.3 years, only one percent of females 15-19 have

ever been married, and the fertility rate of women in that age group is only four per thousand[25].

In the United States, Blacks are more likely than non-minority group members to suffer from severe poverty. Even though the majority of teenage pregnancies and births are to White adolescents[26], teen pregnancy is largely viewed as a Black problem. (This is partly because the vast majority of births to Black teenagers occur out of wedlock, and because these births are a significant percentage of all births in the Black community.) This stereotype has prompted many suggestions from Black leaders about how adolescent Black women might conform more closely to economic and social norms. Most suggestions and programs have been directed at the prevention of teenage childbearing, and the amelioration of its deleterious effects on the lives of young women and their children. One solution to the related problems of teenage women's fertility and the relative lack of employed, marriageable Black men, was made rather flippantly by Hortense Canady, president of the Delta Sigma Theta Sorority[27]. She proposed that polygamy be legalized so that a greater number of Black women and children could share in the economic benefits of marriage. Her suggestion demonstrates the extremely high value placed on marriage in American society, but it departs radically from accepted norms for marriage. Changing marital norms from monogamy to polygamy does occur in situations of extreme stress, such as during famines in West Africa[28], and when the same strategy is proposed in the United States, it indicates that poor Blacks in this country are in an extremely precarious position.

Given the extreme poverty that is present in Black ghettos throughout the United States, it is possible that teenage pregnancy itself has little effect on the life chances of Black adolescents or their children. The nation has a long history of slavery and overt anti-Black racism, as well as regional, industrial, and educational trends which impact on the present-day situation of all U.S. Blacks, thus there are many alternate explanations for the extreme poverty and disadvantage faced by many Blacks today. However, the incidence of teenage sexuality and childbearing, and the negative outcomes associated with them, are so strongly correlated with socioeconomic factors that intense concern and a search for a causal relationship are understandable.

To date, efforts at eliminating the problem of teenage pregnancy have been largely unsuccessful, and the hypothesis that the lives of very poor people whould be better if they could delay childbearing is mostly untested. There have been two good studies which addressed the question of causality, and both of them deserve attention. The first study, done by Josefina Card and Lauress Wise, analyzed data from Project TALENT, a nationwide study of students who were in high school in 1960[29]. Students were contacted one, five, and eleven years after high school graduation, and a sample was made up of all the respondents who were in ninth grade in 1969 and subsequently had their first child before age 20, as well as a sample of students who did not have a child by age twenty. Those students who became parents while teenagers had lower levels of education at five and

eleven years after high school than their nonparenting peers; teenage mothers had a larger educational deficit than teenage fathers. (There was a linear correlation between age at first birth and educational attainment which applied for each age: 17, 18, 19, 20-24, 25-29, and no child by age 29). There were also occupational differences between the groups. Teenage mothers were less likely to be working for pay five years after high school, but more likely to be in the workforce eleven years after high school (when their peers were beginning their families). Teenage fathers were more likely than the others to be working five years after high school, but the rates of employment became equal by the eleven year mark. The occupational prestige of teenage fathers was lower, and their representation in blue collar jobs was higher, than that of those men who delayed childbearing. At eleven years after high school, the incomes of the two groups were not significantly different, but it was expected that the incomes of the better educated group would surpass those of those who became fathers early. Adolescent mothers had low prestige jobs, lower income, and less job satisfaction than the rest of the samlpe. Other findings included a younger age at first marriage, a greater likelihood of being single at first birth, a higher rate of divorce, a higher number of marriages, and larger family size for those who first became parents in their teens.

Compared to all the students in the TALENT survey, the teen parents started out with lower socioeconomic status, lower academic abilities, and lower educational expectations than their classmates. In order to determine if the poor outcomes for the teenage parents

were the result of adolescent parenthood per se, a teenage parents were matched with a sample of students matched for race, socioeconomic status, acdemic aptitude, educational expectation, and age. The cases and controls were compared on three outcome variables: the probability of receiving a high school diploma, the probability of receiving a college degree, and the number of children born. Although the two groups began the study with similar levels of academic ability, racial and socioeconomic background, and expectations about college, the adolescent parents were much less likely to finish high school or college than the controls, and they had significantly larger families at the time of the study.

A second series of studies, done by Frank Furstenberg over a twenty year period in Baltimore, showed that adolescent mothers had significantly different life experiences than a sample of their classmates (some of whom also became parents before age twenty)[30,31]. The teenage mothers were almost twice as likely to be married by age eighteen, and they were also twice as likely to experience dissolution of their marriages than their classmates who were married. The teenage mothers completed less education, had larger, more closely spaced families, and less satisfactory jobs and incomes than their classmates who delayed childbearing.

Although the young mothers, on average, suffered from negative consequences of early initiation of childbearing, an extremely important point made by Furstenberg's work is that the women who gave birth as teenagers had an enormous variety of life experiences. Their

patterns of marriage and additional childbearing, their work and welfare experience, and their methods of childrearing varied greatly. A critical finding was that after seventeen years of followup, only one-quarter of the former adolescent mothers in the study were "hard core" welfare recipients. The children of the teen parents did have worse school performance than other children, and many of them are already parents, so it is clear that there are residual negative effects from their mothers' early parenthood. In contrast to Campbell's statement that a teenage mother has 90% of her life's script written for her, Furstenberg demonstrates that there are a number of different life paths that teenage parents may follow.

While both of the studies described above are generally excellent, since they are comprehensive, long-term efforts they necessarily document the experiences of women who became parents in the fifties and sixties. Since the rate of unwed teenage paretnhood has increased since the late fifties, and since teenage parenthood has changed from an extremely shameful, clandestine affair to a highly visible occurrence, it is likely that the outcomes for today's teenage parents will be somewhat different. Card and Wise addressed this issue, and concluded "that the consequences of adolescent childbearing will remain basically similar to those documented in this article as long as education and childbearing continue to be mutually exclusive activities, especially for the young mother."[32] Presently very few school districts overtly force pregnant or parenting teens to leave school, so the situation is somewhat better. Still, teenage pregnancy does impose burdens on teenagers which must lead to shortened

education, poor occupations, and decreased life chances.

While teenage parenthood leads to worse outcomes for maturing men and women, it is not entirely reasonable to assume that delayed childbearing would greatly improve the status and life chances of those adolescents who now have children. For most women, the supply of adequate jobs is a problem. In the past twenty years, the number of jobs in this country has grown dramatically, absorbing a shift of large numbers of women from full time homemaking and motherhood into the paid labor force[33]. Most of the new jobs created are service intensive jobs which require little capital support, and which pay poorly[34]. Although service sector employers are much more dependent on their employees than other industries, their current organization requires that employees be treated as though they are expendable[35]. Therefore, service sector jobs lack the security, salary, working conditions and fringe benefits which characterize good, livable employment. Since the job market has changed so that a greater percentage of jobs are unsatisfying, insecure, and inadequate to support a family, and since a large number of "good" jobs are moving offshore to countries with low labor costs, it is reasonable to ask what would happen if those adolescents at greatest risk of exclusion from employment by childbearing were able to delay childbearing for several years. It is likely that a number of them would still be excluded from the labor force by factors such as illiteracy and inadequate job skills. Others could be absorbed by the educational system to complete high school or higher levels of education. At some point, however, for their life chances to be significantly altered,

new jobs must be created for them, or they must take jobs currently held by other people.

The same problem of adequate employment applies doubly for Black Americans. For every 100 single Black women under 25 available for marriage, there are less than fifty stable, employed Black men; all the rest are dead, institutionalized or imprisoned, or chronically unemployable[36,37]. If Black adolescents are to conform to middle class majority norms, then not only do Black adolescent girls need to stay in school, delay childbearing, and find adequate employment, but Black adolescent boys need to have drastically improved life chances. Otherwise many Black women (with the exception of those with the contact and inclination to marry non-Blacks) won't have anyone to marry, and they will be excluded from the majority's definition of normalcy no matter how hard they try. Among adults, it is estimated that 77% of Black women will eventually marry, as opposed to 98% of White women[38]. Todays teenagers are in a worse situation, as 93% of Black teenagers aged 15 to 17 are expected to remain unmarried, compared with only 45% of White teenagers[39]. It is clear that the marital prospects for Black teenagers of both sexes are way below the norm, regardless of parenthood status. It is ironic that a lack of opportunity for marriage should be seen as a symptom of oppression and inequality, in an era in which the unequal aspects of marital relationships are well known. However, since unequal employment opportunities for men and women are likely to remain the norm for quite some time, marriage will remain an economic benefit for people of low socioeconomic status.

In a country in which equality of opportunity and social mobility are highly touted, the structural functionalist model which asserts that most of society works, and that the groups which don't conform to the norm are dysfunctional, is a very comforting view. It is difficult to acknowledge that cherished norms of family or morality are changing, or that the society doesn't function fairly for all its members. Instead, social conservatives can claim that individual teenagers are to blame for the negative consequences they suffer after teenage pregnancy. The current lack of effective programs to prevent teenage pregnancies makes it unlikely that such a claim can be easily disproved.

Conflict perspective

From a functionalist perspective, the major institutions of society work well together most of the time. The conflict perspective differs in that it sees social conflicts as the forces which shape society, and assumes that different groups and institutions within a society don't really work cooperatively. The two perspectives are not necessarily incompatible; when a segment of the society becomes dysfunctional, one of the forces which acts to restore functional equilibrium is conflict. The functionalist view basically requires a consensus on norms and values, so that deviant groups or individuals can be pressured into conformity. If the majority of the society is "dysfunctional" by the established definitions, there is no consensus, and the stage is set for conflicts which will redefine what is normal

and what is deviant.

From a conflict perspective, the institutions of marriage and the family are not the placid havens we assume they are. Rather, marriage is seen as a battleground for the war between the sexes. Although unmarried teenage mothers do not usually have dominant male living with them, they are not left out of the conflict. Ironically, teenage mothers are at the center of a number of social conflicts on the family.

If there is a battle over who should assume responsibility for the care and support of children, teenage mothers are clearly the losers. Although some teenage fathers can and do offer emotional and financial support for their children, teenage fatherhood is often an optional responsibility, while teenage motherhood is a permanent commitment. Some teenage boys and older men use their power to impregnate adolescent women as method of retaining control over them. For example, it is not too rare for a teenage girl to say "He said he got me pregnant so he wouldn't lose me"[40], or for pregnant adolescents to choose childbirth over abortion because of their partners' threats to abandon them[41].

The social position of unwed mothers who begin childbearing in their teens has an impact on other women as well. In order to gain access to power, money, and social acceptability, most women marry. Because welfare programs and other aspects of family policy are inadequate, women who try to avoid poverty have few options other than

marriage. If they break the social conventions, it is very clear what will happen to them. Teenage moms, who suffer all the social sequelae of powerlessness, are a forceful example of why women need to conform to established norms.

An important conflict in which teenage mothers are taking part is the growing incompatibility between womens roles as wives and mothers and their career goals as workers in the paid labor force. A generation ago, the salary of one male employed full time was usually sufficient to support an entire family, which often included four or more children. In the past four decades the purchasing power of the average salary has decreased, both in absolute terms[42] and relative to the increased luxuries which many middle to upper middle class families now feel they need, so that now it takes two adults working full time to support a comfortable lifestyle. As this change has occurred, a large number of adult women have entered paid employment and remained there throughout the time they raised families. These new entrants into the labor force were already working, though not for pay, in domestic activities such as cleaning, childcare, cooking, and management of family finances, and when they entered "visible" employment, they generally continued to do the "invisible" work they had always done. At a time when women were beginning to be admitted to previously closed professions, their jobs were seen as wonderful privileges. When "feminine" roles were considered, the most common evaluation was that "now women could have it all."[43]

In the 1980s, women's rising expectations of equal employment, coupled with the increasing birth rate of the baby boom generation, have brought the conflict between womens dual roles to the forefront. The short lived phenomena of "supermoms"—women who could do everything on very little sleep--has been replaced by serious reckoning. Gershon has documented the ways in which women separate into groups with primarily career or primarily domestic orientations, with a great deal of sadness because they are unable to pursue both paths to the extent that they would like[44]

Although women's role conflicts seem publicly to be the concern of feminists and women with high-status jobs, women who begin childbearing as adolescents are actually in the thick of the conflict. Because of their generally precarious financial position, teenage moms are often barely able to fulfill one role to their satisfaction. are often barely able to fulfill one role to their satisfaction. Mothers who receive AFDC have long been in the Catch-22 of not being able to afford to work, because of the high cost of childcare and the other expenses (transportation, education, clothing) associated with employment[45]. Far more than overworked, married professional women (who can at least pay someone to do childcare or housework), teen mothers demonstrate the exclusive natures of full-time employment and full-time motherhood. Along with divorced women and their children, the families of adolescent mothers represent most of the "feminization of poverty"[46], a problem which was previously the domain of minorities and a small percentage of the White population. Ms. Johnie Mae Taylor, a veteran national welfare rights activist, highlighted

the changing demographics when she addressed a (mostly White) conference on the feminization of poverty. As she explained "I want to welcome all of you White women to the world of poverty; we have already been here for a long, long time."[47] Of course, women of all colors would prefer to reject such a greeting; very few people want to be poor. When teenage mothers demonstrate that parenthood is an extreme burden, especially for women who are or could become single, women who want careers and do not want to live in poverty may feel that they cannot become parents. Whether these women postpone childbearing, or forget childbearing altogether, they will not give up motherhood without pain.

While teenage mothers and career women have a common problem in the lack of adequate solutions to the dual expectations for women, unwed adolescent mothers are in conflict with married housewives to a far greater extent than married employed women. In our secular society, where the ability to earn wages is the primary measure of social worth, women whose work is invisible and uncompensated have very little status. Women who hold the devalued job of "just a housewife", especially those whose religious and social values are very traditional, have to fight hard to maintain a sense of self worth and any social worth they still have[48] While feminists point out that unemployed housewives are "just a man away from disaster"[49] (disaster being the state which characterizes most adolescent mothers), it is in the interest of married housewives to emphasize the vast differences they perceive between themselves and teenage mothers. In the popular stereotype, teenage mothers "don't work" (though the facts are that

most teenage mothers spend most of their adult lives working.) To distinguish themselves from teen mothers, conservative homemakers need to emphasize that they are the "good" mothers. In emphasizing traditional family values such as morality, strictly divided gender roles, and the role of sex as a marital commodity to be used only for procreation, these women establish a standard which puts teenage mothers at the bottom. What is most important about the standard, though, is that it puts conservative married homemakers in the highest position, a place that they are currently denied in the society at large.

Kristen Luker has documented the world view of such women who are active in the right-to-life movement[50]. Because of the demographics of sexual activity and contraceptive use, teenagers are among the most frequent users of therapeutic abortion[51], and therefore they are prime targets for the attention of those who oppose abortion. The opposition to unwed motherhood and the opposition to abortion seem to liberals to be inconsistent. If the pro-lifers succeed in stopping abortion, their efforts will lead to more births among unwed teenagers. If they are successful in creating an extreme stigma to unwed motherhood, they will probably convince more pregnant teens to abort, rather than becoming social outcasts. To true conservatives, there is no inconsistency, because they are not single-issue thinkers. Rather, their hope is that all aspects of society will benefit from a return to traditional values[52]. Just as teenage motherhood relates to all the functions of the family, and interacts with virtually every societal institution, so do conservative family values apply to all

aspects of society. Teenage mothers, who are powerless by virtue of their age, poverty, and lack of social status, are just the easiest targets for conservative reforms.

The governments in the United States are exquisitely sensitive to the opinions of small but vocal minorities. Therefore, the people who are labeled "conservative", "fundamentalist", or "right wing" have a lot of political power, and they have made the morality of teenage pregnancy and parenthood a political issues. Because of the expenses related to teenage pregnancy and the inequitable burden imposed on the life chances of adolescents who bear children, teen pregnancy prevention was already an important political and social issue for liberals. Recently, with greatly heightened conservative power and concern about teenage pregnancy, the issue has become extremely volatile.

Whom is the conflict between? From the outset, it is clear that there is very little support for teenage parents themselves. Although some liberals and conservatives are willing to support public expenditures on Adolescent Family Life Programs or welfare programs, they all agree that it would be better if teenagers did not become pregnant or have children in the first place. The teenagers are parties to the political debate only insofar as they create demographic trends, and their opinions, if heard, are only used to support the political views of one side or another. The real actors in the conflict are broadly defined "liberal" and "conservative" camps, with long and mostly contradictory beliefs. The liberals

support comprehensive public education on sexuality and comprehensive public education on sexuality and contraception[53]. The conservatives would ban contraception and abortion outright, and see the home and sometimes church as the proper locations for teaching sexual values to children[54]. The liberals believe that social programs such as AFDC and WIC help young families to survive[55], if not to prosper, while conservatives believe that "welfare" destroys families and leads to societal dysfunction[56]. Liberals believe that people should be free to control their own decisions, but that society has a responsibility to insure that all its members have a fair chance. Conservatives believe that an individual is responsible for all of his own actions (this is a fundamental teaching of several projects funded under Title X[57]), but that "responsible" people will all conform to a set of family and social norms which fit into the conservative construction of how society should work. As these examples demonstrate, different groups in our society have wildly different world views. Each world view contains some internal contradiction, and some elements which are compatible with the "opposite" view. Obviously, the conflicts go far beyond the issue of teenage pregnancy or parenthood, and encompass most aspects of modern life.

Sometimes, two conflicting views are supported simultaneously in what seems like a schizoid compromise. Examples include television and other media, which show thousands of implied acts of sexual intercourse[58], but shy away from simple statements such as intercourse[59], but shy away from simple statements such as "contraceptives

are one way to prevent unwanted pregnancies"[59], or the funding of programs under the Adolescent Family Life Act, some of which supports extremely conservative religious education in parochial schools[60], and some of which supports very practical, secular programs for teens who are already parents[61].

Conflicting values and motivations may operate even within and upon individuals. For example, in immigrant or ethnic communities, the crisis of teenage pregnancy or parenthood may reflect a concurrent crisis of acculturation. Both traditional and new values come into play when teenager who is the child of immigrants or is an immigrant herself becomes pregnant. For example, unwed Mexican-American girls who become pregnant may cause extreme disappointment to parents who expected them to remain virgins until marriage[62], but they may benefit from close family interaction, financial support from family members, and attitudes of acceptance and love towards their children.

Age also plays affects the way people approach teenage parenthood, apart from the likelihood that people of a certain age will be politically liberal or conservative. As the proportion of Americans over 65 increases, there is increasing conflict between older and younger people for limited public resources. This conflict was highlighted when Social Security benefits received special protection under the Reagan administration while programs which benefit young people (e.g. AFDC and student loans) suffered deep cuts[63]. While the ratio of workers to retirees is important (one

problem looming ahead is the smaller number of workers whose taxes or social insurance contributions support each retiree), the earning potential of workers is also an important factor. Since 22% of all American children are already living in poverty, they will not only compete with the elderly for social spending, they will be poorly prepared for good jobs which will generate the payroll taxes needed to support entitlements or insurance for the elderly[64]. Hayes-Bautista has noted an additional component to the intergenerational conflict looming in California, which is that by the year 2000, the majority of workers in the state will be so-called "minorities"[65]. Because teenage parents contribute heavily to the numbers of poor and non-White children, they are being blamed for the creation of the "large underclass" that so worries tomorrow's retirees[66]

It is evident that teenage parenthood is a concern, and a source of conflict, in many different parts of society. This is logical, since teenage pregnancy is a moral issue, an economic issue, a racial/ethnic issue, an educational issue, and so on. It is helpful to note, however, that teenage pregnancy is not the most important component of any of the conflicts presented. Just as the elimination of teenage pregnancy will not solve all the problems of poverty, neither will it significantly reduce the conflicts between genders, political ideologies, generations and races.

