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Only within the last few years have the federal government and the general population shown much concern over the extent of teenage pregnancy and childbearing in the United States. It is not immediately obvious to us why the concern was so long in developing when the trend had been sharply upward for a good many years. The United States, it might be noted, stands out among developed nations with respect to its levels of adolescent childbearing -- much of it of course out-of-wedlock.

We suspect the concern arises not because teenage pregnancy and childbearing are relatively greater today than they were for example in 1970, (the absolute and relative number of children born to teenagers has in fact declined since 1970), but rather because what is visible today -- abortion -- was relatively invisible then and probably also of lesser magnitude; because childbearing then occurred more often in the socially acceptable context of marriage; and perhaps most importantly, because the (so-called) contraceptive revolution of the 60's has had less of an impact on teenage premarital pregnancy than was naively expected. Some of the current manifestations of concern may be as much expressions of frustration and even outrage as expressions of true concern.

Regardless of whether one condemns or condones the practice of abortion, the number of such operations being performed on teenagers along with the number of illegitimate births still occurring (and marriages occurring while the young women are pregnant) leaves the older, parental generation highly disturbed. How can there be that much unprotected intercourse?

Teenagers simply do not act as rationally, as responsibly, as calcu-

latingly, as knowledgably as their elders would like them to. The expectation seems to be that if teenagers engage in sex, they -- like the rest of us -- will of course contracept. Ergo, little unwanted pregnancy, abortion, illegitimacy, or shotgun marriages. But to the consternation of adult society pregnancy has continued at a high level despite improvement in the techniques of prevention and access to them. Who can blame the adult who cries out, paraphrasing Professor Higgins: Why can't a youngster be more like an adult? But such an attitude not only demands more of teenagers than of adults, who still manage to have unwanted births and some of the abortions, but it completely ignores fundamental differences between the adolescent and the adult.

In 1970, when we began to plan our first survey of teenage women, there were 656,000 live births to women under the age of 20; an estimated 200,000 of these births were illegitimate. In 1975, the most recent year for which we have official birth registration data in sufficient detail to see what is happening among teenagers, there were 595,000 live births to young women under the age of 20; approximately 234,000 of these live births were illegitimate. Thus, in 1970 there were more births (and the age specific fertility rate was higher) but a smaller number and fraction were illegitimate. However, a substantial fraction of the legitimate births (at both dates) were conceived prior to marriage.

Whether the absolute or relative number of teenage pregnancies in 1970 was less than or greater than the number in 1975 is a moot point. In 1970 abortion was, for the most part, illegal and no reporting system for these illegal events existed. Estimates of the total number of illegal abortions performed varied so widely as to be useless and no useful information was available on how many were performed on women under the age of 20. Undoubtedly there were some. (Our 1971 study indicated that 14 percent of all

premarital first pregnancies for which there was a known outcome had ended in abortion; since abortion prior to 1971 was, for the most part, illegal, presumably most of the reported events were illegal; further, we suspect some underreporting for the same reason.)

In 1975, again the latest year for which we have information, approximately 300,000 young women under the age of 20 had a legal abortion. At an earlier date, some of these young women would have had an illegal abortion (or, where possible, a legal "therapeutic" abortion) but a substantial fraction would have married while pregnant and in most instances whether they married or stayed single, would have carried to term an unwanted pregnancy. Unwanted pregnancies sometimes become loved and wanted children, but evidence suggests that not all of the subsequent children are in fact loved and wanted. The legalization of abortion and the ensuing reporting system have made highly visible what before either was invisible or led to an acceptable form of behavior (i.e., marriage). Whether a legal abortion is preferable to an illegal abortion or to a shotgun marriage or to the bearing of a usually unwanted illegitimate birth, may be a matter of individual choice, but it has serious implications for society.

Before looking into the sexual and reproductive behavior of young women over the recent past, we feel constrained to comment on the failure of our government and those creations of our public tax policies, the private foundations, to move against these problems with commitment and imagination. We say "constrained" because many questions which might be asked or should be asked of us cannot be answered on the basis of available knowledge. In all too many instances we have to answer: 'we don't know'. The ratio of speculation and unwarranted speculation to hard fact is unacceptably high in this area. Perhaps we can make our point best by recounting our own efforts to

find support for the kind of investigation that would provide the facts needed for setting policy relative to this problem. If at times it sounds like special pleading, be assured that other frustrated investigators can render like accounts. In any case no single study by us or any investigator ever settles all questions. Behavior changes as does the social setting in which it occurs; complex issues must be broken down into manageable tasks requiring different types of expertise; mistakes are made and new questions arise out of answers to old ones. Thus in recounting our difficulties in finding support for our investigations we are, by extension we believe, speaking for others whose efforts have been similarly blunted.

In 1970 we could find little professional support for our interest in studying the fertility of young people. Although we received a grant from a federal agency to conduct a study in 1971, subsequent funding that would have permitted us to follow these cases -- that being the only way to discover the antecedents of the behavior in question -- was denied. (By way of contrast, that same agency has provided over \$1,000,000 for a longitudinal follow-up of white married women, the overwhelming bulk of whom have terminated their fertility; this following numerous large scale cross-sectional studies of married women.) Following the survey, subsequent requests directed to the federal government and to private foundations for funds to continue the analysis of the data, to maintain the panel of respondents (in the hope of ultimately securing funds with which to reinterview them) or to launch a new cross-sectional study met with very little success.

Eventually in 1975 we were finally successful in receiving some federal money and a small grant from a private foundation, to carry out a second survey. Even though we cut the size of the study by half, to about one-fifth the size of a recurring federally run fertility study, the amount of money

from both sources was actually insufficient. Only through an unusual set of circumstances involving "piggy-backing" on a separate study, deficit financing on the part of the survey organization that performed the field work for us, and subsidization by our University could our recent study have been conducted.