## Deviance Labeling and the Social Construction of Teenage Pregnancy

In both the structural-functionalist and conflict analyses, the

fact that teenagers get pregnant and have children is seen as a problem for them and the society. There is another way of defining the issue, which says that the problem is in the eye of the beholder. As Willard Waller, a leading sociologist of deviance points out, the term social problem "indicates not only an observed phenomenon but the state of mind of the observer as well. Value judgments define certain conditions of life as social problems; there can be no social problem without a value judgment."[67]

"Teenage pregnancy" is a label that encompasses such value judgments. The phrase is used so commonly that people who deal with teens on a daily basis often slip up and use the term to refer to teenage family planning, teenage sexuality, or teenage parenthood. Teen pregnancy has many of the hallmarks of other deviance labels. Just as labels such as "criminal" or "obese" prompt social scientists to study deviants to find out what causes their abnormality, teenage pregnancy has spawned countless studies of pregnant or parenting teens which attempt to define the "cause" of their condition. Like other stigmatized groups, teen parents are regarded with ambivalence--those who criticize them also want to help them (and the people who work with them often comment on their inability to parent, to contracept, and so on.) The label "teen parent" is a very strong one, which can blind both teenagers and adults to the real people involved. It can be a self-fulfilling prophecy, as the "deviant" becomes "engulfed" or "entrapped" in the devalued role, and learns to adjust on the basis of that role. As Schur notes, labels "such as 'hysterical', 'fat', or 'promiscuous', and the social reactions which accompany them,

represent a very potent kind of deviance defining. They may not put the presumed 'offender' in jail, but they do typically damage her reputation, induce shame, and lower her 'life chances'"[68]. It is ironic that Schur should choose to describe labels as lowering life chances, when the same terminology is used ubiquitously by those who condemn pregnancy and parenting as "a cosmic danger" to the society.

Is it the label, or the pregnancy itself which lowers the life chances of teenage parents? (Presumably an abortion, which is often kept secret from all but close friends and family members, doesn't have such a significant effect on labeling or on the rest of a teenager's life.) Probably both the stigma and the fact of a child's existence are important. Clearly childbearing adolescents are stigmatized. While the number of "illegitimate" teen births has increased, and in some communities these births are well accepted, they are regarded nationally as a grave problem. Young women, young men and their children are all subject to being labeled deviant because of teenage pregnancy. In 1961 Vincent noted that "although biologically he is half the cause of illegitimacy, the ratio of studies of the unmarried father to studies of the unmarried mother is approximately 1 to 25"[69]. Then as now teenage mothers bore the brunt of social disapproval, not just because their sexuality was the subject of stronger sanctions, but also because teen mothers have always been the ones to bear and raise their babies.

Teenage fathers, who have long been able to duck actual financial responsibilities, have long been regarded as deviant. A

recent editorial entitled "Teen Fathers Are Not All Ogres"[70], was a typical example of the prevailing perception that teenage fathers are ogres, which isn't likely to be changed by one Ford Foundation study. The children of unmarried teenage parents also suffer. They not only have their own deviance labels—illegitimate, bastard, unplanned—they also bear the hardships of their parents' poverty and stigma.

As with other deviance labels, the disapproval associated with teenage parenthood can be resisted by those who have ample resources, including money, social status, and group support. Farrah Fawcett, Amy Irving, and other celebrity single moms don't have much trouble with their unwed status, and it is unlikely that their children will suffer the typical consequences of unwed parenthood such as low birthwieght, hunger, or suboptimal academic performance. In the opposite case, those who have few resources or are already stigmatized have a very hard time resisting the stigma and sanctions that go along with the label of "teenage parent". This is especially true for the handicapped (many of whom were sterilized involuntarily while teenagers) and minority group members. The double stigma of Black teen parents has been criticized by Ladner, who noted:

> "there are no 'illegitimate' children in the low income Black community because there is an inherent value that children cannot be illegally born. There are, however, 'unauthorized' births because these children are not born within the limitations and socio-legal context defined by legislators and other people in the majority group who create and assign labels to the minority group."[71]

As Ladner demonstrates, there are various levels on which stigma operates—what is a major tragedy to national leaders may be a source

of independence for a young woman, or a source of pride for her family or partner.

While poor teens may have resources other than money to help them resist the negative effects of stigmatization, deviance labels still hurt them. Young teens often feel unattractive and embarrassed as they gain weight during pregnancy, which may lead them to deny themselves needed nutrition. If a teen is constantly stared at by people who whisper "I wonder how old she is", she may feel too embarassed to get out of the house for exercise or recreation. Many researchers have demonstrated that, even for today's teenagers, pregnancy can cause stress and stigmatization at school which causes pregnant teens to drop out, often permanently[72]. In California, over one fifth of all high school dropouts in 1983 were pregnant[73], so any influence which leads teenagers to avoid school is probably very important.

Teen fathers are also affected by negative stereotypes. They are viewed as financially irresponsible, and sometimes they try to do the right thing by dropping out of school and working at a menial job to support the baby, thereby disrupting their education and their potential to provide adequate support for a family. Although studies have shown that teenage fathers are likely to drop out of school, and that those who recieve help can often be persuaded to return to school[74], the percentage of male high school dropouts who are fathers is not known.

The stigma and other stresses placed on pregnant teenagers, as well as the social support they recieve, can greatly affect the outcome of the pregnancy. Pregnant teenagers often depend on their mothers for support and advice when deciding whether to terminate or continue a pregnancy[75]. Boyfriends and close girlfriends are also influential in the decision process: a boyfriend who reacts negatively to a pregnancy will often influence an adolescent to abort[76], while another close friend can influence the teenager either towards or away from an abortion decision[77]. In either case, friends or partners provide important support for pregnant adolescents.

Social support is an important resource that teens can use to combat deviance labeling, and it is reasonable to expect that high levels of social support or low levels of stigmatization would have similar effects. Colletta has demonstrated that relatives and boyfriends or spouses are important sources of social support, and that the level of support is inversely related to a mother's rejection of her infant[78]. Related studies by the same group demonstrated a positive correlation between stress and maternal depression, and a negative correlation between social support and depression[79]. Colletta also demonstrated a link between low emotional stress, high self esteem, increased social support and functional coping mechanisms among teenage mothers[80].

Unfortunately, there are no good studies of the interaction between stigmatization or social support and short or long term physiological outcomes of teenage pregnancy. Studies in adult women

have demonstrated that there are measurable positive medical correlates of social support during pregnancy, and such findings might be generalized to younger women. Additionally, some of the positive effects of adequate prenatal care and comprehensive teenage parenting programs may be due to increased social support or decreased stigma relative to other teenagers.

One study which did specifically address the effect of unwed motherhood on infant morbidity was done by Stott and Latchford.[81] These investigators determined infant morbidity using 63 different variables, including 47 measures of the children's physical health. Morbidity ratios were calculated by grouping the children based on a number of socioeconomic indices and maternal prenatal conditions, with housing quality controlled. The data indicated that social stresses had a strong effect on infant morbidity; premarital conception (in cases where the mother subsequently married, and in cases in which the mother remained single) was specifically related to a morbidity ratio of 1.44 over the rest of the cohort. Although there were other stresses which had a more profound effect on the rate of child morbidity, it it important to remember that teenage mothers may be subject to a great number of stresses. Since social stresses are so common for teenage mothers (and since genetic and congenital diseases are relatively unusual in this age group), the social condition of an adolescent mother both before and after the birth of her children should be regarded with extreme seriousness. Regardless of the paucity of data which quantifies the opposing effects of stigmatization and social support on medical outcomes of pregnancy,

the relationship between social support and positive psychosocial outcomes is adequate justification for interventions designed to reduce negative labeling and increase social support.

Chapter Three

# MEDICAL AND PSYCHOLOGICAL MODELS OF TEENAGE PREGNANCY AND PARENTING

"Medicine, professedly founded on observation, is as sensitive to outside influences, political, religious, philosophical, imaginative, as is the barometer to the atmospheric density."[1]

When Oliver Wendell Holmes made this piercing observation, he was well ahead of his time in viewing medicine as a discipline that is shaped by social influences. He could have gone farther, though, to give the obvious corrolary: society, politics, religion and other institutions outside medicine are remarkably sensitive to the influence of the health professions. While healing or medical care is an important institution in any society, in the United States, medicine has been elevated to the status of a religion, while maintaining its role in healing. As we have seen in the previous section, societally imposed labels have a strong effect the people who are labeled. The health professions are among the strongest sources of deviance labeling, thus their construction of social issues like teenage pregnancy and parenting is important.

Research in medicine and related fields is still greatly influenced by social concerns, particularly in the distribution of research grants and the choice of topics of study. The scientific method is becoming more important in research, however, so that control groups, hypotheses, and statistical analyses are now used in the majority of studies on adolescent pregnancy or parenting. The

changing social perceptions of teenage pregnancy and parenthood have probably contributed to the generally increasing quality of work in this area, as researchers are now willing to ask controversial questions about the effect of confounding socioeconomic variables, and the possibility of positive correlates of teenage childbearing.

In the discussion of sociological models, many of the negative factors associated with teenage pregnancy and parenthood were seen as detrimental to society as a whole. In this section, the focus of attention is shifted to the effects of adolescent childbearing on the teenagers and their offspring. There is obviously some overlap between the two outlooks; one can look at welfare costs as a problem for government, or at welfare dependency as a personal trauma, and so on.

## Medical Consequences of Teenage Pregnancy

Even before they become pregnant, the girls who will become teenage mothers are at a disadvantage relative to other youths. Those who become sexually active at an early age are more likely than other teenagers to be from poor, minority, urban families[2]. They are also likely to have a set of poor health behaviors, such as alcohol or illicit drug use, cigarette smoking, poor diet, and poor compliance with health care[3]. Thus they are not likely to be the most healthy of "incubators" for a growing fetus.

Although this paper has for the most part avoided the complex

issues of contraception and abortion, teenagers are a major concern to family planning professionals. In general, teens fail to obtain contraception for several months after becoming sexually active[4] and when they do obtain contraceptives, they tend to use them erratically and ineffectively[5]. While teenage women use abortion more frequently than women of other ages, they are more likely to have late abortions or be denied the option of abortion because of their inability to seek help early in their pregnancy.

By the time teenagers become pregnant, they are already in poor health relative to older women who conceive children. Specifically, these young women have low body weight, poor diet, poor health habits, and little access to health care[6]. Girls less than fifteen years old, or those less than two years older than their age at menarche, may be biologically at greater risk from childbearing because they have not yet completed their growth, and they have greater nutritional needs than older women[7].

As these young women progress through pregnancy, they have a higher rate of complications, on average, than adult women do. (This applies only to those women who continue their pregnancies. Teenagers who choose abortion have excellent medical outcomes relative to older women[8].) The medical difficulties which teenagers encounter most often include pre-eclampsia/eclampsia, chronic hypertension[9], amnionitis, anemia[10], placental abruption, and complications of labor and delivery[11,12]. Also, it is more common for teenagers to obtain prenatal care late in pregnancy, or to have no prenatal care at all,

than it is for adult women[13].

For the infants of teenage mothers, a pattern of physical sequelae of teenage pregnancy has been documented for many years. The risks include a higher rate of infant mortality[14], which is especially problematic for women under sixteen, and for Black teenagers. Infants of teenage mothers are more likely to be premature, and more likely to have low birthweight than other babies[15]. These infants require more Neonatal Intensive Care, and are more frequently rehospitalized than infants of adult mothers[16]. They also have a five times higher rate of Sudden Infant Death Syndrome, even when low birthweight is taken into account[17].

## Psychosocial Correlates of Adolescent Motherhood

Teenage mothers have a terrible reputation in the psychiatric and psychological literature. In studies that were done in the fifties through the eighties, teen mothers were characterized as immature, unrealistic, and psychologically maladjusted. They were said to from from single-parent or "mother ridden" homes[18], or from stressful households with alcoholic parents[19]. Mother-daughter relationships between adolescent mothers and their own mothers were said to be strained or inadequate as well: there was ineffective or nonexistent discussion of life goals or of relationships with men, and their decision-making was characterized by mutual evasiveness[20]. The adolescent mothers felt their own mothers were inadequate role models[21], while researchers characterized the parents as afraid of the

teenagers' emerging sexuality[22] and unsupportive of adolescent identity formation[23].

The school performance of adolescents prior to pregnancy was found to be poor or failing[24]. Additionally, these young women often had very low educational aspirations and poor prospects for future employment[25]. Some studies done several years ago found a correlation between teenage motherhood and psychosis, though the choice of study populations may have greatly influenced these perceptions[26]. Most of the papers documenting such findings rely on case reports or uncontrolled studies, and many studies took place in institutional settings such as maternity homes or mental hospitals[27,28].

After their babies are born, teenage mothers often fall into the ill-defined but powerful categorization of "bad mothers." We have seen in national controlled studies that when teenage mothers are compared to women who delay childbearing, they complete fewer years of education, have larger completed family sizes, and are more likely to be on welfare than other women[29]. Smaller studies have shown that adolescent mothers adjust poorly to motherhood[30], that they are at risk for depression[31] and poor mother-infant interaction[32]. Teenage mothers may be ambivalent towards motherhood, and they tend to look at, hold, and play with their children less than adult mothers[33].

Some studies have shown that teenage mothers have higher rates of child abuse than expected in the general population. These studies tend to be somewhat flawed, partially by their own methods, and

inherently by the differences in reporting suspected or confirmed cases of physical, sexual, or emotional abuse of children. Bolton[34] used the fact that teenagers often had low income and education, and high levels of social stress, to bolster his argument that teenagers were more likely than average to abuse their children. His approach was the opposite of that normally used today, in which sophisticated statistical tools are used to separate out confounding variables. Gil[35] and Elmer[36] looked at reports of child abuse and correlated them with maternal age at first birth, and found no increase over the rate for adult parents. Kinard and Klerman[37] recalculated some of the previous data, and concluded that adolescents actually were more likely to abuse their children, however, when they did this they determined whether the rate was high by ascertaining the percentage of documented abuse to children of adolescent parents in individual states (e.g. Georgia) and comparing that to the national percentage of parents who were adolescents. Such a calculation is obviously invalid and calls into question the motives of the investigators.

Psychosocial sequelae for the babies of teenage mothers include many of the deficits noted above, as they are problems of the mother-child relationship. Additional consequences include lower than expected I.Q.[38], suboptimal school achievement[39], disordered behavior[40], interactional difficulties[41], and the replication of unwed adolescent parenthood[42].

## Recent Changes in Research Findings About Teenage Parenthood

In the past twenty years, poorly designed, uncontrolled studies have fallen into disfavor. While it is still common to see studies of with only twenty or thirty subjects, most investigators at least realize that control groups are needed. Statistical analysis of data has also become much more sophisticated as researchers gain access to powerful databases and statistical analysis packages. A good example of the excellent research that is currently being done is the work of Dennis Hogan and Evelyn Kitagawa at the University of Chicago. Their recent study of "The Impact of Social Status, Family Structure, and Neighborhood on the Fertility of Black Adolescents"[43] is a is a well-designed, well controlled study, in which extraordinary care was taken to reduce statistical and other bias. The use of sophisticated multivariate analysis to tease out and quantify the interrelated causes of teen pregnancy in the study population set a high standard for future studies.

Because a number of similar multivariate studies are currently being done, new information about teen pregnancy is coming to light. For many years, it has been known that much of the data on teen pregnancy was confounded by socioeconomic status and race. Because of the clandestine treatment of pregnancy among middle-class whites, information about that group was greatly underrepresented, and that which was reported was not carefully analyzed. It is now known that most of the health outcome differences originally attributed to maternal age are due to other factors, including socioeconomic status

and race[44]. Studies of relatively advantaged girls who receive excellent prenatal care show that they have as good or better outcomes than comparison groups of older mothers[45].

The issue of maternal age is still being investigated for very young teens. As the number of births to unwed teenagers ten to fifteen years old is now significant, there is increasing concern that this group may be particularly vulnerable. Most births to teenagers occur eighteen and nineteen year old women, who are legally and physically adults. Analyses which separate out younger teenagers may show important interactions between age and outcome, but to date the information recieved has been difficult to interpret. These teenagers do tend to have poorer outcomes than older teenagers, but whether any of the difference is attributable to maternal age is unclear.

Maternal age is not as important a cause of low birthweight as was previously thought. In a recent review of the literature on teen pregnancy outcomes, Zuckerman and colleagues pointed out that maternal age was not independently correlated with low birthweight, but that other factors were responsible for its high incidence[46]. The the factors that were definitely related to low birthweight included race, maternal prepregnancy weight, weight gain during pregnancy, marijuana use, gestational age of the infant, and infant gender. Also, low socioeconomic status, inadequate prenatal care, third trimester coitus, cigarette smoking, alcohol and drug use also help to explain the differences in birthweight[47].

As indicated above, young teenagers may have a different risk of low birthweight infants than older teens, because they are still growing. These women need even more nutrition than most pregnant women, yet because of their age, they have more inadequate diets than older teens or adult women[48]. For a similar reason, these teenagers may suffer from abnormal loss of bone mineral through lactation[49], and they may have extra need of nutrients such as zinc[50].

The rate of infant hospitalization is somewhat dependent on maternal age, though studies have shown that other factors such as large families, frequent household moves, and male gender of children, are determinants of hospitalization. The accident rate for infants is not related independently to maternal age, but instead is highly depentent on the mother's welfare status[51]

In studies of psychosocial development and adequacy of mothering, much of the available data is still confounded by the poverty of teenage mothers, and differences in health or nutritional status, maternal depression, family composition, day care experiences of the children, and environmental stimuli present in the home. The sex of the child, and the living situation of the mother and child are also important. Recent studies on groups of teenage mothers tend to replicate previous negative correlates of early childbearing, using somewhat more valid statistical analyses. Unfortunately, the intensive psychological tests commonly employed are not easily used in large randomized studies. The multivariate analyses that are powerful enough for use with huge databases of medical information are

inappropriate for the small samples of mothers in psychological studies.

## Summary

When confounding variables are adequately separated from each other, maternal age has not proven to be the major cause of the negative outcomes associated with teenage pregnancy. Recent data does confirm that there is an association between teenage pregnancy and a wide variety of problems, but age has not frequently been shown to be a causal factor. Thus, research on the physical and mental health of teenage mothers, which in the past was used to perpetuate harmful stereotypes, now puts adolescent pregnancy in a much better light. Also, by identifying those factors which are independently correlated with poor outcomes, current studies indicate the possibilities of effective interventions which may work even if adolescent fertility cannot be limited.

Chapter Four

# RESEARCH ON THE ATTITUDES OF TEENAGERS ABOUT ADOLESCENT PARENTHOOD

The present study was designed to elicit the opinions and attitudes of selected high school students regarding the appropriate age for parenthood, and other preconditions they perceived for beginning a family. Several questions were asked which attempted to determine the teenagers views on adolescent parents. Although the study was designed primarily to be descriptive, for the purpose of hypothesis generation, the survey was designed with a few tentative hypotheses in mind. First, because of the general social disapproval of adolescent childbearing, it was presumed that, in general, teenagers would also disapprove of teenage pregnancy and parenthood. Second, it was assumed that marriage would be a key determinant of the acceptability of parenthood, with unwed parenthood being considered less acceptable than married parenthood. Third, it was hypothesized that the school age mothers, a readily identifiable subset of the survey population, would see teenage pregnancy as more acceptable and less problematic than the other students in the survey. Finally, it was assumed that other demographic factors, such as ethnicity, age, and religion, would also be important correlates of the teenagers' attitudes.

In this survey, the greatest emphasis was placed on the original opinions of the students. The design of the survey reflected this, as it consisted of a large number of open ended questions, with multiple choice questions added into the survey to clarify some of the

opinions that were common in the pretesting and in the first administration of the survey to the study participants. Because teenage pregnancy can have many meanings, it was important to determine the parameters students established when saying something was "ok", or when calling teenage pregnancy a "serious" problem. It was hoped that, by allowing students to give detailed explanations of their answers, they would express opinions that are not normally considered in discussions of adolescent pregnancy.

Methods: The subjects were 180 English-speaking high school students drawn from three high school districts in San Mateo County, California. The districts surveyed were chosen on the basis of their willingness to allow a survey to be administered, and their allowance of questions about family life and the demographic characteristics of the students. Within each district, classes in which the survey was to be administered were chosen by district administrators with the permission of the classroom teachers. Those students who were eighteen years old at the time of the study, and those who returned signed parental permission slips were permitted to complete the poll.

Of the students surveyed, 24 were from Pescadero High School (Pescadero School District), 79 were from El Camino High School (South San Francisco Unified School District), 71 were from Westmoor High School in Daly City (Jefferson Union High School District), and six were students in a combined School Age Mothers program at Baden High School in South San Francisco (one from the South San Francisco School District, and five from the Jefferson District). Descriptive

characteristics of the students, including age, sex, race, generations lived in the United States, parenthood status, religion, religiousity, and religious activity, are given in Figure 2. 58 boys and 122 girls completed the survey, and they were distributed in grade levels as follows: four eighth graders, 56 freshmen, 23 sophomores, 10 juniors, and 86 seniors. The ethnic backgrounds of the students were given as: 77 White, 33 Hispanic (13 Mexican-American, six unspecified, four Nicaraguan, three Salvadorean, three Spanish, and four other Central and South American), 34 Pacific Islanders (31 Filipino and three Samoan), 20 East Asian (13 Chinese, three Korean, and four others), seven Black (including one Black/Hispanic), five Native American or Alaskan (one Eskimo, two Cherokee, one Paiute and one Hopi), and four Indian. Of these students, 38 were immigrants from other countries, 45 had parents as the most recent immigrants, 50 had grandparents as the most recent immigrants, and 43 didn't know or had longer family histories of U.S. residence. The response rate, calculated as the number of surveys completed divided by the number of permission slips sent home, was approximately 35%, varying from 18% in Pescadero to 100% in certain classes at Westmoor (the persuasion of the classroom teacher was a very important factor in insuring the return of permission slips.) All the forms returned gave the student's permission to participate in the survey, and none of the students with permission chose not to participate.

In each school district, the Assistant Superintendant in charge of student welfare has the right to choose which questions will be asked of the students under his protection. In the South San

Francisco Unified School District, it was decided that only a short survey comprised mostly of check-off questions would be permitted, so the students completed a very short poll. In the Pescadero and Jefferson districts, the administrators chose to allow the entire poll to be administered without any deletions. The difference between districts was fortuitous, because it allowed questions prompted by the responses from students in South San Francisco to be included in the surveys given at the other two schools. Because the questions asked on the shorter poll were identical to several of the questions on the longer poll, the results from the South San Francisco students were combined with the other results for analysis when appropriate.

Procedure: The students were told that the investigator was a medical student who was interested in their attitudes about the appropriate age for parenting, the conditions they felt were necessary to start a family, and their opinions about teenage pregnancy and parenthood. They were strongly encouraged to write questions and comments on the survey paper, to put down answers that weren't among the standard responses given, and to explain their responses in their own words. The students generally spent about fifteen minutes (in South San Francisco) or half an hour (in the other districts) completing the survey, though a few students gave very detailed answers and spent an entire class period to finish the poll. Three students with learning disabilities had the poll read to them and gave verbal responses, as did one student from the School Age Mothers Program who completed the survey while she was in the hospital. 100% of the surveys were codable, though several students chose not to answer

certain questions, and two individual answers were disregarded (one because a student checked off two mutually exclusive answers, and one which gave the best age for a male to father a child as 3 years old, which seemed to misrepresent the actual opinion of the student involved.)

Results: In the polls, the students were asked their opinions about the acceptability of parenthood for males or females of different ages. For each given age, the student could check that it was "OK", "NOT OK", or "SOMETIMES OK BUT SOMETIMES NOT OK" for a female or a male person to have (or father) a baby. From the answers checked, the youngest age that the respondents would ever approve of parenthood for people of the specified gender was determined by choosing the lowest age checked "OK" or "SOMETIMES OK BUT SOMETIMES NOT OK", or, in the case of students who disproved of all parenting at ages less than 22, the "best age for a woman (man) to have her (his) first child" was used. The youngest age at which the respondents would usually approve of parenthood was determined by the lowest age checked "OK", or the best age for a first child.

For females, the youngest age at which the respondents ever felt that some women could have a child averaged 17.73 (s.d.=1.93). The responses given varied from a low of 13 to a high of 35 years. The youngest age at which respondents generally felt that a woman could have a child averaged 19.56 (s.d.=3.8), with responses 14 to 35 years. Responses to the question "In general, what do you think is the best age for a female to have her first child?" averaged 23.11

(s.d.=5.35) and ranged from 17 years to 35 years. The students were also asked what would be the best age to have a child themselves. The mean response for all students was 24.62 (s.d.=5.01), with a range of 16 to 34 years old, which reflected group means of 24.29 (s.d.2.93) for the girls, and 25.24 (s.d.=3.0) for the boys.

The lowest age that respondents felt was ever acceptable for a man to father a child averaged 18.41 (s.d.=2.81), ranging from 13 to 32 years, and the lowest age that was approved in general averaged 20.67 (s.d.=4.8), with a range from 13 to 35 years. The "best" age given for a man to father his first child averaged 23.96 (s.d.=5.35), with responses ranging from 17 to 35 years.

All those students who responded that it was "SOMETIMES OK BUT SOMETIMES NOT OK" for a person of a given age to become a parent were asked to explain the factors which would affect their opinion of the appropriateness of childbearing at that age. Some students chose not to state their reasons, but most respondents gave multiple reasons. The responses and their frequencies are presented in Figure 3 (responses relating to females) and Figure 4 (responses relating to males). The responses presented in Figures 3 and 4 apply only to cases of parenthood at ages younger than 22 years. A more general item asked students "other than being a certain age, list any qualities that you think people should have, or conditions that they should meet, if they want to have children." The responses to that item, and their frequencies, are given in Figure 5.

In the South San Francisco School District, students were permitted to answer only the qualitative questions which have been described above. In the other two districts, the students were allowed to respond to several other items, described below. The data given for these items is based on only 100 responses, rather than 180, which applies only to the questions already described.

In one item, the students were asked to list advantages and disadvantages that teenage parents would have; advantages for teenage mothers are given in Figure 6, disadvantages for teenage mothers are given in Figure 7, advantages for teenage fathers are given in Figure 8, and disadvantages for teenage fathers age given in Figure 9.

One survey item asked "How serious a problem is teenage pregnancy in the United States?" 29 students responded that teenage pregnancy "is a very serious problem", 61 that "it is a serious problem", 9 that "it is a slight problem", and 1 that "it is not a problem. The students were asked to explain their opinions; those responses are presented in Figure 10.

A series of check-off questions were given, which asked the students if either a teenage parent or a non-parent was more likely to have a certain behavior. The behaviors presented included: smoking cigarettes, smoking marijuana, having been arrested, being responsible about money, knowing the facts about contraception and reproduction, getting along well with their parents, being emotionally mature, and being happy. Possible responses included "a teenage

mother", "a teenage girl with no kids", and "it doesn't make any difference", and a similar set of responses for males. A breakdown giving the frequency of each response is given in Figure 11.

The final qualitative item in the survey asked students to give the reasons that teenage mothers may have more problems with their babies. The students had the option of checking off answers or filling in their own reasons. Both check-off items and the student's original responses are given in Figure 12.

Discussion: The data gathered were analyzed using two-tailed Student's t tests to compare the continuous data (responses given in years) for different groups of students; independent proportions of dichotomous variables were compared using Yates' corrected Chi-squared test.

In the analysis of the data received, the characteristics of the students who completed the survey must be constantly acknowledged. The students who were permitted to complete the poll came from rural or suburban school districts in which the rate of pregnancy is relatively low. For example, in Pescadero, there had been no known pregnancies among high school students in the five years preceding the study (although two pregnancies were confirmed the week the study was arranged). The Jefferson and South San Francisco districts have a combined School Age Mothers program, which enrolls a maximum of thirty students per year, out of a total enrollment of approximately 10,000 high school students.

Other school districts, in which there is a higher rate of teenage pregnancy, were unable to participate in the study. Notably, the Sequoia Union High School District, which includes East Palo Alto (the only Black community in San Mateo County) was being sued by a group of Black parents at the time the study was proposed, and the potential for controversy caused by a study which asked about family background, ethnicity, or pregnancy was too great for the district to risk. In San Francisco, where numerous studies have highlighted unpleasant correlations between demographic variables and research topics, the district's regulations flatly prohibit any questions about "family life values", race, religion, and several other potentially inflammatory subjects. In Oakland, the school district was quite willing to permit a study of such topics; unfortunately, at the time of the study the teachers went on strike, and when they came back, the site chosen for the study was denied because of the murder of one of the students.

Although the questions in the present study, which ask primarily about attitudes rather than behaviors, seem relatively innocuous, the trepidation of various school administrators should be viewed in context. At the time proposals for this research were permitted, there was considerable controversy in Baltimore over a survey of junior high and high school students' sexual behavior, (commissioned by the school district, but done by researchers from Johns Hopkins) which many parents felt was racist in its orientation.[1] At the same time in San Diego, San Marcos High School, which had documented

that almost 20% of the female students became pregnant in the 1984-85 school year, was heavily stigmatized because of the publicity about the school.[2] Thus, it is understandable that other school districts would prefer to keep researchers from outside institutions off campus.

Within the available districts, the students who took the surveys were academically above average. In the Pescadero School District, all 135 students were allowed to take the poll, providing they received parental permission. In South San Francisco, the poll was given only to juniors and seniors in psychology or family life classes. In the Jefferson District, several classes were made available, but "X" classes (with less academically talented students) were specifically excluded. Of the classes which were surveyed, most of survey dates in the normal classes were postponed so that surveys were completed too late to include in this analysis. Most of the results included here from the Jefferson district are from several "accelerated" classes for academically gifted students.

Previous authors have pointed out the problems associated with the requirement for written parental consent to participate in surveys. Notably, Sorensen was denied access to half of a randomly selected sample of teenagers because of parents' refusals to allow their children to participate[3], and Kantner and Zelnik also found that their work was hampered by the need for parental permission.[4] In the Young Chicagoans Survey, conducted by the Urban League, there was no requirement for parental permission, and the investigators in that

study believed that the lack of such a requirement, coupled with the excellent reputation of the Urban League in Chicago, allowed them to obtain essentially complete access to the randomly selected teenage women in the study.[5]

In this study, the issues of parental consent were a slightly different. Since the study was approved by school administrators, and since it asked only about attitudes, most students wanted to take the poll and indicated that their parents would allow them to do so. Unfortunately, the majority of students couldn't remember to bring in the permissions slips, therefore, the population surveyed is heavily skewed towards students with good memories, and those with insistent teachers who repeatedly asked the students to return the slips.

## Appropriate Ages for Parenthood

The responses given to questions about the accepted or best ages for parenting showed overall trends as well as fairly consistent trends for individuals. For the entire group, the youngest age ever acceptable for parenting was significantly lower than the youngest age that was generally acceptable. The generally accepted ("OK") ages were in turn younger than the "best" ages. For the most part (158 times out of 180) students felt that they would like to begin having children at an age equal or greater to the "best" age for any person of their gender. (The above relationships were significant at $P<.05$.)

In Figure 13, a chart is presented, showing the ages given in response to the first five questionnaire items, broken down by sex, race, educational expectations, and parenthood status. These figures will be referred to in the following discussion of the acceptable ages for parenting.

The respondents generally felt that the acceptable age for parenting was lower for males than females. While there was no statistically significant difference between the numerical responses of boys and girls, it appeared that girls felt stronger about the difference in acceptable age by gender. Among the reasons given that would make the difference between acceptability and the lack thereof, 10 responses (all from girls) said that "girls mature faster than boys". Previous studies of adolescent sexuality have documented that both male and female adolescents believe girls mature faster than boys.[5] This perception correlates with the unequal incidences of teenage motherhood and fatherhood; during 1978, of 554,179 live births to women under twenty, 113,753 (20%) were fathered by adolescents.[6] the remainder of the fathers were over 20 years old, and the majority of those were from 20 to 24. If the feeling that girls mature faster than boys is a generalized belief among adolescents and young adults, then it has serious implications for intervention, both concerning the adolescent women who feel that adult sexual behaviors are appropriate for them, and for the adult men who feel that the appropriate sexual partners for them are adolescent women.

There was a strong link between the students stated

educational goals and their opinions of the appropriate age for parenthood. Among the students who planned to finish their education at twelfth grade or with a G.E.D., the ages which they thought were appropriate for childbearing were lower in all cases than those given by the other students. Significant differences included means of 17.5 years ($P<.05$) and 18.75 years ($P<.001$) for the ages at which it would ever or always be acceptable for a man to have a child, and of 19.29 years ($P<.001$) and 20.14 years ($P<.001$) for the best ages for a woman or a man to have a child, respectively. The age these students would like to have a child themselves averaged 21 years old.

Interestingly, there were no other strong relationships between the demographic characteristics of the respondents and the ages which they chose as ok. There was a slight relationship between East Asian ethnicity and modestly higher ages listed, but respondents from that group had other factors in common which could easily have confounded the result (e.g. most of the students were from one accelerated Social Science class). The mean of responses from Black students was higher for each age category mentioned, though the differences were not significant because of the small number of Black students in the study. Although conclusive statements cannot be made from this sample, the common stereotype that Blacks are more accepting of childbearing by adolescents is not supported in this instance.

## Conditions for Parenthood

The student's responses to the probe "what would make it ok" to

have a baby are notable for their diversity, and because the opinions seem to be shared among the students without any obvious relation to their demographic characteristics. Many of the responses given are nebulous concepts—it is not clear from the short answers what the students mean when they say a person should be "mature" and "responsible".

One of the hypotheses used in designing the poll what that marriage would be an important determinant of the acceptability of parenthood. As we have seen previously, a great deal of the outcry about teenage pregnancy and parenthood is directed at unwed pregnancy (the total birthrate to teens having decreased since the fifties). In this sample, marriage is seen as an important factor, but measuring by the frequency of responses, maturity, responsibility, money, age and educational status are also very important issues to teenagers.

Often, the politicians who strongly emphasize the marital status of adolescent parents are allied with specific religious or social groups. In this study, the students who mentioned marriage as a requirement for parenthood at any point in the survey were compared to those who never mentioned marriage. Figure 14 presents the data for the two groups of students, broken down by a number of demographic variables. Interestingly, no trends were noted among the students which related any demographic characteristics to the feeling that marriage was a necessary prerequisite for parenthood. It is probable that no relationships were noted because the statistical tests employed did not have sufficient power to detect very subtle

relationships, especially when the groups sampled are so small. However, the fact that such relationships are subtle or nonexistent is important. It implies that either the students are thinking for themselves, weighing a number of factors when deciding who would be a good parent, or that their responses represent variations on some underlying cultural themes which are common to many diverse groups of Americans.

Another question asked what conditions or qualities the students felt people should have if they wanted children. Although it is similar in content to the above question, the context is very important. When the students were asked "what would make it ok?", the youth of the potential parents referred to in the question is apparently quite important. In asking specifically about pregnancy in young women (the exact age was dependent on the student's response, but most of the ages in question were in the teens), the question seemed to imply the unspoken question "what factors might mitigate the negative effects of teen pregnancy, to make it bearable". The use of the neutral, or even tentative-sounding "OK" instead of morally loaded terms like "proper", "good", or appropriate served to elicit the most inclusive responses from the students. In contrast, asking about the conditions people should meet "if they want to have children" implies that pregnancy is not yet a reality that has to be faced.

Given the freedom to ask for anything (rather than the constricted options available in most cases of teenage pregnancy), the respondents made it clear that parenting is an extremely serious

business. For many students, the responsibility was all encompassing and unshakable. As young student wrote:

> They should be able to give the baby all the love it needs so the baby will not feel different from the rest of the children its age when it grows up. Of course it should have a home and proper food & clothing. If I had a baby I would starve and sleep on the streets to make my baby comfortable.

Most students gave a list of several important things, some of of which were vague and holistic ("they should be mature, responsible, and ready for parenthood"), and some of which were quite specific ("they should have a college degree", "a three-bedroom house", or "they should be married for at least the first five years of the child's life").

The requirement mentioned the most frequently by the students was that people planning to have children need money. 100 responses indicated the need for a steady income or ample financial resources, and 40 respondents went on to say that a good, steady job was essential. Responsibility and maturity were also very important to the students, as were enough knowledge, ability and time to raise a child.

Although it was clear from the responses that most students assume that couples would be entering parenthood together, only 29 students mentioned marriage or engagement specifically. When they did, several students indicated that marriage wasn't an absolute requirement, as in this response:

> They should both agree that they will support the child even though they're not going to get married, or

> they should just get married first and no problems will occur.

The nature of the parents' relationship, regardless of marital status, was also emphasized. Many respondents specified that the parents should love each other, explaining that a good relationship would make them better parents. "They should get along well and not show any bad feelings toward each other as a bad influence on the child" and "they should have enough love for each other so they can pass that love on to the child" were typical responses. Other students didn't mention the relationship between parents as a requirement, but did stipulate that adults preparing to have children should be "loving, caring, sharing, forgiving, sacrificing, kind, respectful, knowing, and happy with life", as well as patient enough to "control your temper with children", and to "never expect too much, just ask that they do their best."

Only a few students mentioned age specifically, but a great number of responses listed age-related qualities for prospective parents. Parents were expected to be finished with their education (sometimes specified as high school or college), "independent", and done with partying before they had children. Some of those responses seemed to come from teenagers who were not active partiers themselves:

> They must also have all of the partying and fun nights out, out of their system, if it was an every weekend pastime,

while other responses seemed to come from more socially active students:

> You have to realize that you will have the child forever, and you can't just go out and have fun anymore.

The responses that fell into the category of "stable" or "settled" or those which emphasized the large, lengthy commitment required of parents seemed to echo the sentiment that when people have children, their days of active, carefree socializing are over. While children can be fun additions to their parents' lives, they put an end to "running around", in deference to the requirement "to stay at home when it is sick".

One response that was quite rare was that parents should plan to have children before one of them becomes pregnant. Among those mentioning any type of planning, five thought that the parents should "discuss it" or should "give it a lot of thought" or should "both agree on it", while only two students mentioned "planning" specifically. In a sense, all of the conditions for parenthood mentioned by the students represent "planning" for adult lives which include children as in important component, It is interesting, though that the students were not clearer about the planning of births in particular. The attributes such as "well employed", "mature", "responsible" or "stable" which students would require of prospective parents are really the attributes which define adults in our society. The ages given in response to earlier questions about when it is ok to parent, and responses to later questions about the advantages of adolescent parenthood, indicate that children are a valued resource, and that parenting in early adulthood (e.g. 18-25) is desired by many of the students. It seems both male and female students want to become parents as early as possible. The definition of "possible" varies with the student's perception of adulthood; for some adulthood

equals graduating from college, for some it is employment or marriage, and for some it is owning a home. Whatever standards the students demand, by the time they are met, the prospective parents have already delayed childbearing (i.e. for several years after initiating sexual activity) and there is a strong motivation for them to begin families immediately.

The current data on the number of "planned" marital births do not make clear whether those births simply fit into a sketchy life plan, or whether the conceptions were precisely timed. If the norm in this country is to accept children who appear at any time during "adulthood", then it is likely that adolescents to not see a connection between effective family planning and maturity. If this is the case, its implications for interventions which seek to solve the problems of teenage pregnancy are problematic.

## Attitudes about Teenage Pregnancy and Teenage Parents

As the lists of advantages and disadvantages demonstrate, the respondents perceived the problems with teenage parenthood as the opposite of the requirements for parenthood. They thought parents-to-be should have good jobs, be well educated and mature, and should be able to care for a child adequately. The problems of teen parents, both males and females, included a lack of good jobs or other resources to support themselves or their families, difficulty completing education and other maturing processes of adolescence, and the lack of knowledge or experience which would allow the parents to

care for a child properly. Interestingly, with the exception of several comments from girls that a teenage father could run away from any responsibility, the disadvantages for both teen mothers and fathers were comparable. Most of the advantages were also similar, except that several students perceived teenage mothers as being healthier than older mothers, and similar comparisons between the health of younger vs. older fathers was not made. The advantages listed most commonly were that teen parents would be close in age to their child, and hence could be more understanding and could relate better to the child. Several students also perceived teenagers as more energetic than adults, which would allow them to be better parents, and in some cases, more valuable workers (in the case of fathers).

When the short form of the survey was being pretested, it became apparent that many students gave nebulous answers such as "mature" or "stable" when talking about characteristics parents had or lacked. In order to define the students' opinions a little more precisely, two additional sets of questions about teenage parents were included in the longer surveys. Because the questions ask about similar things, many of the answers received were redundant. For example, a large number of students said that parents should be "mature", and a large number of students checked off "they aren't physically mature enough to have a child" or "they aren't emotionally mature enough to have a child" as reasons teenage mothers might have problems. Similarly, most students said that a good job or money were requirements for parenthood, or were things that would make it ok for

a young person to be a parent; in the later part of the survey, many students checked off "they don't have jobs so they don't have money to support themselves" as a cause of the problems of teenage parents.

A few of the answers which were provided as options represented opinions that are common among professionals, but which didn't show up very often in the students' original responses. These included statements that teen mothers don't get proper nutrition, don't get proper medical care, use lots of drugs and alcohol, or are under a lot of stress because people treat them badly. Each of these possibilities elicited between 30 and 40 responses, indicating that many students agree with these sentiments, even if they didn't think of them originally. Another opinion, which has been expressed in the psychiatric literature, was that "they have lots of conflict with their own parents". It received 53 responses, which was comparable to the 52 responses received to the opinion about jobs and financial resources.

In giving original responses about the disadvantages faced by teenage parents, most students focused on the problems of individuals. In the check-off portion of the survey, three items were included which addressed social factors which might be related to the problems adolescent mothers have. One stated "there aren't enough medical or social programs to help out teenage parents", (28 responses) one said "they come from situations that would make it hard for anyone to have a healthy baby" (38 responses) and one said "people treat teenage parents badly, so they are under a lot of stress" (35 responses). The

popularity of these responses indicates that, although students may identify individual factors as the primary causes for the problems of adolescent parents, they are also aware of the important influences of social factors beyond the control of the individual.

A small number of students (11) agreed that "the teenage mothers who have problems are the exceptions--most of them do ok." Two students, one of whom was pregnant and had a teenage sister with a two year old child, and one of whom already had a child, gave their own opinions that "THAT'S NOT TRUE!" that teenage mothers have a higher rate of problems. Though the numbers of students in the School Age Mothers Program and the numbers of specific responses are too small to correlate statistically, it seems as though the mothers in the SAM program at Baden High School have high self-esteem, and are able to disassociate themselves from the problems faced by other adolescent mothers. As one young woman (who did not disagree with the statement that teenage mothers have a higher rate of problems) wrote, "this is true for some mothers [that they don't get adequate nutrition or medical care] but not for me."

## Differences between Teenage Parents and Non-Parents

One of the things that wasn't clear in the student's descriptions of the disadvantages of teenage parenthood was whether students felt teenage parents were different from other teenagers. A set of multiple-choice questions was asked to elicit the students' opinions about the differences between teen mothers or fathers, non-parenting

teenage girls or boys. Three questions asked about behaviors which might be considered delinquent: cigarette smoking, marijuana use, and getting arrested. For all three questions, the vast majority of students responding felt that non-parent teens were more likely to engage in the "delinquent" behavior, or that parenthood status didn't affect the likelihood that a student would behave that way. Insofar as the behaviors listed represent delinquency for the responsdents, it is clear that the majority of them do not think that teenage parents are more delinquent than normal adolescents.

Two questions asked "which do you think is more likely to be responsible about money?", and "which do you think is more likely to be emotionally mature?" In both cases, a majority of students felt that both teenage mothers and teenage fathers were more emotionally mature and more responsible about money. If we compare these responses to the factors which students said would make it ok to have a child at a young age, there some important similarities. The most common factors mentioned included maturity and responsibility. The choices given in the comparison with non-parenting teens indicates that the students in this survey feel teenage parents are mature and responsible. The implications of these results are that the respondents feel that teen parents are making the best of a bad situation, and that they can be ok parents.

In the two questions which asked "which do you think is more likely to get along will with their parents?", and "which do you think is more likely to be happy?", the teenagers with no kids came

out way ahead of the parents. Very students thought that teenage parents were more likely to be happy or to get along with their parents, though a significant percentage in each case felt that parents and non-parents were equally likely to have those attributes. Returning to the advantages and disadvantages which students attributed to teenage parenthood, it appears that the joy of being a young parent and being able to grow up with your child does not outweigh the difficulties that adolescent parents face, in the opinion of the students surveyed.

## Teenage Pregnancy in the United States

A fairly general question, which asked how serious a problem teenage pregnancy is in the United States, broadened the scope of the inquiry beyond individual teens, to include the entire society. The responses therefore varied to include national and global issues, as well as the effect of teenage pregnancy on the individuals directly involved. Ninety percent of the responses indicated that teenage pregnancy is a serious or very serious problem. The reasons most commonly cited were similar to the perceived disadvantages for teenage parents relative to adult parents. Teen pregnancy was seen as severe hardship to the young parents, especially to the mother. Typical answers included the following:

> The mother has to either abort the baby or give up her future to give her child a life. ...Also the parents usually drop out of school and don't get a good education.

Other possible consequences listed included alcoholism and substance

abuse (caused by taking care of children), suicide, loss of the freedoms of adolescence, loss of prospects for a good job, the possibility of abandonment by one's partner, and getting kicked out of the house.

Teenage parents were also seen as having a detrimental effect on their children, since "they can't take care of them", "the parents can't provide for them", and "some parents end up being abusers because they can't handle it." In a sad reference to a recently reported tragedy involving a Bay Area teenage mother, one student wrote:

> Sometimes, teenage moms have babies and they just kill them or throw them in garbage areas. This is a very sad sight and the little baby suffers.

Another bizarre scenario, which seemed to relate to Victorian fiction more than to daily life in Daly City, was this:

> Walk down town or the slum, and you would see a child with a baby in her arm while smoking a cigarette. Unable to support herself and would get into prositution.

Most of the responses about the quality of life for the children of teen mothes were simpler, however, saying "if the child is unwanted it will most likely have a terrible childhood and maybe a terrible life."

Often the problem was described in terms of teenagers' changing social norms. The students were careful to differentiate between unwanted or unplanned pregnancies and other pregnancies to teenagers. As one student explained:

> I am assuming this means unwanted or unplanned pregnancies. Planned teen pregnancies would not be a problem, since most people who want babies can care for them. However, there are far too many unwanted teen pregnancies, that result in abortion or broken homes.

The fact that there are "far too many" teenage pregnancies was important to the respondents. Many teens said things like "statistics show that there are a lot of teenagers having kids" or "I don't know any teenage mothers but I know there are a lot of them." As one girl put it, "I hear about teen pregnancy so often I know it must be a serious problem." Other teens knew about the problem through the experiences of close friends (though none of the respondents in regular high schools admitted having experienced the problem firsthand). Typical responses included "I have a lot of friends who have babies already and are still very young", or references to "two girls I know, one 14 and one 16".

The students identified two main problems with teenagers which lead to adolescent pregnancy. Many students said that pregnancies were unplanned and unexpected, explaining "people think it won't happen to them". Many students mentioned "taking chances" or "not taking precautions", which was emphasized by one student who said:

> [teen pregnancy is a problem] because adults don't realize we are sexually active and don't give us the right of letting us get birth control if we want it. They should make it more available.

Another group thought the problem wasn't lack of birth control, but lack of self-control on the part of teenagers. Most of this group felt that teenagers were too involved in sex, for example:

> I feel that teenagers are hasty. It's mostly peer pressure that does this. Girls think its a big thing

to lose their virginity.

Another said:

> More and more children nowadays are pressured into things. If they show it on T.V. and their friends are doing it too, then what is that person going to think?

While some students who said teenagers were too sexually active put the issue in moral terms, the moral issue most commonly referred to was abortion. The comments about abortion varied from fairly mild ("because most of these people can't afford a baby and throw them away") to one quite strong response, given by a pregnant teen:

> as far as getting abortions, I think that's a problem. I think it's cruel and it should be illegal. A lot of people use it as birth control.

Ten students specifically mentioned that their opinions on the subject of teenage pregnancy had been shaped by the media, because "you hear it from friends, TV, radio, strangers, everywhere." Other sources of this information included talk shows, movies, health classes, and "what is printed in the newspaper". One student explained that the problem was very serious "because if the news media is going to put a 'taboo' subject on prime time TV, then it must be pretty big." Interestingly, when students mentioned statistics from news sources or just said "statistics show" all of them said that the rate of teenage pregnancy was rising every year, or that the rate had become very high recently.

A number of students said that the seriousness of the problem of teenage pregnancy was due to social problems which result from it. The problems they cite are fascinating for their variety. Although one student just said "it really causes social problems" without further

explanation, other students were very specific. Seven students mentioned overpopulation as a problem, while the other responses were:

> "Because it creates a lot of anger among the people."
>
> "This not only ruins the lives of two people but lowers the economy."
>
> "This leads to abortions and a young mother with no husband."
>
> "It causes problems for the government."
>
> "When the children grow up, they are going to think if my mother can do it at an early age, why can't I?"
>
> "The more teenagers that have babies, the more poor families there will be."
>
> "Since more teenagers drop out of school because of pregnancy, the more dumb the person is in intellect so that puts the national 'smartness' down.
>
> "I see it as immoral or it's just not part of the norm."

Only one student specifically mentioned welfare, saying:

> Because the more teenagers who have children, the more people who drop out of school and they don't get a good job or no job and they have to struggle or go on welfare.

Although the surveys were not coded for the source of support implied in any of the responses, the large number of responses dealing with the difficulties teenagers have supporting their children (e.g. "they have to go to school and work to support the baby and take care of it so they have to do three things at once") indicate that these students don't see welfare dependency as a major problem of teen pregnancy because they expect teenage mothers and fathers to work.

In identifying personal, moral, social, educational and political consequences, the students covered most of the issues that adults have

addressed in discussions of teenage pregnancy. Their opinions do not seem too far removed from those of adults--a 1985 Harris/Planned Parenthood Poll[8] found that 86% of a random sample of American adults felt that teenage pregnancy was a "serious" problem (given the choice between "serious" and "not so serious".) It is tempting to wonder about the other 14%, who are in a consistently small minority in the Planned Parenthood Poll across all ages, genders, religions, regions and ethnic groups. In this poll, 10% of the respondents replied that teenage pregnancy was not a problem (one response) or was a slight problem (nine responses).

If this sample was like that in the large, randomized poll, those who felt teen pregnancy was not a serious problem would be distributed randomly throughout the population. In this sample, however, there was a strong association between male gender and the identification that the problem was slight ($P<.02$). Of the 10 students who answered "it is a slight problem" or "it is not a problem", seven males answered "slight", though only a third of the respondents using the long form of the survey were male. Also, of those seven men, three were Native Americans, out of only five Native Americans taking the survey. This correlation is significant ($P<.001$) and may be supported by other research which indicates that early parenthood is valued in some Native American communities.[9]

Among the girls in this group, one pregnant teenager answered "it is not a problem", explaining:

"I don't think we're a problem because if we decide to

> make that decision on having a child then the mistake we make—a mother of 29 is just as capable of making the same mistake.

Another School Age Mother (who already owns a car and will soon own a house with her boyfriend) said "it's a slight problem", and said:

> It's not so serious as people think it is, because I'm a teen parent and everybody else sees as bad so they say it is a problem. I think it is a problem for some girls because they don't have the things that we have to help them out (SAM, Friends to Parents [a childcare provider]) and there are problems with their parents too. There are a lot of girls out there that just drop out of school, and they make us look bad.

The only non-parent female who felt the problem of teen pregnancy was slight was the youngest participant in the survey, a 13 year old from Pescadero. Her reasons were consistent with her opinion, but at this point it is unclear why this particular girl was the only non-parent female to hold that opinion.

## Summary

The adolescents in this survey had a very wide range of opinions and values which, for the most part, did not correlate with any of the demographic variables which described them. Although there was great variability in the ages listed, on average the students thought that fairly young ages (in the late teens or early twenties) would be sometimes ok, generally ok, or ideal ages for people to begin families. Because of this acceptance of early parenting, it is likely that the "teenage pregnancy" which they perceive as a great problem does not include all pregnancies to women under twenty, but rather refers to pregnancies that occur in the absence of important parental

requirements.

The students gave many responses to questions about the conditions which should be met by parents. Although marriage was a condition mentioned fairly frequently, other factors were also important, and certain qualities--financial resources, maturity, and responsibility--were mentioned by nearly all respondents. Clearly, the students felt that preparation for parenthood was a complex and important process.

Teenage pregnancy was seen as a major problem by most students, with difficulties that outweighed the joys of parenthood. Although the students surveyed did not think that teenage parents were immature or delinquent relative to other teenagers, they felt that teenage parents were still at a disadvantage because of physical or emotional immaturity, lack of educational and financial resources, and a number of other factors.

Teenage pregnancy was considered a serious national problem by the vast majority of students in the survey. Their reasons for seeing the problem as serious included the difficulties faced by teen parents and their children, the large numbers of teenagers engaging in sex, not using contraceptives, or having abortions, and a number of social problems which they related to teenage pregnancy. Both the activities (sexual behavior) and attitudes (about the seriousness of teen pregnancy) of the students were influenced by the media. A small number of students felt that teenage pregnancy was not a serious

problem, and their opinions were strongly related to male gender and Native American Race, with a possible (though nonsignificant) relationship to status as a teenage mother.

The survey results presented were from a nonprobability sample of teenagers. In the survey results, there were very few noticeable correlations between demographic factors and the opinions of students. Therefore, these data do not indicate the source of the teenagers opinions on the issues of teenage pregnancy and parenting, they just demonstrate that this group of students does have many considered and important opinions about these issues.

Chapter 5

# CONCLUSION

The opinions of the American public about teenage pregnancy and parenthood indicate the near-unanimous rejection of the idea that teenagers can be decent, competent parents. As we have seen, these perceptions are based partly on facts, whether they are the inherent facts of teenage pregnancy or just confounding correlates, and partly on the values and expectations of the majority. These two sources constantly interact as the meaning of "teenage pregnancy" or "adolescent parenthood" is constructed and re-constructed.

Although the issues of adolescent pregnancy and parenthood are sometimes overemphasized through the use of outdated information, poorly controlled studies, and misleading comparisons, they are nevertheless important issues. As the present research indicates, adolescent fertility is not just a concern of parents, social workers or politicians--teenagers themselves are concerned about these issues, and they have a wide range of strong opinions about them. In all segments of our society (and among health planners and providers worldwide) it is agreed that there are too many pregnancies to women under twenty, too many births to unmarried teens (or even too many births to married teens), and that young parents are often ill equipped to adequately support themselves or their children.

The actual cause of the troubles faced by teenage parents has never been isolated--clearly their fertility is only one factor in a

complicated equation predicting their pregnancy outcomes and future status. Education, health, nutrition, social support, employment opportunities and most importantly, socioeconomic status, all work together to increase or decrease a woman's chances for a healthy, productive life with her children. One factor which has not been studied in detail is the life stress imposed on adolescent parents because of the social stigmatization of teenage parenthood and unwed parenthood. Theoretical information, based on studies on other aspects of deviance labeling, indicates that society's rejection may cause a number of problems for adolescent parents—the society and the teens themselves may have very low expectations of their achievement to which the teens eventually conform, or they may be directly hurt by criticism or ostracization.

In calling children "teenage mothers", "teenage fathers" or "illegitimate children", we impose very strong labels on them, which can overwhelm the true qualities inherent in the people who are labeled. As Allport has noted, "each label we use, especially those of primary potency, distracts out attention from concrete reality. The living, breathing, complex individuals—the ultimate unit of human nature—is lost from sight."[1] When we fail to notice the real people involved a problem, the solutions we propose generally reflect what we think the problem is, rather than the people involved. If we see the teenage pregnancy as a problem of moral decay, we respond with programs that are largely religious in nature. If we see a financial burden on the welfare system, we respond with regulations designed to lower government expenditures, which may force the breakup of fragile

young families. If we see teenage pregnancy as a problem in contraceptive availability, we respond by funding family planning clinics. Each very specific response may have some effect, but a generalized unwillingness to evaluate programs and an ever-increasing rate of teenage sexual activity and pregnancy indicate that we have not yet found adequate solutions to these problems.

The research presented here indicates that high school students have a well rounded view of the problems of teenage pregnancy. While they recognize the myriad difficulties faced by teenage parents, and that teenage parents lack many of the qualities and resources which the students feel are needed for parenting, still they understand that the parents themselves can be mature, responsible individuals who can work hard to be adequate parents.

What would happen if everybody saw the people involved in teenage pregnancy as real people, rather than as hopeless misfits? In his years of treating poor, often fatherless, ethnic kids in Rutheford, William Carlos Williams was able to see them in a very special light, writing:

> I bless the muscles
> of their legs, their
> necks that are
> limber, their hair
> that is like new
> grass, their eyes
> that are not
> always dancing
> their postures
> so naive and
> graceful, their
> voices that are
> full of fright &

other passions
their transparent
shams & their
mimicry of adults...[2]

What a different view Williams had from our present visions of high costs, low birthweights, increased mortality and diminished life chances. Sadly, the low birthweight, neglected, ugly babies are the ones most in need of champions who see in them the potential for beauty, for health, and for success. We know that the "best" cases of teenage pregnancy can have great outcomes, whether we measure outcome as life, weight, I.Q., or happiness. What we need to do now is to find a way to make every teenage pregnancy and birth a "best case."

The implications of this attitude on intervention strategies are large. If each child or adolescent is seen as his or her maximum potential, rather than their maximum risk, the problem is no longer the child, but the processes which affect their growth and development. Such processes, unlike the inherent qualities which children already possess, are something we can change. The simple fact that we are able to intervene with social, medical or educational programs, plus the realization that the stakes are extremely high, is enough to justify any reasonable intervention.

The statement above doesn't say a lot about which programs should be chosen to intervene in the problem of teen pregnancy, except to imply that dehumanizing, stigmatizing programs, or programs which strive to bring children and adolescents up to the bottom quartile on any particular scale are not what is needed. Programs that will

effectively address the problem of teenage pregnancy are those that deal with the phenomenon as a reflection of huge processes that affect adolescents' entire lives. As adolescents in the present survey and throughout the country have demonstrated, they are effected by their plans for education, by what they see on T.V., by the availability of contraception, by peer pressure to have sex, by the whole issue of abortion, the activities they would like to pursue as teenagers and by the roles they would like to fill as adults. Those and many other factors are quite a lot for any program to address.

In a number of high schools in the United States, adults have made a start on dealing with the problem by establishing school-based clinics[3] teen mothers programs[4], and other interventions which identify teenagers at high risk and then try to reduce their risk of becoming pregnant. Based on the analysis presented here, I would assert that the programs which work do so because they are integrated into the lives of teenagers, and they address the real issues which affect teenagers.

Many observers have commented that the United States has a schizoid approach to sexuality, as evidenced by the coexisting prurience and prudishness of the media. In addition to the mixed messages young people receive just about engaging in sex, they also receive a great number of conflicting societal values about using contraception. While the costs and benefits of contraception have already been documented, the results from the present research indicate that "family planning" is a value with very little

specificity, and that in a society that assumes maturity and parenthood come concurrently, contraception may not be seen as a mature thing to do. These conflicts over sex and reproduction, and the fact that most teens who become pregnant did not plan to become parents, indicate that teens need help coping with sexuality. If they can't understand, talk about, and resolve sexual issues, they just blunder through sex, pregnancy and parenthood because those are the default options.

It seems logical that increased openness about sexuality would ameliorate some of the problems now encountered by teens. However, it is also logical that attempting to reverse the influence of literally thousands of televised scenes of non-marital intercourse with a few lectures on abstinence is an uphill battle. Although it is quite possible that some teenagers can be convinced to delay sexual activity, interventions designed for that purpose, like any other interventions, must be designed with recognition of the enormity of the societal influences on teenagers.

While interventions are needed to help teenagers whose life plans would be disrupted by unintentional adolescent pregnancies, a large number of teenagers don't have compelling reasons to avoid pregnancy. In a New York Times editorial entitled "Why Not Help Young Women in Time"[5], two groups of women are described. It reads:

> Ask a woman who delayed having children until she was well over 21 why she did so and the answer will surely have to do with dreams—of education, career, travel. Hundreds of thousands of girls under 21 can't even dare to dream those dreams. They are already

mothers, unwed mothers.

While the Times labels motherhood as the reason teenage mothers cannot dream, the other side of the scale has some very heavy aspirations on it. Education, career (as opposed to "job"—the deadening, stressful, menial and boring employment open to poor women) and travel are galaxies away from what most poor, disadvantaged ghetto kids can hope for. (Maybe this is what Eleanor Holmes Norton meant when she referred to teen pregnancy as "a cosmic problem".)[6] Allowing young women to dream means more than figuring out which are most likely to become pregnant and fitting them with IUDs (or giving them Norplant inserts, as was proposed by one state bureaucrat.[7]) As Catherine Chilman pointed out:

> on young people who are already highly vulnerable. If they defer parenthood until they are older, they may be better able to cope with its demands. However, their delay in childbearing surely would not guarantee educational, financial, and occupational improvements in their lives. These improvements depend far more on a series of social and economic reforms than they do on deferring childbearing until the teenager is no longer a teenager.[8]

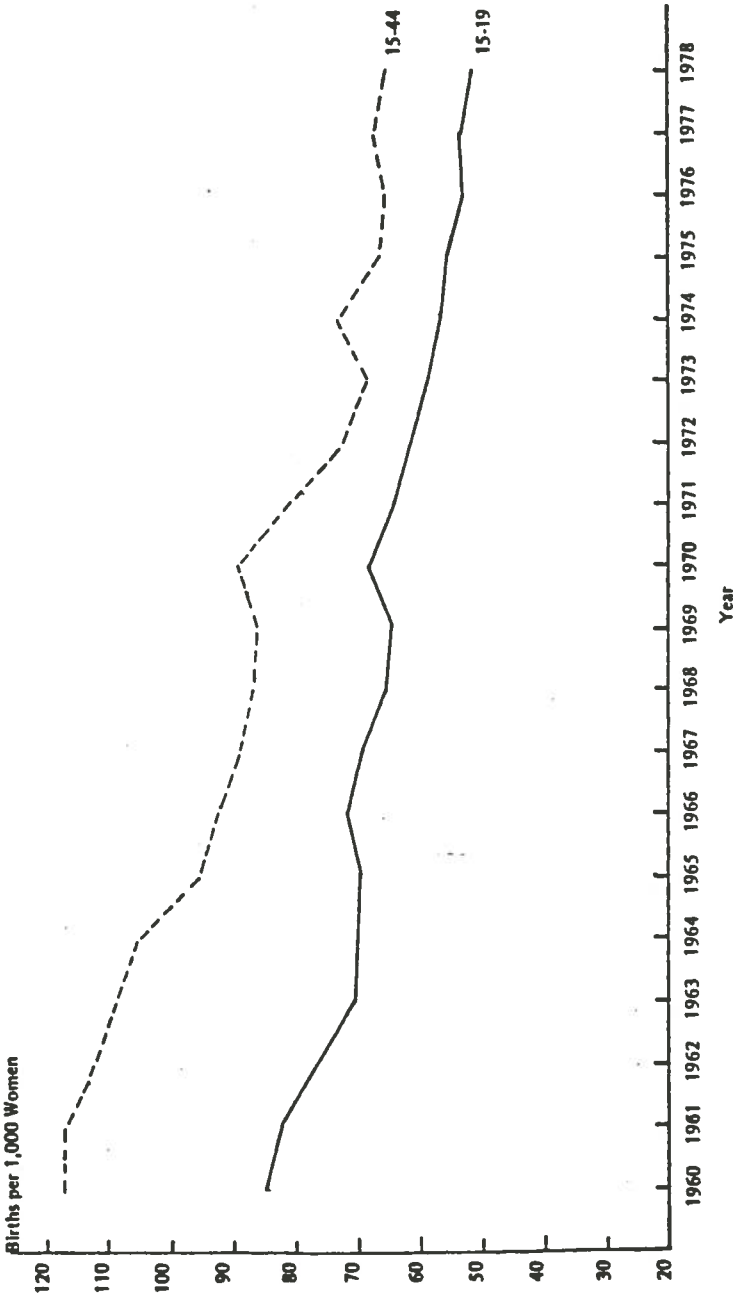
For the students who took my survey, the improvements have already been made. Although the students come from a wide variety of minority and immigrant backgrounds, every one of them had at least one employed parent. All of them planned to finish high school or at least obtain a G.E.D. Over one-third plan to obtain a postbaccalaureate degree. Their career goals—veterinarian, cardiologist, attorney, carpenter, T.I.G. welder—all represent high aspirations. Their plans for parenthood, as outlined above, also show that these students have dreams. The question that remains, then, is how do you take kids who have no future, and give them opportunities like those

of the kids at Westmoor High, El Camino High, Pescadero High, or even in the SAM Program (since those students also had ambitious career goals, hopes for their children, and plans for marriage.) While a randomized, controlled experiment has never been done, I believe the answer is to give someone a job. Wendy Baldwin's review of the literature on the social sequelae of teenage parenthood "suggests that one way to help the children of adolescents is to improve the educational and employment opportunities of the teenage parents and to encourage the supporting role of other adult family members."[9] Baldwin's assessment is essentially correct, but it is fairly short-sighted in targeting the adolescents as people in need of good jobs and education. Because of the important role socioeconomic status plays in causing teenage pregnancy, another effective intervention to prevent teenage childbearing would be to increase the social mobility of the parents of at-risk adolescents.

Dennis Hogan, who isolated the factors responsible for teenage pregnancy in a Black ghetto area in Chicago, previously documented the increasing socioeconomic status of Black men, demonstrating that a large portion of the Black population has become assimilated into the class structure of United States[10,11]. William Wilson has gone farther in asserting that race is no longer the dominant factor determining a person's social position in this country[12], and for large groups of ethnic minority people, the assertion holds true. For example, the Black and Hispanic students in the research presented here were middle class, with goals and opinions which were almost identical to those of White, Asian and other students in the survey.

Other examples which recently received national attention were the situations of Black and White adolescents in Jackson, Mississippi[130] and North Adams, Massachusetts[14]. These teens come from areas which have been hard hit by economic crises, and where teenage pregnancy is a common problem for the kids "who see their lives spiraling out of control"[15]. Finding some way to help the hundreds of thousands of teenagers and children who have children each year because there is no functional alternative, is a crucial goal. While there is no single, simple solution to the problems of teenage pregnancy or childbearing, the most far-reaching interventions will be economic improvements in the lives of the adolescents at risk.

Figure 1
Number of Births Per Thousand Illinois Women by Age: 1960-1978




Source: The State of the Child, by Mark Testa and Fred Walczyn. University of Chicago School of Social Services Administration, 1980.

Figure 2
Sociodemographic Characteristics of Survey Participants

| | | |
|---|---|---|
| Age: | 13 years old | 4 |
| | 14 years old | 23 |
| | 15 years old | 43 |
| | 16 years old | 19 |
| | 17 years old | 45 |
| | 18 years old | 44 |
| | 19 years old | 1 |
| | (mean = 16.2 $\pm$ 1.48) | |
| Sex: | Male | 58 |
| | Female | 121 |
| Parenthood: | Non-parents | 174 |
| | Parents/Pregnant | 6 |
| Religion: | Catholic | 105 |
| | -Roman Catholic | 104 |
| | -Greek Orthodox | 1 |
| | Protestant | 30 |
| | -no denomination | 7 |
| | -born-again Christian | 6 |
| | -Baptist | 5 |
| | -Methodist | 5 |
| | -Mormon (LDS) | 5 |
| | -Lutheran | 2 |
| | -Jehovah's Witness | 2 |
| | -Pentecostal | 1 |
| | -Christian Scientist | 1 |
| | -Presbyterian | 1 |
| | -Episcopalian | 1 |
| | Sikh | 2 |
| | Hindu | 2 |
| | Buddhist | 1 |
| | Druid | 1 |
| | Jewish | 1 |
| | No Religion | 31 |
| Religiosity: | Very Religious | 17 |
| | Somewhat Religious | 77 |
| | Not Very Religious | 57 |
| | Not Religious At All | 27 |
| Religious Activity: | Very Active | 10 |
| | Somewhat Active | 53 |
| | Not Very Active | 57 |
| | Not Active At All | 55 |

Figure 2 (continued)

| | | |
|---|---|---|
| U.S. Residence: | 1st Generation | 38 |
| | 2nd Generation | 45 |
| | 3rd Generation | 49 |
| | Other | 45 |

| | | |
|---|---|---|
| Ethnicity: | White | 77 |
| | Pacific Islander | 34 |
| | -Filipino | 31 |
| | -Samoan | 3 |
| | Hispanic | 33 |
| | -Mexican-American/Chicano | 11 |
| | -Unspecified Hispanic | 6 |
| | -Nicaraguan | 4 |
| | -Spanish | 3 |
| | -Salvadorean | 3 |
| | -Mexican Indian (Yaqui) | 2 |
| | -Guatemalan | 1 |
| | -Costa Rican | 1 |
| | -Peruvian | 1 |
| | -"Central American" | 1 |
| | East Asian | 20 |
| | -Chinese | 13 |
| | -Korean | 3 |
| | -Japanese | 1 |
| | -Burmese | 1 |
| | -Ethnic Chinese Vietnamse | 1 |
| | -Unspecified | 1 |
| | Black | 6 |
| | -Black & Hispanic | 1 |
| | -U.S. Black | 5 |
| | Native American | 5 |
| | -Cherokee | 2 |
| | -Paiute | 1 |
| | -Hopi | 1 |
| | -Eskimo | 1 |
| | Indian | 4 |

Figure 3
Answers to Question 1:
What would make it ok (for a woman to have a baby at a young age)?

| RESPONSE | TIMES GIVEN |
|---|---|
| Maturity, Emotional Maturity | 36 |
| Being of legal age (18), If they have finished school, If finished high school and don't plan to go to college, If finished high school, if finished college | 30 |
| If they have enough money to support the child, If they have enough money to support themselves | 27 |
| If they are responsible, can take responsibility for child | 26 |
| If they are married or engaged | 24 |
| If they are capable of caring for the child If they have enough time for the child If they could handle the child, or the stress of a child If they would really love and care for a child | 20 |
| If that is what they want, If they really want a baby If they just want to be a mother and don't want a career | 14 |
| If they are ready for a child, If they are stable, If they are settled (financially or emotionally) | 11 |
| It depends on the people involved | 8 |
| If they are aware of the consequences, If they know what they are giving up, If ready to sacrifice If they know what they are getting into | 7 |
| If they have a good/steady/well-paying job | 7 |
| If they really want this baby | 7 |

Figure 3 (continued)

| RESPONSE | TIMES GIVEN |
|---|---|
| If both parents really love each other | 6 |
| If the girl is already pregnant, If no choice, If by accident | 4 |
| Because girls mature faster than boys | 2 |
| If they can give it a good home | 2 |
| If the woman is healthy | 1 |
| If it is acceptable in their culture (e.g. another country) | 1 |
| If the child is planned | 1 |
| If she is biologically capable | 1 |
| If parents' consent is granted | 1 |
| In cases of rape | 1 |
| If parents accept the facts and help out | 1 |
| If pressured by boyfriend | 1 |
| If she is happy with herself | 1 |
| If she is not very extroverted (she won't be giving up much social life | 1 |

Figure 4
Answers to Question 2:
What would make it ok (for a man to father a baby at a young age)?

| RESPONSE | TIMES GIVEN |
|---|---|
| If they are mature | 34 |
| If they are responsible | 33 |
| If they have enough money to support themselves<br>If they have enough money to support the child | 21 |
| If they have finished their education<br>If they have finished high school<br>If they have finished high school and don't want college<br>If they have reached legal age (18) | 15 |
| If they are married | 13 |
| If they can handle the responsibility<br>If they are able to care for a child<br>If they have enough time for a child | 12 |
| If they have a good job | 11 |
| Girls mature faster than boys, so he would have to be very mature for his age | 7 |
| If the girl is pregnant, If no choice | 6 |
| If the child is wanted | 6 |
| If the parents are in love | 5 |
| If that is what they want from life | 4 |
| If the child is planned | 1 |

Figure 4 (continued)

| RESPONSE | TIMES GIVEN |
|---|---|
| If they are ready and stable | 1 |
| If culturally acceptable (in another country) | 1 |
| If there is no mother | 1 |

Figure 5
Answers to Question 6
Qualities and Conditions for Parenthood

| RESPONSE | TIMES GIVEN |
|---|---|
| They should have a good income, Plenty of money, Enough money to support three people, A steady income | 100 |
| They should be able to take the responsibility of raising a child, They should be responsible | 61 |
| They s | |
| They should be working, Have a steady job, Have a good job, Both parents should have good jobs, The father should have a good job | 40 |
| They should be ready, They should be prepared, They should be stable/settled (emotionally, financially) | 32 |
| They should be married/engaged. | 29 |
| They should be loving and caring | 29 |
| They should get along well with each other, love each other They should be supportive, have a good marriage | 25 |
| They should know what they are getting into, Know what they have to give up, Know the consequences, Be willing to make sacrifices, Make a real commitment | 25 |
| They should be finished with their education They should be finished with high school/college They should be done with partying and playing around They should be independent, should have traveled | 24 |
| Both parents should want to have a child, They should be willing to have a child | 23 |

Figure 5 (continued)

| | |
|---|---|
| They should have a good house or apartment | 22 |
| They should have a "good home" | 20 |
| They should be patient and understanding | 13 |
| They should be healthy | 7 |
| They should both plan it, They should agree on it, They should give it a lot of thought, They should discuss it | 7 |
| They should not use drugs or alcohol, They should not be dependent on drugs or alcohol, They should not be strung out on drugs | 7 |
| If that is what they really want to do, If the woman doesn't want a career | 5 |
| They should have support from the parents of the parents They should have support from their relatives/friends | 4 |
| They should agree on how to raise the child Agree on how to divide the work, help each other out | 3 |
| They should not have any genetic diseases or deficiencies They should consult a doctor first to see if there's a problem | 3 |
| If married, one person should stay home with the baby They should have someone to take care of the baby | 2 |
| They should have good morals | 2 |
| They should have self esteem/like themselves | 2 |
| They shouldn't feel guilty about having a baby | 1 |

Figure 5 (continued)

| RESPONSE | TIMES GIVEN |
|---|---|
| They should go under proper care during pregnancy | 1 |
| They should be honest, be able to talk to each other | 1 |
| They shouldn't be infatuated with the child | 1 |
| They shouldn't be too young | 1 |
| They should know how to raise a child with self-esteem | 1 |
| They should be determined to make the family stick together | 1 |
| They should be good with kids | 1 |
| They shouldn't be too involved in a career | 1 |
| They should be logical | 1 |
| They should provide a learning environment for the child | 1 |

Figure 6

Answers to Question 7a: Advantages for Teenage Mothers

| RESPONSE | TIMES GIVEN |
|---|---|
| They are closer in age, don't have a generation gap<br>You get to see your children grow up<br>You cah see your grandchildren and great-grandchildren grow up<br>You have more time with the baby<br>You can relate to the child better, arn't so old fassioned | 37 |
| None | 28 |
| They have lots of energy, lots of motivation,<br>they have more patience and love | 11 |
| The mom is healthy, less chance of Down's syndrome,<br>The baby will be healthy, she is fertile | 9 |
| Other people will help her with the baby | 7 |
| She can have more children | 5 |
| She can get the experrience,<br>She will be ready for a future child | 3 |
| When the child is older, the mother can have a career | 1 |
| She has less things to worry about | 1 |
| There is free counseling for teenagers, they have learned<br>new things in sex education | 1 |
| She learns responsibility in life | 1 |
| She would learn her lesson | 1 |

Figure 6 (continued)

Answers to Question 7a: Advantages for Teenage Mothers

| RESPONSE | TIMES GIVEN |
|---|---|
| If she is loving and caring, she would have all her time to the baby | 1 |

Figure 7

Answers to Question 7b: Disadvantages for Teenage Mothers

| RESPONSE | TIMES GIVEN |
|---|---|
| They are less experienced, have less knowledge, less ability to care for a child, less able to cope | 36 |
| They have bad jobs, no jobs, they can't support the baby, they have too much to do and don't have time for the baby | 29 |
| They are immature, too young, not ready, not stable, It's too big a responsibility for them | 27 |
| They have to go to school while they have the baby, They have to quit school, they drop out | 25 |
| They don't get any more fun, they can't play anymore, they miss the freedom of teenage years | 17 |
| They are under a lot of stress, they are treated badly There is a lot of pressure | 7 |
| It ruins their life | 3 |
| They could have an unhealthy baby, the baby could die | 2 |
| They don't have any place to live | 1 |
| They would be unwed | 3 |
| The father wouldn't support them | 2 |
| An illigitimate child if the father leaves | 1 |
| Not ready to settle down, no family life | 1 |

Figure 7 (continued)

Answers to Question 7b: Disadvantages for Teenage Mothers

| RESPONSE | TIMES GIVEN |
|---|---|
| Child abuse, mental problems | 1 |
| The teenage mother physically and mentally is not capable of going through those changes | 1 |
| No one helps them | 1 |
| She is fearful | 1 |
| Wildness, she might go crazy, neglect the baby | 1 |
| An older mother would probably have a husband that could support them both. She could have parents take care of it if she is single but if you're a teenager, you probably wouldn't tell your parents. | 1 |

Figure 8

Answers to Question 8a: Advantages for Teenage Fathers

| RESPONSE | TIMES GIVEN |
|---|---|
| None | 52 |
| Close in age to children, they get to watch their child grow up, they cah watch their grandchildren and great-grandchildren grow up, they can do more with their child, no generation gap | 20 |
| They have lots of energy, they can work harder and get a job | 8 |
| He learns responsibility quick, they get a lot more experiences, he might be pushed more to work for his family | 5 |
| He would have more time to look after his son or daughter | 4 |
| They can work more and find it easy to get a job | 2 |
| They get help from others | 2 |
| Later on when the child is older, he can have a career | 1 |
| He would be ready for future children | 1 |
| Some teen fathers are proud so they get to show off their kids | 1 |
| He'd be able to play sports with his kid, because younger guys are more active in sports | 1 |

Figure 9

Answers to Question 8b: disadvantages for Teenage Fathers

| RESPONSE | TIMES GIVEN |
|---|---|
| He would have to work hard to support the child<br>He would have a hard time getting a job, no job<br>He wouldn't have any time for the baby | 43 |
| He is too young, immature | 27 |
| He has less knowledge, no experience | 22 |
| Hehas to quit school, it disrupts his education | 17 |
| He has to quit school, doesn't get to party<br>doesn't get to enjoy his teen years | 14 |
| He doesn't want to be tied down, would be resentful<br>He might be willing to take responsibility,<br>He would avoid the mother, run away from the problem, take off | 8 |
| He would ruin his life by marrying, by quitting school<br>Throw away his chances for a career, hasn't reached<br>success yet | 5 |
| It's a burdon, lots of stress, lots of pressure | 4 |
| NONE (he can just run away from it) | 3 |
| They have no place to live | 2 |
| They're unwed | 2 |
| wouldn't be able to teach the kid correct things | 1 |

Figure 9 (continued)

Answers to Question 8b: disadvantages for Teenage fathers

| RESPONSE | TIMES GIVEN |
|---|---|
| They develop psychological problems, ("why me") | 1 |
| Male teenagers don't mature until later in life | 1 |
| He wouldn't know how to discipline the child | 1 |

Figure 10

Answers to Question 9a: Why is Teen Pregnancy a Problem?

| RESPONSE | TIMES GIVEN |
|---|---|
| It ruins the mother's/father's life<br>They have to drop out of school, give up their futures | 31 |
| Lots of teens get pregnant every year<br>More and more teens are getting pregnant | 21 |
| Teens are bad parents, it ruins the baby's life | 15 |
| The media say it is a problem, so it is | 10 |
| Kids are not using contraception, pregnancies are accidents/<br>unplanned | 13 |
| Kids are having too much sex, people are too loose,<br>Peer pressure | 11 |
| It leads to abortion | 10 |
| It causes social problems | 9 |
| It causes overpopulation | 7 |
| I know someone it happened to, I know lots of people with kids | 5 |
| I don't like the idea | 2 |
| Being a roman catholic, it's morally wrong to my point of view | 1 |

Figure 11

Answers to Questions 11 through 18

11. Which do you think is more likely to smoke cigarettes?

| | |
|---|---|
| 11 a teenage mother | 16 a teenage father |
| 43 a teenage girl with no kids | 20 a teenage guy with no kids |
| 44 it doesn't make any difference | 62 it doesn't make any difference |

12. Which do you think is more likely to smoke marijuana?

| | |
|---|---|
| 9 a teenage mother | 11 a teenage father |
| 48 a teenage girl with no kids | 25 a teenage guy with no kids |
| 42 it doesn't make any difference | 63 it doesn't make any difference |

13. Which do you think is more likely to have been arrested?

| | |
|---|---|
| 12 a teenage mother | 20 a teenage father |
| 48 a teenage girl with no kids | 28 a teenage guy with no kids |
| 37 it doesn't make any difference | 51 it doesn't make any difference |

14. Which do you think is more likely to be responsible about money?

| | |
|---|---|
| 77 a teenage mother | 65 a teenage father |
| 48 a teenage girl with no kids | 28 a teenage guy with no kids |
| 37 it doesn't make any difference | 51 it doesn't make any difference |

15. Which do you think is more likely to know about the facts of reproduction and contraception?

| | |
|---|---|
| 42 a teenage mother | 35 a teenage father |
| 35 a teenage girl with no kids | 29 a teenage guy with no kids |
| 23 it doesn't make any difference | 34 it doesn't make any difference |

16. Which do you think is more likely to get along with parents?

| | |
|---|---|
| 9 a teenage mother | 6 a teenage father |
| 60 a teenage girl with no kids | 50 a teenage guy with no kids |
| 29 it doesn't make any difference | 40 it doesn't make any difference |

17. Which do you think is more likely to be emotionally mature?

| | |
|---|---|
| 56 a teenage mother | 52 a teenage father |
| 15 a teenage girl with no kids | 20 a teenage guy with no kids |
| 28 it doesn't make any difference | 26 it doesn't make any difference |

18. Which do you think is more likely to be happy?

| | |
|---|---|
| 2 a teenage mother | 2 a teenage father |
| 15 a teenage girl with no kids | 20 a teenage guy with no kids |
| 33 it doesn't make any difference | 33 it doesn't make any difference |

Figure 12

Answers to Question 19: Reasons Teenage Mothers Have Problems

| RESPONSE | TIMES GIVEN |
|---|---|
| They arn't emotionally mature enough to have a child | 56 |
| They arn't physically mature enough to have a child | 54 |
| They have lots of conflict with their own parents | 53 |
| They don't have jobs so they don't have money to support themselves and their children | 52 |
| They don't get proper nutrition while they are pregnant or after the baby is born | 40 |
| They are not married, so they have to take care of everything themselves | 39 |
| they don't get medical care when they are pregnant or after the baby is born | 38 |
| They come from situations that would make it hard for anyone to have a healthy baby | 38 |
| People treat teenage parents badly so they are under a lot of stress | 35 |
| They don't have enough education | 32 |
| They use lots of drugs and alcohol so they arn't healthy | 30 |
| They are too young to drive so they can't go places they need to go | 8 |
| Parental rejection, stress due to parental rejection | 5 |

Figure 12 (continued)

Answers to Question 19: Reasons Teenage Mothers Have Problems

| RESPONSE | TIMES GIVEN |
|---|---|
| Lack of knowledge | 5 |
| Depresion, scared or worried | 3 |
| Guy runs away | 2 |
| That's not true | 2 |
| Don't take care of themselves | 1 |
| No home for self | 1 |
| Hereditary problem | 1 |
| Fighting with mate | 1 |
| No place to live | 1 |
| No one to help them to learn to take care of the baby | 1 |

Figure 13

Answers to questions 1-5 by ethnicity, educational plans, and parenthood status *

| | F EVER | F ALWAYS | M EVER | M ALWAYS |
|---|---|---|---|---|
| WHITE | 17.53+/-1.76 | 20.05+/-3.06 | 18.24+/-2.15 | 20.8+/-3.51 |
| HISPANIC | 17.06+/-1.87 | 19.91+/-3.41 | 17.82+/-2.32 | 19.81/-3.44 |
| FILIPINO | 18.06+/-1.63 | 19.86+/-2.83 | 18.71+/-2.11 | 20.55/-2.78 |
| ASIAN | 19.4 +/-2.22 | 21.65+/-3.78 | 19.95+/-2.52 | 22.15/-2.82 |
| BLACK | 18.33+/-1.80 | 21.8 +/-4.02 | 17.4 +/-1.02 | 18.6+/-1.36 |
| NATIVE | 16.2 +/-1.33 | 18.2 +/-1.47 | 17.4 +/-1.47 | 18.6+/-1.36 |
| INDIAN | 18.5 +/-1.12 | 20.0 +/-1.22 | 18.75+/-0.83 | 20.0+/-0.71 |
| SAMOAN | 17.0 +/-0.0 | 17.35+/-0.47 | 17.00+/-0.0 | 17.33/-0.47 |
| MALE | 17.63+/-1.61 | 19.64+/-2.69 | 18.12+/-1.89 | 19.67/-2.38 |
| FEMALE | 17.81+/-2.06 | 20.26+/-3.33 | 18.64+/-2.67 | 21.07/-3.73 |
| 12+GED | 16.5 +/-1.57 | 18.5 +/-1.36 | 17.4 +/-1.43 | 18.7+/-1.27 |
| AA | 17.5 +/-1.53 | 19.65+/-2.83 | 18.15+/-1.8 | 20.5+/-2.97 |
| VOCATIONAL | 18.08+/-2.66 | 20.0 +/-3.06 | 19.0 +/-3.0 | 20.25/-2.83 |
| BA/BS | 17.6 +/-1.66 | 20.4 +/-3.56 | 18.26+/-2.49 | 21.08/-4.1 |
| ADVANCED | 18.06+/-2.08 | 20.15+/-2.88 | 18.88+/-2.52 | 20.66/-2.91 |
| MOMS | 15.4 +/-2.06 | 18.2 +/-3.49 | 17.0 +/-.89 | 19.8+/-2.13 |
| OTHERS | 17.12+/-1.88 | 20.15+/-3.13 | 18.51+/-2.47 | 20.7+/-3.46 |

* Legend

+/- = plus and minus
F = for females
M = for males
Ever = youngest age answered "OK" or "sometimes OK"
Always = youngest age answered "OK"

Figure 13 (Continued)

Answers to questions 1-5 by ethnicity, educational plans, and parenthood status *

| | F BEST | M BEST | SELF BEST |
|---|---|---|---|
| WHITE | 20.25+/-2.73 | 24.19+/-2.8 | 24.7 +/-2.89 |
| HISPANIC | 22.22+/-2.79 | 23.03+/-3.5 | 23.9 +/-3.52 |
| FILIPINO | 22.9 +/-2.69 | 23.55+/-3.16 | 23.79+/-3.08 |
| ASIAN | 24.4 +/-1.74 | 25.0 +/-2.57 | 25.84+/-2.11 |
| BLACK | 24.4 +/-2.58 | 26.2 +/-4.02 | 26.0 +/-2.38 |
| NATIVE | 21.6 +/-1.02 | 22.2 +/-1.72 | 23.4 +/-2.15 |
| INDIAN | 23.5 +/-1.12 | 25.0 +/-1.22 | 25.5 +/-2.18 |
| SAMPAN | 20.0 +/-1.63 | 20.0 +/-1.63 | 26.0 +/-1.41 |
| MALE | 22.81+/-2.5 | 23.46+/-3.06 | 25.24+/-0.30 |
| FEMALE | 23.26+/-2.66 | 24.2 +/-3.26 | 24.28+/-2.91 |
| 12+GED | 19.56+/-1.57 | 20.22+/-1.75 | 21.11+/-2.56 |
| AA | 22.63+/-1.90 | 23.89+/-1.22 | 23.84+/-3.03 |
| VOCATIONAL | 23.33+/-3.12 | 24.67+/-3.57 | 24.25+/-3.24 |
| BA/BS | 23.44+/-2.75 | 24.21+/-3.44 | 24.77+/-2.78 |
| ADVANCED | 23.35+/-2.23 | 24.2 +/-2.86 | 24.84+/-4.22 |
| MOMS | 20.2 +/-2.48 | 21.4 +/-2.65 | 1.84 +/-2.24 |
| OTHERS | 23.18+/-2.59 | 24.04+/-2.59 | 24.79+/-2.80 |

* Legend

+/- = plus and minus
F = for females
M = for males
Ever = youngest age answered "OK" or "sometimes OK"
Always = youngest age answered "OK"

Figure 14

Comparison of students who saw marriage as a prerequisite for parenting with those who did not

| | | MARRIAGE REQUIRED | NOT REQUIRED |
|---|---|---|---|
| SCHOOL DISTRICT | South San Francisco | 12 | 68 |
| | Jefferson | 22 | 54 |
| | Pescadero | 5 | 19 |
| SEX | Male | 9 | 49 |
| | Female | 30 | 92 |
| AVERAGE AGE | | 15.7 | 16.45 |
| RELIGION | Catholic | 20 | 84 |
| | Protestant | 10 | 20 |
| | Atheist | 7 | 24 |
| | Other | 2 | 11 |
| | Jewish | 0 | 1 |
| RELIGIOUSITY | Very | 3 | 14 |
| | Somewhat | 22 | 55 |
| | Not very | 8 | 49 |
| RELIGEOUS ACTIVITY | Very | 4 | 6 |
| | Somewhat | 10 | 43 |
| | Not very | 14 | 43 |
| | Not at all | 10 | 45 |
| GENERATIONS IN US | 4 | 12 | 31 |
| | 3 | 10 | 39 |
| | 2 | 10 | 35 |
| | 1 | 7 | 31 |
| RACE | White | 16 | 61 |
| | Native | 1 | 4 |
| | Hispanic | 7 | 26 |
| | Black | 2 | 4 |
| | Asian | 7 | 13 |
| | Filipino | 5 | 26 |
| | Indian | 5 | 26 |
| | Samoan | 0 | 3 |
| GRADE | 9 | 18 | 38 |
| | 8 | 1 | 3 |
| | 12 | 13 | 73 |
| | 11 | 1 | 9 |
| | 10 | 6 | 17 |

| | | MARRIAGE REQUIRED | NOT REQUIRED |
|---|---|---|---|
| EDUCATIONAL GOALS | 12/GED | 1 | 7 |
| | AA | 2 | 18 |
| | Vocational | 4 | 8 |
| | BA/BS | 19 | 54 |
| | Advanced | 13 | 49 |

Figure 15

Comparison of students who thought that their pregnancy was a serious problem with those who didn't

| | PREGNANCY A PROBLEM? | NO/SLIGHT | VERY SERIOUS |
|---|---|---|---|
| SEX | Males | 7 | 23 |
| | Females | 3 | 67 |
| RACE | White | 2 | 30 |
| | Filipino | 2 | 20 |
| | Hispanic | 2 | 14 |
| | Native | 3 | 1 |
| | Black | 1 | 4 |
| | Indian | 0 | 4 |
| | Asian | 0 | 17 |
| MOTHERHOOD | Teen parents | 2 | 3 |
| | Non parents | 8 | 87 |

## REFERENCES

### Chapter 1:


1. J.E. Wideman (1967), A Glance Away (New York: Holt, Rinehart, and Winston), 3.

2. A. Campbell (1968), "The Role of Family Planning in the Reduction of Poverty", Journal of Marriage and the Family 30:236.

3. F.F. Furstenberg, Jr. (1981), "The Social Consequences of Teenage Parenthood", in Furstenberb, Lincoln and Menken, eds., Teenage Sexuality, Pregnancy, and Childbearing, (Philadelphia: University of Pennsylvania Press), 184-210.

4. C. Wallis (1985), "Children Having Children", Time, December 9, 78-90.

5. D. L. Height (1985), "What Must Be Done about Children Having Children", Ebony, March, 76-84

6. "Teen Pregnancy-A Caring Compromise" (1985), Newsweek, March 25, 90a.

7. "Teen Pregnancy: One Girl's Story" (1986), Good Housekeeping, in press, cited on Fast Copy (1986), April 15, National Broadcasting Company.

8. The Donahue Show (1985), November 22, Multimedia Entertainment, Incorporated.

9. "The Vanishing Family: Crisis in Black America" (1986), CBS Reports, January 25, Columbia Broadcasting System.

10. "Growing up Poor" (1986), CBS Evening News, March 18, Columbia Broadcasting System.

11. "Seventeen Billion Dollars Worth of Babies" (1986), Sixty Minutes April 6, Columbia Broadcasting System.

12. Saturday Night Live (1986), May 18, National Broadcasting Company.

13. M. Chan (1986), "Putting the Planned in Parenthood", USA Today, March 5, D1-D2

14. "Woman Leader Sparks Furor about Polygamy Saving Black Families" (1986), Jet, February 17, 38-39

15. C. Wallis (1985), "Children Having Children", Time, December 9, 78-90.

16. D.L. Height (1985), "What Must Be Done about Children Having Children", Ebony, March, 76-84.

17. Public Law 91-572.

18. Public Law 97-35.

19. Teen Pregnancy, What Is Being Done?: A State-By-State Look (1986), A Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, 99th Congress, 1st Session (Washington, D.C.: U.S. Government Printing Office).

20. ibid, ix.

21. A. Lincoln (1981), Teenage Pregnancy: The Problem That Hasn't Gone Away (New York: Alan Guttmacher Institute).

22. M. Testa and Edwin Lawlor (1985) The State of the Child: 1985 (Chicago: The Chapin Hall Center for Children at the University of Chicago), 26.

23. W.R. Arney and B.J. Bergen (1984), "Power and Visibility: The Invention of Teenage Pregnancy", Social Science and Medicine 18 (1), 11-19.

24. K. Luker (1984), Abortion, The Politics of Motherhood (Berkeley, University of California Press), 171-172.

25. M. Burt (1985), Estimates of Public Costs for Teenage Childbearing: A Review of Recent Studies and Estimates of 1985 Public Costs (Washington, D.C.: The Center For Population Options).

26. Teen Pregnancy, What Is Being Done?: A State-By-State Look (1986) A Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, 99th Congress, 1st Session (Washington, D.C.: U.S. Government Printing Office), 7-8.

27. R. Hubbard (1984), "Reflections of a Feminist Biologist on Human Sexuality and Reproduction", Women's Studies Quarterly 12 (4), Winter, 2-5.

28. K. Luker (1975), Taking Chances: Abortion and the Decision Not to Contracept (Berkeley: University of California Press)

29. ibid, 98-100

30. "Harpers Index" (1986), Harper's, March, 11.

31. U.S. Bureau of the Census (1985), Households and Family Characteristics: March 1984, April, Series P-20, Number 398, Tables 3 and 15.

32. "Farrah, Cristina D. Have Babies", (1980) People, February 18, 30.

33. D. Kiley (1983), The Peter Pan Syndrome: Men Who Have Never Grown Up (New York: Dodd, Mead, and Company).

34. B.M. Barnes and T. Clarke (1985), How to Get a Man to Make a Commitment: Or Know When He Never Will (New York: Saint Martins Press)

35. L. Weitzman (1985), The Divorce Revolution: The Unexpected Social and Economic Consequences for Women and Children in America (New York: The Free Press)

36. V. Cartoof (1982), "The Negative Effects of AFDC Policies on Teenage Mothers", Child Welfare 90 (5), May, 269-278.

37. C. Stack (1974), All Our Kin: Strategies for Survival in a Black Community (New York: Harper and Row).

38. D. Kleinman, J. Sanders and T. Rosa (1985), Reaching and Serving the Teenage Father (New York: Bank Street College of Education).

39. E.C. Davidson and T. Fukushima (1985), "The Age Extremes for Reproduction: Current Implications for Policy Change", American Journal of Obstetrics and Gynecology 152 (4), June, 467-473.

40. Public Attitudes About Sex Education, Family Planning, and Abortion in the United States (1985), Study No. 854005 (New York: Louis Harris and Associates, Inc.), 18.

41. I. Reiss (1967), The Social Context of Sexual Permissiveness (New York: Holt, Rinehart and Winston)

42. A. Haas (1981), Teenage Sexuality: A Survey of Teenage Sexual Behavior (Los Angeles: Pinnacle Books).

43. R. Coles and G. Stokes (1985), Sex and the American Teenager (New York: Harper Colophon Books).

44. C. Rinck, J. Rudolph and L. Simkins (1983), "A Survey of Attitudes Concerning Contraception and the Resolution of Teenage Pregnancy", Adolescence 18 (72), Winter, 923-929.

45. H.B. Kaplan, P.B. Smith and A.D. Pokorny (1974), "Psychosocial Antecedents of Unwed Motherhood among Indigent Adolescents", Journal of Youth and Adolescence 3, 181-207.

46. C.E. Vincent, C.A. Haney and C.M. Cochrane (1969), "Familial and Generational Patterns of Illegitimacy", Journal of Marriage and the Family 31 (4), November, 659-669.

47. A.M. Juhasz (1974), "The Unmarried Adolescent Parent", Adolescence 9 (34), 263-272.

48. L.S. Zabin, M.B. Hirsh, E.A. Smith and J.B. Hardy (1984), "Adolescent Sexual Attitudes and Behavior: Are They Consistent?", Family Planning Perspectives 16 (4), July/August, 181-185.

49. S.D. Clark, Jr., L.S. Zabin and J.B. Hardy (1984), "Sex, Contraception and Parenthood: Experiences and Attitudes among Urban Black Young Men", Family Planning Perspectives 16 (2), March/April,

50. F.P. Rivara, P.J. Sweeney and B.F. Henderson (1985), "A Study of Low Socioeconomic Status, Black Teenage Fathers and their Nonfather Peers", Pediatrics 75 (4), April, 648-656.

51. K.F. Paget (1983), "Conceptions of Deviance and Disorder" in Leahy, ed., The Child's Construction of Social Inequality (New York: Academic Press), 223-249.

52. B. Glaser and A. Strauss (1967), The Discovery of Grounded Theory (Chicago: Aldine Press).

**Chapter 2:**

1. N. Bleiberg, H. Jacobziner, H. Rich and R. Merchant (1962), "Young Unmarried Mothers in Child Health Stations of Two New York City Districts", American Journal of Public Health 52, 2030-2040.

2. C.A. Bachrach (1985), Adoption Plans, Adopted Children and Adoptive Mothers: United States, 1982, Family Growth Survey Branch, Division of Vital Statistics, U.S. Department of Health and Human Services, March.

3. U.S. Bureau of the Census (1985), Household and Family Characteristics, March 1984, April, Series P-20, No. 398, Tables 3 and 15.

4. N.J. Smelser (1981), Sociology (Englewood Cliffs, New Jersey: Prentice Hall), 281.

5. P. Ong, J. Chapa, W. Schink, G. Jones and T. Braun (1986), Socio-economic trends in California: 1940-1980 (Sacramento, California: State of California, Employment Development Department, Employment Data and Research Unit, Estimates and Economic Research Group).

6. P.M. Spacks (1984), "The Wages of Sin: Adolescent Mothers in Nineteenth Century Fiction", in Sugar, ed., Adolescent Parenthood (New York: SP Medical and Scientific Books), 3-20.

7. N. Hawthorne (1983), The Scarlet Letter (New York: Penguin).

8. W.R. Arney and B.J. Bergen (1984), "Power and Visibility: The Invention of Teenage Pregnancy", Social Science and Medicine 18 (1), 11-19.

9. N. Bleiberg, H. Jacobnizer, H. Rich and R. Merchant (1962), "Young Unmarried Mothers in Child Health Stations of Two New York City Districts", American Journal of Public Health 53, 2030-2040.

10. A. Kinsey (1953), Sexual Behavior in the Human Female (Philadelphia: William Saunders).

11. L. Rubin (1972), Worlds of Pain (New York: Basic Books).

12. W.R. Arney and B.J. Bergen (1984), "Power and Visibility: The Invention of Teenage Pregnancy", Social Science and Medicine 18 (1), 11-19.

13. J. Rosoff and A.M. Kenney (1984), "Title X and its Critics", Family Planning Perspectives 16 (3), May/June, 111-119.

14. Teen Pregnancy, What Is Being Done?: A State-By-State Look (1986), A Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, 99th Congress, 1st Session (Washington, D.C.: U.S. Government Printing Office).

15. C. Wallis (1985), "Children Having Children", Time, December 9, 78-90.

16. J.B. McKee (1974), Introduction to Sociology (New York: Holt, Rinehart and Winston), 268.

17. N.J. Smelser (1981), Sociology (Englewood Cliffs, New Jersey: Prentice Hall), 285.

18. G.I. Joseph (1984), "Black Mothers and Daughters: Traditional and New Populations", SAGE: A Scholarly Journal on Black Women 1 (2), Fall,

19. S.B. Kamerman (1985), "Young Poor and a Mother Alone: Problems and Possible Solutions", in McAdoo and Parham, eds., Services to Young Families (Washington, D.C.: American Public Welfare Association).

20. ibid

21. A. Brimmer (1970) "Economic Progress of Negroes in the United States: The Deepening Schism", (paper read at the Founders' Day Convocation: Tuskeegee, Alabama, March 22,).

22. P. Rains (1971), Becoming an Unwed Mother (Chicago: Aldine Publishing Company).

23. C. Stack (1974), All Our Kin: Strategies for Survival in a Black Community (New York: Harper and Row)

24. J. Ladner (1971), Tomorrow's Tomorrow: The Black Woman (New York: Doubleday and Company), 11.

25. J. Senderowitz and J.M. Paxman (1985), "Adolescent Fertility: Worldwide Concerns", Population Bulletin 40 (2), April, 1-50.

26. Teen Pregnancy, What Is Being Done?: A State-By-State Look (1986), A Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, 99th Congress, 1st Session (Washington, D.C.: U.S. Government Printing Office), 6.

27. "Woman Leader Sparks Furor About Polygamy Saving Black Families" (1986), Jet, February, 38-39.

28. L. Brabin (1984), "Polygyny: An Indicator of Nutritional Stress in African Agricultural Societies", AFRICA 54 (1), 31-45.

29. J.J. Card and L. Wise (1978), "Teenage Mothers and Teenage Fathers: The Impact of Early Childbearing on the Parents' Personal and Professional Lives", Family Planning Perspectives 10 (4), July/August,

30. F.F. Furstenberg, Jr. (1981), "The Social Consequences of Teenage Parenthood", in Furstenberg, Lincoln and Menken, eds., Teenage Sexuality, Pregnancy and Childbearing (Philadelphia: University of Pennsylvania Press), 184-210.

31. F.F. Furstenberg, Jr, J. Brooks-Gunn and S.P. Morgan (1987) Adolescent Mothers in Later Life (New York: Cambridge University Press), in press.

32. J.J. Card and L. Wise (1978), "Teenage Mothers and Teenage Fathers: The Impact of Early Childbearing on the Parents' Personal and Professional Lives", Family Planning Perspectives 10 (4), July/August,

33. J. Smith (1984), "The Paradox of Women's Poverty: Wage-earning Women and Economic Transformation", Signs: Journal of Women in Culture and Society 10, Winter, 291-310.

34. ibid

35. ibid

36. "Woman Leader Sparks Furor about Polygamy Saving (1986), Jet, February 17, 38-39, citing W.J. Williams (1986) in Danziger and Weinberg: Fighting Poverty: What Works and What Doesn't (Cambridge: Harvard University Press), Chapter 10.

37. H.A.R. Walker (1985), "Racial Differences in Patterns of Marriage and Family Maintenance, 1890-1980" in Dornbusch and Strober, eds., Feminism, Children and the New Families (New York: Guilford Press.)

38. D. Hogan, (no date) "Demographic Trends in Human Fertility and Parenting across the Life-Span" (Chicago: Population Research Center, mimeographed).

39. H.A.R. Walker (1985), "Racial Differences in Patterns of Marriage and Family Maintenance, 1890-1980" in Dornbusch and Strober, eds., Feminism, Children and the New Families (New York: Guilford Press).

40. M.B. Bracken, L.V. Klerman and M.S. Bracken (1982) "Abortion, Adoption, or Motherhood, an Empirical Study of Decision-Making During Pregnancy", American Journal of Obstetrics and Gynecology 130, 257-262.

41. "Teen Sex Still Taboo in Hispanic Homes" (1985), San Francisco Examiner, September 29, S-3.

42. P.R. Hughes (1986) "Today's Elderly vs Tomorrow's" San Francisco Chronicle 122 (58), April 25, 1 & 18.

43. S.A. Hewlett (1986), A Lesser Life: The Myth of Women's Liberation in America (New York: William Morrow).

44. K. Gerson (1985), Hard Choices: How Women Decide about Work, Career, and Motherhood (Berkeley: University of California Press).

45. V. Cartoof (1982),"The Negative Effects of AFDC Policies on Teenage Mothers", Child Welfare 90 (5), May, 269-278.

46. P. Palmer (1983), "The Racial Feminization of Poverty: Women of Color as Portents of the Future of All Women", Women's Studies Quarterly 11, Fall, 4-6.

47. Y.T. Moses (1985), "Black American Women and Work: Historical and Contemporary Strategies for Empowerment - II", Women's Studies International Forum 8 (4), 351-359.

48. K. Luker (1984), Abortion, the Politics of Motherhood (Berkeley: University of California Press).

49. ibid, 176.

50. ibid, 158-191.

51. J.D. Forrest, C. Tietze and E. Sullivan (1978), "Abortion in the United States, 1976-77", Family Planning Perspectives 10 (5), September/October, 271-279.

52. C. Wallace and T. Olson, A Sampler of AANCHOR (Salt Lake City: Brigham Young University, Department of Family Science, mimeographed.)

53. R. Lincoln (1977), "Strategies of Intervention" in Bogue, ed., Adolescent Fertility: The Proceedings of an International Conference (Chicago: Community and Family Study Center, University of Chicago).

54. K. Luker (1984), Abortion, the Politics of Motherhood (Berkeley: University of California Press).

55. M.J. England (1983), "Political Briefing: Teen Pregnancy" Journal of the American Medical Women's Association 38 (2), March/April, 53-54.

56. W. Tucker (1985), "Why We Have Families", The American Spectator December, 14-18.

57. C. Wallace and T. Olson, A Sampler of AANCHOR (Salt Lake City: Brigham Young University, Department of Family Science, mimeographed.)

58. "Teen Sex Still Taboo in Hispanic Homes" (1986), San Francisco Examiner, September 29, S-2.

59. "Many Ways to Prevent Unwanted Pregnancy" (1985), San Francisco Examiner, October 24, E-9.

60. P. Donovan (1984), "The Adolescent Family Life Act and the Promotion of Religious Doctrine", Family Planning Perspectives 16 (5), September/October, 222-228.

61. Teen Pregnancy: What Is Being Done?: A State-By-State Look (1986), A Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, 99th Congress, 1st Session (Washington, D.C.: U.S. Government Printing Office).

62. "Teen Sex Still Taboo in Hispanic Homes" (1986) San Francisco Examiner, September 29, S-2.

63. P.R. Hughes (1986), "Today's Elderly vs. Tomorrow's", San Francisco Chronicle, April 25, 1, 18.

64. ibid

65. D. Hayes-Bautista, W.O. Schinck and J. Chapa (1984?), The Young Latino Population in an Aging American Society: Policy Issues in the Emergence of an Age-Race Stratified Society (n.p., n.d.).

66. ibid.

67. W. Waller (1936), "Social Problems and the Mores", American Sociological Review 1, 922-934.

68. E. Schur (1983), Labeling Women Deviant: Gender, Stigma and Social Control (Philadelphia: Temple University Press).

69. C.E. Vincent (1961), Unmarried Mothers (New York: Free Press of Glencoe).

70. "Teen Fathers Are Not All Ogres" (1985), San Francisco Chronicle, October 4, 30.

71. J. Ladner (1971), Tomorrow's Tomorrow: The Black Woman (New York: Doubleday and Company).

72. Teen Pregnancy, What Is Being Done?: A State-By-State Look (1986) A Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, 99th Congress, 1st Session (Washington, D.C.: U.S. Government Printing Office), 7-8.

73. W. Gibbs (1985), "Alarming Dropout Rate: Officials Fear Crisis", San Francisco Examiner, September 15, B-1.

74. D. Kleinman, J. Sanders and T. Rosa (1985), Reaching and Serving the Teenage Father (New York: Bank Street College of Education).

75. A.T. Young, B. Berkman and H. Rehr (1975), "Parental Influenceon Pregnant Adolescents", Social Work 20, 307-391.

76. W.G. Cobliner, H. Schulman and S. Romney (1973), "The Termination of Out-Of Wedlock Pregnancies and Prospects for their Prevention", Journal of Obstetrics and Gynecology 115, 432-444.

77. M.B. Bracken, L.V. Klerman and M.S. Bracken (1978), "Abortion, Adoption or Motherhood: An Emperical Study of Decision-Making During Pregnancy", American Journal of Obstetrics and Gynecology 130, 251-262.

78. N.D. Colletta (1981), "Social Support and the Risk of Maternal Rejection by Adolescent Mothers", The Journal of Psychology 109, 191-197.

79. N.D. Colletta (1983), "At Risk for Depression: A Study of Young Mothers", The Journal of Genetic Psychology 142, 301-310.

80. N.D. Colletta, S. Hadler and C.H. Gregg (1981), "How Adolescents Cope with the Problems of Early Motherhood", Adolescence 16 (63), Fall, 499-512.

81. D.H. Stott and S.A. Latchford (1976), "Prenatal Antecedents of Child Health, Development, and Behavior: An Epidemiological Report of Incidence and Association", Journal of the American Academy of Child Psychiatry 15, 161-191.

## Chapter 3


1. J.H. Jones (1981), Bad Blood: The Tuskeegee Syphilis Experiment (New York: Free Press), 9.

2. M. Zelnik and J. Kantner (1977), "Sexual and Contraceptive Experience of Young Unmarried Women in the U.S., 1966-1971", Family Planning Perspectives 9 (2), March/April, 55-73.

3. P.A. Hensleigh and N. Moss (1982), A Study of Adolescent Perinatal Risk Reduction Behavior (Stanford, California: Mimeographed).

4. S. Jorgensen, S. King and B. Torrey (1980), "Dyadic and Social Network Influences on Adolescent Exposure to Pregnancy Risk", Journal of Marriage and the Family 42, February, 141-155.

5. V. Ktsanes (1980), "The Teenager and the Family Planning Experience" in Chilman, ed., Adolescent Pregnancy and Child-Bearing: Findings from Research (Washington, D.C.: U.S. Government Printing Office).

6. T.A. Merrit, R.A. Lawrence and R.L. Naeye (1980), "The Infants of Adolescent Mothers", Pediatric Annals 9 (3), March, 100-110.

7. P.C. Leppert (1984), "The Effect of Pregnancy on Adolescent Growth and Development" in Golub, ed., Health Care of the Female Adolescent (New York: Haworth Press, Inc.), 65-79.

8. W. Cates, Jr., K.F. Schulz and D. Grimes (1983), "The Risks Associated with Teenage Abortions", New England Journal of Medicine 309 (11), September 15, 621-624.

9. E.R. McAnerney and H.A. Theide (1981), "Adolescent Pregnancy and Childbearing: What Have We Learned in a Decade and What Remains to Be Learned", Seminars in Perinatology 5, January, 91-103.

10. H.M. Wallace (1965), "Teen-aged Pregnancy", American Journal of Obstetrics and Gynecology 92, 1125-1130.

11. J. Menken (1972), "The Health and Social Consequences of Child Bearing", Family Planning Perspectives 4 (1), January/February, 45-53.

12. J. Menken (1972), "The Health and Demographic Consequences of Adolescent Pregnancy and Childbearing", in Chilman, ed., Adolescent Pregnancy and Childbearing: Findings from Research (Washington, D.C.: U.S. Government Printing Office, NIH Publication 81-2077), 177-206.

13. Teen Pregnancy, What Is Being Done?: A State-By-State Look (1986), A Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, 99th Congress, 1st Session (Washington, D.C.: U.S. Government Printing Office).

14. E.R. McAnerney and H.A. Theide (1981), "Adolescent Pregnancy and Childbearing: What Have We Learned in a Decade and What Remains to Be Learned", Seminars in Perinatology 5, January, 91-103.

15. Preventing Low Birthweight (1985), Committee to Study the Prevention of Low Birthweight, Division of Health Promotion and Disease Prevention, Institute of Medicine (Washington, D.C.: National Academy Press).

16. M.C. McCormick, S. Shapiro and B.H. Starfield (1980), "Rehospitalization in the First Year of Life for High-Risk Survivors", Pediatrics 66 (6), December, 991-999.

17. D.R. Peterson, G. Van Bellan and M. Chinn, (1982)"Sudden Infant Death Syndrome and Maternal Age", Journal of the American Medical Association 247, 2250-2255.

18. S. Landy, J. Schubert, J. Cleland, C. Clark and J.S. Montgomery (1983), "Teenage Pregnancy: Family Syndrome?", Adolescence 18 (71), Fall, 679-694.

19. S.B. Russ-Eft, M. Sprenger and A. Beever (1979), "Antecedents of Adolescent Parenthood and Consequences at Age 30", Family Coordinator 18, April, 173-178.

20. J. Cheetham (1977), Unwanted Pregnancy and Counseling (London: Routledge and Kegan Paul). See also E.W. Smith (1975) The Role of the Grandmother in Adolescent Pregnancy and Parenting", Journal of School Health 45, 278-283.

21. V. Abernathy (1974), "Illegitimate Conception among Teenage Mothers", American Journal of Public Health 64, July, 662-665.

22. F.G. Bolton (1980), The Pregnant Adolescent: Problems of Premature Parenthood (Beverly Hills, California: Sage Publications).

23. V. Abernathy (1974), "Illegitimate Conception among Teenage Mothers", American Journal of Public Health 64, July, 662-665.

24. "Alarming Dropout Rates: Officials Fear Crisis" (1985), San Francisco Chronicle, September 15, 1985, B-1.

25. M. Vernon et al (1983), "Teenage Pregnancy: A Prospective Study of Self-Esteem and Other Sociodemographic Factors", Pediatrics 72 (5), 632-635.

26. R.P. Barth, S.P. Schinke and J.S. Maxwell (1983), "Psychological Correlates of Teenage Motherhood", Journal of Youth and Adolescence 12 (6), 471-487.

27. S. Landy, J. Schubert, J. Cleland, C. Clark and J.S. Montgomery (1983), "Teenage Pregnancy: Family Syndrome?", Adolescence 18 (71), Fall, 679-694.

28. N. Ralph, J. Lochman and T. Thomas (1984), "Psychosocial Characteristics of Pregnant and Nulliparous Adolescents", Adolescence 19 (74), Summer, 283-294.

29. F.F. Furstenberg, Jr, J. Brooks-Gunn and S.P. Morgan (1987) Adolescent Mothers in Later Life (New York: Cambridge University Press), in press.

30. F.F. Furstenberg and A.C. Crawford (1978), "Helping Teenage Mothers to Cope", Family Planning Perspectives 10 (6), November/December, 322-333.

31. N.D. Colletta (1981), "Social Support and the Risk of Maternal Rejection by Adolescent Mothers", The Journal of Psychology 109, 191-197.

32. N.D. Colletta (1983), "At Risk for Depression: A Study of Young Mothers", The Journal of Genetic Psychology 142, 301-310.

33. M.W. Roosa, H.E. Fitzgerald and N.A. Carson (1982), "Teenage and Older Mothers and their Infants: A Descriptive Comparison", Adolescence 17 (65), Spring, 1-17.

34. F.G. Bolton, Jr, R.H. Laner and S.P. Kane (1980), "Child Maltreatment Risk among Adolescent Mothers: A Study of Reported Cases", American Journal of Orthopsychiatry 50 (3), July, 489-504.

35. D. Gil (1970), Violence Against Children (Cambridge, Mass: Harvard University Press).

36. E. Elmer (1967), Children in Jeopardy (Pittsburg: University of Pittsburg Press).

37. E.M. Kinard and L.V. Klerman (1980), "Teenage Parenting and Child Abuse: Are they Related?", American Journal of Orthopsychiatry 50 (3), July, 481-488.

38. J.B. Hardy, D.W. Welcher, J. Stanley and J.R. Dallas (1978), "Long Range Outcome of Adolescent Pregnancy", Clinics in Obstetrics and Gynecology 21 (4), 1215-1232.

39. ibid

40. W.C. Oppel and A.B. Royston (1971), "Teenage Births: Some Social, Psychological and Physical Sequelae", American Journal of Public Health 61, 751-756.

41. ibid.

42. J.A. Ladner and R.M. Gourdine (1984), "Intergenerational Teenage Motherhood: Some Preliminary Findings", SAGE: A Scholarly Journal on Black Women 1 (2), Fall, 22-24. See also Children Youth and Families 1983 (1984), A Year End Report on the Activities of the Select Committee on Children, Youth and Families, 98th Congress, 2nd Session (Washington, D.C.: U.S. Government Printing Office).

43. D.P. Hogan and E.M. Kitagawa (1985), "The Impact of Social Status, Family Structure and Neighborhood on the Fertility of Black Adolescents", American Journal of Sociology 90 (4), 825-855.

44. W. Baldwin (1980), "The Children of Teen Parents", Family Planning Perspectives 12 (1), January/February, 34-43.

45. ibid.

46. B.S. Zuckerman, D.K. Walker, D.A. Frank, C. Chase and B. Hamburg (1984), "Adolescent Pregnancy: Biobehavioral Determinants of Outcome", Journal of Pediatrics 105 (6), December, 857-863.

47. ibid

48. J.B. Coates (1970), "Obstetrics in the Very Young Adolescent" American Journal of Obstetrics and Gynecology 108, 68-72.

49. G. Chan, N. Ronald, P. Slater, J. Hollis and M.R. Thomas (1982), "Decreased Bone Mineral Status in Lactating Adolescent Mothers", Journal of Pediatrics 101 (5), November, 767-776.

50. I.F. Hunt, N.J. Murphy, A.E. Cleaver, B. Faraje, M.E. Swenseid, B.L. Browdy, A.H. Coulson, V.A. Clark, R.H. Settlage and J.C. Smith (1985), "Zinc Supplementation During Pregnancy in Low-Income Teenagers of Mexican Descent: Effects on Selected Blood Constituents and on Progress and Outcome of Pregnancy", American Journal of Clinical Nutrition 42, November, 818-825.

51. P.B. Rothenberg and P.E. Varga (1981), "The Relationship Between Age of Mother and Child Health and Development", American Journal of Public Health 71, 810-817.

**Chapter 4**

1. L. Williams (1986), "Baltimore Study of Teen-Age Sex Draws Criticism", New York Times, January 27, C-1.

2. T. Susman (1986), "High School with a Stigma", San Francisco Chronicle, January 20, 18.

3. R. Sorensen (1973), Adolescent Sexuality in Contemporary America (New York: World Publishing Company).

4. M. Zelnik, J.F. Kantner and K. Ford (1981), Sex and Pregnancy in Adolescence (Beverly Hills: Sage Publications)

5. D.P. Hogan and E.M. Kitagawa (1985), "The Impact of Social Status, Family Structure and Neighborhood on the Fertility of Black Adolescents", American Journal of Sociology 90 (4), 825-855.

6. A. Haas (1984), Teenage Sexuality: A Survey of Teenage Sexual Behavior (Los Angeles: Pinnacle Books), 147-148.

7. National Center for Health Statistics (1979), "Advance Report on Final Natality Statistics, 1979", Monthly Vital Statistics Report (Washington, D.C.: Department of Health and Human Services) publication No. (PHS) 81-1120; suppl. 2, 30.

8. Public Attitudes About Sex Education, Family Planning, and Abortion in the United States (1985), Study No. 854005 (New York: Louis Harris and Associates, Inc.)

9. B. Horn (1983), "Cultural Beliefs and Teenage Pregnancy", Nurse Practicioner 8 (8): 35, 39, 74.

**Chapter 5**

1. G.W. Allport (1947), The Nature of Prejudice (Garden City, New York: Doubleday Anchor Books).

2. W.C. Williams (1984), The Doctor Stories (New York: New Directions Publishing Corp.), xv-xvi.

3. Teen Pregnancy, What Is Being Done?: A State-By-State Look (1986), A Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, 99th Congress, 1st Session (Washington, D.C.: U.S. Government Printing Office).

4. C. Wallis (1985), "Children Having Children", Time, December 9, 78-90.

5. Teen Pregnancy, What Is Being Done?: A State-By-State Look (1986), A Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, 99th Congress, 1st Session (Washington, D.C.: U.S. Government Printing Office).

6. C.S. Chilman, "Social and Psychological Research Concerning Adolescent Childbearing: 1970-1980", Journal of Marriage and the Family, November, 793-805.

7. W. Baldwin and V. Cain (1980), "The Children of Teen Parents", Family Planning Perspectives 12 (1), January/February, 34-44.

8. C.S. Chilman (1980), "Social and Psychological Research Concerning Adolescent Childbearing: 1970-1980", Journal of Marriage and the Family, November, 793-805.

9. W. Baldwin and V. Cain (1980), "The Children of Teen Parents", Family Planning Perspectives 12 (1), January/February, 34-44.

10. D.P. Hogan and D.L. Featherman (1977), "Racial Stratification and Socioeconomic Change in the American North and South", American Journal of Sociology 138 (1), 100-126

11. D.P. Hogan and M. Pazul (1981), "The Occupational and Earnings Returns to Education among Black Men in the North", American Journal of Sociology 84 (4), 905-920.

12. W.J. Williams (1980), The Declining Significance of Race: Blacks and Changing American Institutions (Chicago: University of Chicago Press).

13. "Seventeen Billion Dollars Worth of Babies" (1986), Sixty Minutes April 6, Columbia Broadcasting System.

14. C. Wallis (1985), "Children Having Children", Time, December 9, 78-90.

15. ibid.

# Appendix I: Survey Instrument for South San Francisco

POLL ON ATTITUDES TOWARDS PARENTING

Instructions: Please fill in the answers that apply to you. If you have an answer that isn't listed, write it in. If there are any questions that don't apply to you, skip them and go on to the next question. If you have any questions or comments about any part of the poll, feel free to write them on the paper.

1. For each of the following ages, check whether you think it would be OK, NOT OK, or SOMETIMES OK BUT SOMETIMES NOT OK for a female to have a baby. If you check the last category, explain what would make it ok or not ok.

| | OK | NOT OK | SOMETIMES OK BUT SOMETIMES NOT OK |
|---|---|---|---|
| 11 years old | ___ | ___ | ___ (specify when)_____ |
| 12 years old | ___ | ___ | ___ (specify when)_____ |
| 13 years old | ___ | ___ | ___ (specify when)_____ |
| 14 years old | ___ | ___ | ___ (specify when)_____ |
| 15 years old | ___ | ___ | ___ (specify when)_____ |
| 16 years old | ___ | ___ | ___ (specify when)_____ |
| 17 years old | ___ | ___ | ___ (specify when)_____ |
| 18 years old | ___ | ___ | ___ (specify when)_____ |
| 19 years old | ___ | ___ | ___ (specify when)_____ |
| 20 years old | ___ | ___ | ___ (specify when)_____ |
| 21 years old | ___ | ___ | ___ (specify when)_____ |

2. For each of the following ages, check whether you think it would be OK, NOT OK, or SOMETIMES OK BUT SOMETIMES NOT OK for a male to father a child. If you check the last category, explain what would make it ok or not ok.

| | OK | NOT OK | SOMETIMES OK BUT SOMETIMES NOT OK |
|---|---|---|---|
| 11 years old | ___ | ___ | ___ (specify when)_____ |
| 12 years old | ___ | ___ | ___ (specify when)_____ |
| 13 years old | ___ | ___ | ___ (specify when)_____ |
| 14 years old | ___ | ___ | ___ (specify when)_____ |
| 15 years old | ___ | ___ | ___ (specify when)_____ |
| 16 years old | ___ | ___ | ___ (specify when)_____ |
| 17 years old | ___ | ___ | ___ (specify when)_____ |
| 18 years old | ___ | ___ | ___ (specify when)_____ |
| 19 years old | ___ | ___ | ___ (specify when)_____ |
| 20 years old | ___ | ___ | ___ (specify when)_____ |
| 21 years old | ___ | ___ | ___ (specify when)_____ |

3. In general, what do you think is the best age for a female to have her first child?

_____years

4. In general, what do you think is the best age for a male to father his first child?

_____years

5. If you wanted to become a parent, what would be the best age for you to have your first child? (If you are already a parent, what would have been the best age?)

_____years

6. Other than being a certain age, list any qualities you think people should have, or conditions that they should meet, if they want to have children.

_____

_____

_____

_____

You may continue on the other side of the page if necessary.

7. How old are you? _____years

8. What is your sex?

___ Male

___ Female

9. a. What do you consider to be your religion or church? (You may skip this question if you wish.)

___ Protestant _____
(please specify denomination)

___ Catholic

___ Jewish _____
(please specify denomination)

___ Other _____
(please specify religion and denomination)

___ None

b. How religious are you? (You may skip this question if you wish.)

___ I am very religious or I am very active in my church

___ I am somewhat religious or I am somewhat active in my church

___ I am not very religious or I am not very active in my church

___ I am not religious at all or I do not participate in organized religion at all

10. Do you have any children?

___ Yes--What are the ages of your children who are living with you now?___,___,___
What are the ages of your children who are not living with you?___,___,___

___ No

11. What race do you consider yourself a member of? (You may skip this question if you wish.)

___ American Indian or Alaskan Native
___ Asian _____ (please specify country of origin)
___ Black (non-Hispanic)
___ Hispanic/Latino _____ (please specify country of origin)
___ Pacific Islander _____ (please specify country of origin)
___ White (non-Hispanic)
___ Other _____ (please specify country of origin or ethnicity)

12. How many generations has your family lived in this country?

___ First generation (I was born in another country)
___ Second generation (One or both of my parents were born in another country)
___ Third generation (One or more of my grandparents were born in another country)
___ Other

13. a. If you are living with your mother or female guardian, what is her occupation?

_____

b. If you are living with your father or male guardian, what is his occupation?

_____

14. a. What grade of school are you in now? _____grade

b. What is the highest grade of school you plan to complete?

___ 9th grade
___ 10th grade
___ 11th grade
___ 12th grade (high school diploma)
___ California equivalency test to leave high school (G.E.D.)
___ certificate or license from a vocational or technical college
___ AA degree (from a community college)
___ BA or BS degree (from a four-year college)
___ Advanced or porfessional degree (from a university) _____ (specify degree)

Thank you for completing this poll

# Appendix II: Survey Instrument for Jefferson and Pescadero Districts

POLL ON ATTITUDES TOWARDS PARENTING

Instructions: Please fill in the answers that apply to you. If you have an answer that isn't listed, write it in. If there are any questions that don't apply to you, skip them and go on to the next question. If you have any questions or comments about any part of the poll, feel free to write them on the paper.

1. For each of the following ages, check whether you think it would be OK, NOT OK, or SOMETIMES OK BUT SOMETIMES NOT OK for a female to have a baby. If you check the last category, explain what would make it ok or not ok.

| | OK | NOT OK | SOMETIMES OK BUT SOMETIMES NOT OK |
|---|---|---|---|
| 11 years old | ___ | ___ | ___ (specify when)_____ |
| 12 years old | ___ | ___ | ___ (specify when)_____ |
| 13 years old | ___ | ___ | ___ (specify when)_____ |
| 14 years old | ___ | ___ | ___ (specify when)_____ |
| 15 years old | ___ | ___ | ___ (specify when)_____ |
| 16 years old | ___ | ___ | ___ (specify when)_____ |
| 17 years old | ___ | ___ | ___ (specify when)_____ |
| 18 years old | ___ | ___ | ___ (specify when)_____ |
| 19 years old | ___ | ___ | ___ (specify when)_____ |
| 20 years old | ___ | ___ | ___ (specify when)_____ |
| 21 years old | ___ | ___ | ___ (specify when)_____ |

2. For each of the following ages, check whether you think it would be OK, NOT OK, or SOMETIMES OK BUT SOMETIMES NOT OK for a male to father a child. If you check the last category, explain what would make it ok or not ok.

| | OK | NOT OK | SOMETIMES OK BUT SOMETIMES NOT OK |
|---|---|---|---|
| 11 years old | ___ | ___ | ___ (specify when)_____ |
| 12 years old | ___ | ___ | ___ (specify when)_____ |
| 13 years old | ___ | ___ | ___ (specify when)_____ |
| 14 years old | ___ | ___ | ___ (specify when)_____ |
| 15 years old | ___ | ___ | ___ (specify when)_____ |
| 16 years old | ___ | ___ | ___ (specify when)_____ |
| 17 years old | ___ | ___ | ___ (specify when)_____ |
| 18 years old | ___ | ___ | ___ (specify when)_____ |
| 19 years old | ___ | ___ | ___ (specify when)_____ |
| 20 years old | ___ | ___ | ___ (specify when)_____ |
| 21 years old | ___ | ___ | ___ (specify when)_____ |

3. In general, what do you think is the best age for a female to have her first child?

_____years

4. In general, what do you think is the best age for a male to father his first child?

_____years

5. If you wanted to become a parent, what would have been the best age for you to have your first child? (if you are already a parent, what would have been the best age?)

_____years

6. Other than being a certain age, list any qualities that you think people should have, or conditions that they should meet, if they want to have children.

_____

_____

_____

_____

7. a. List any advantages a teenage mother would have compared to an older mother:

_____

b. List any disadvantages a teenage mother would have compared to an older mother:

_____

8. a. List any advantages a teenage father would have compared to an older father:

_____

b. List any disadvantages a teenage father would have compared to an older father:

_____

9. a. How serious a problem is teenage pregnancy in the United States?

___ It is a very serious problem.
___ It is a serious problem.
___ It is a slight problem.
___ It is not a problem.

b. Why do you feel this way?

_____

_____

_____

_____

10. Compared to other countries like Holland and Sweden, the United States has a high rate of teenage pregnancy and parenthood. Why do you think this is the case?

_____

_____

_____

11. Which do you think is more likely to smoke cigarettes? (Give one answer for girls, and one answer for boys.)

| | |
|---|---|
| ___ a teenage mother | ___ a teenage father |
| ___ a teenage girl with no kids | ___ a teenage guy with no kids |
| ___ it doesn't make any difference | ___ it doesn't make any difference |

12. Which do you think is more likely to smoke marijuana?

| | |
|---|---|
| ___ a teenage mother | ___ a teenage father |
| ___ a teenage girl with no kids | ___ a teenage guy with no kids |
| ___ it doesn't make any difference | ___ it doesn't make any difference |

13. Which do you think is more likely to have been arrested?

| | |
|---|---|
| ___ a teenage mother | ___ a teenage father |
| ___ a teenage girl with no kids | ___ a teenage guy with no kids |
| ___ it doesn't make any difference | ___ it doesn't make any difference |

14. Which do you think is more likely to be responsible about money?

| | |
|---|---|
| ___ a teenage mother | ___ a teenage father |
| ___ a teenage girl with no kids | ___ a teenage guy with no kids |
| ___ it doesn't make any difference | ___ it doesn't make any difference |

15. Which do you think is more likely to know the facts about reproduction and contraception?

| | |
|---|---|
| ___ a teenage mother | ___ a teenage father |
| ___ a teenage girl with no kids | ___ a teenage guy with no kids |
| ___ it doesn't make any difference | ___ it doesn't make any difference |

16. Which do you think is more likely to get along well with their parents?

| | |
|---|---|
| ___ a teenage mother | ___ a teenage father |
| ___ a teenage girl with no kids | ___ a teenage guy with no kids |
| ___ it doesn't make any difference | ___ it doesn't make any difference |

17. Which do you think is more likely to be emotionally mature?

| | |
|---|---|
| ___ a teenage mother | ___ a teenage father |
| ___ a teenage girl with no kids | ___ a teenage guy with no kids |
| ___ it doesn't make any difference | ___ it doesn't make any difference |

18. Which do you think is more likely to be happy?

| | |
|---|---|
| ___ a teenage mother | ___ a teenage father |
| ___ a teenage girl with no kids | ___ a teenage guy with no kids |
| ___ it doesn't make any difference | ___ it doesn't make any difference |

19. Sometimes teenage mothers have a higher rate of problems with their babies, like low birth weight, health problems, or a hard time coping with stress. Why do you think this is? (These are some things people say, but if you have your own answer it is even better.) Answer as many as you wish.

___ They aren't physically mature enough to have a child.

___ They aren't emotionally mature enough to have a child.

___ They don't get proper nutrition while they are pregnant or after the baby is born.

___ They don't get the medical care they need when they are pregnant or after the baby is born

___ They don't have jobs so they don't have money to support themselves and their children.

___ They don't have enough education.

___ They are not married, so they have to take care of everything themselves.

___ They use lots of drugs and alcohol so they aren't healthy.

___ They have lots of conflict with their own parents.

___ They are too young to drive so they can't go places they need to go.

___ People treat teenage parents badly, so they are under a lot of stress.

___ There aren't enough medical or social programs to help out teenage parents.

___ The teenage mothers who have problems are the exceptions--most of them do ok.

___ They come from situations that would make it hard for anyone to have a healthy baby, (i.e., it isn't that they are teens, but that they are poor, or live in a bad area, etc.)

___ Your own answer:_____

___ Your own answer:_____

20. How old are you?

_____years

21. What is your sex?

___ Male

___ Female

22. a. What is your religion?

___ Protestant _____
(please specify denomination)

___ Catholic

___ Jewish _____
(please specify denomination)

___ Other _____
(please specify religion and denomination)

___ None

22. b. How religious are you?

___ I am very religious.
___ I am somewhat religious.
___ I am not very religious.
___ I am not religious at all.

c. Are you active in a church or church-related activities?

___ I am very active in church related activities.
___ I am somewhat active in church related activities.
___ I am not very active in church related activities.
___ I am not involved in church related activities at all.

23. Do you have any children?

___ Yes. What are the ages of your children who are living with you now? ___,___,___
What are the ages of your children who are not living with you? ___,___,___
___ No.

24. How many generations has your family lived in this country?

___ I was born in another country (first generation).
___ One or both of my parents were born in another country (second generation).
___ One or more of my grandparents were born in another country (third generation).
___ Other (fourth generation or more).

25. What race do you consider yourself a member of?

___ American Indian or Alaskan Native _____
(specify group, e.g. Navajo, Aleut)

___ Asian _____
(specify group, e.g. Chinese-American, Vietnamese)

___ Black (non-Hispanic)

___ Hispanic/Latino _____
(specify group, e.g. Chicano, Cuban-American)

___ White (non-Hispanic)

___ Other _____
(please specify ethnicity or country of origin)

26. a. If you are living with your mother or female guardian, what is her occupation?

_____

b. If you are living with your father or male guardian, what is his occupation?

_____

(If living with both, answer for both)

27. a. What grade of school are you in now?

_____grade

b. What is the highest grade of school you plan to complete?

___ 9th grade
___ 10th grade
___ 11th grade
___ 12th grade (high school diploma)
___ California equivalency test to leave high school (G.E.D.)
___ certificate or license from a vocational or technical college
___ AA degree (from a community college)
___ BA or BS degree (from a four-year college)
___ Advanced or professional degree (from a university) _____
(specify degree)

Thank you for completing this poll