If the response of funding agencies was feeble relative to the effort to collect information, it has been no better when it comes to support for the analysis. The federal government often fails to follow through on the analysis of expensively acquired data. Our case was no exception. We have attempted to make available the results of the study as quickly as possible, but are now faced by May this year with having no funds with which to continue the analysis of the data. Efforts to raise the money for this purpose have been unsuccessful. Although this study (like its predecessor) contains a great deal of important, useful information, it will be of academic interest only if there is delay in completing the analysis.

The results of our analysis have led us to the conviction that it is essential to study the behavior of young males and to focus more tightly on the factors involved in the use and non-use of contraception. A proposal to this end was submitted to a federal agency but was not funded. Given the concern over teenage pregnancy, the need for continued investigation, the recognized contributions of our work to date by, among others, the very agency that has rejected us, we are forced to conclude that something is fundamentally wrong with the process whereby the federal government identifies problems and supports research relevant to them. If others were being funded to carry out basic studies of the type that are needed or if the reasons given us for rejection had real substance and merit, we would find the situation understandable. Since this is not the case we can only conclude

that the process is not working properly. Private foundations for their part acknowledge the importance of the issue, acknowledge our work, but say simply that they do not have money -- which, since they are accountable to no one but themselves, means they choose to give it elsewhere for other purposes.

Thus there are many crucial questions we cannot answer and to which answers are long overdue. Nevertheless there are some significant facts and conclusions to be drawn from the two studies we have conducted. Here are the central ones:

- (1) the proportion of women 15-19 years of age having premarital intercourse increased between 1971 and 1976; by the latter date 40 percent had experienced premarital sex;
- (2) the frequency of intercourse, as measured by the amount of it in the 4 weeks preceeding the survey, is not very different at the two dates and appears to be relatively infrequent;
- (3) there is some small increase in the number of partners but most young women have only a small number of different sexual partners;
- (4) comparison of contraceptive practice between 1976 and 1971 reveals that more of the sexually active were protected at time of last intercourse; more always used contraception; the use of medical methods of contraception increased dramatically (with a concomitant decline in non-medical methods) regardless of whether measured in terms of ever use, most recent use or use at last intercourse;
- (5) despite this improvement in contraceptive practice the proportion of sexually active young women who become premaritally pregnant was about the same in the two studies;

(6) the proportion of premaritally pregnant women who married while pregnant declined, which would have led to an increase in out-of-wedlock births except that -

(7) the proportion of premaritally pregnant women who had an abortion increased;

(8) among women who became premaritally pregnant and did not marry while pregnant, between 1/5 and 1/4 wanted to become pregnant in both studies; however among those who did not want to become pregnant, only a small proportion (in both studies) were regularly contracepting to prevent pregnancy;

(9) in 1976 a higher proportion of illegitimate live births resulted from wanted pregnancies than in 1971, a result in large part of the fact that those who did not want the pregnancy tended to have an abortion;

(10) due in large part to the increased availability of abortion, a higher proportion of children born to premaritally pregnant women in the 1976 sample were from wanted pregnancies; and

(11) although the official figures on illegitimacy show an increase in the rate between 1971 and 1975, adjusting for the effect of increasing levels of sexual activity shows that among those actually at risk the rate of illegitimacy has declined.

There is a perplexing anomaly in these data which show improved contraceptive use along with little or no improvement in premarital pregnancy. We believe a more intensive examination will eliminate some of this apparent inconsistencies and are currently engaged in that examination. For example, the data from the 1976 study show that:

1) about 40 percent of the (premaritally) sexually active contracept

at first intercourse and of those who do, about 1/4 use a medical method of contraception;

2) of those who contracept at first intercourse, users of a medical method are more likely to continue to contracept than those who start with a non-medical method of contraception;

3) if a sexually active woman regularly contracepts she runs a relatively low risk of becoming pregnant, a risk that is lower if she uses a medical rather than a non-medical method;

4) at the opposite extreme, about 30 percent of the sexually active have never used contraception (at least prior to a pregnancy); these young women contribute a disproportionate share -- almost 60% -- of (first) premarital pregnancies;

5) about 2/3's of these women begin to contracept following their pregnancy and virtually all of them begin with a medical method of contraception;

6) in between the always users and the never users are the sometimes users -- those who contracept before a pregnancy but also experience unprotected coitus. These women run a risk of pregnancy intermediate between the always users and the never users; and

7) most of the sometimes users who became pregnant were not in fact contracepting when the pregnancy occurred -- although all had used at some prior time.

In their entirety these observations are not altogether discouraging. There is much more effective contraception among a substantial minority of teenage women than was true in the past. Were this not so pregnancy rates would have risen rather than remained stable. Service providers have been doing something right. Nevertheless, two major problem areas regarding

contraception remain:

- 1) the need to reduce, before pregnancy occurs, the pool of never users, and
- 2) to improve the continuation of use among those who do in fact start to contracept before a pregnancy occurs.

How to accomplish these is not obvious, at least to us. It will take steady commitment, clear directions and imagination to make any significant headway.

In considering the nature of these tasks for the future it seems clear that:

- 1) the level of premarital sexual activity is likely to increase;
- 2) because of this, it will be necessary, just to prevent a further rise in pregnancy, to promote contraceptive use at the same rate;
- 3) any reduction in the level of premarital pregnancy will require additional contraceptive efforts; and
- 4) decreasing the availability of legal abortion will lead to increases in illegal abortions, shot-gun marriages and unwanted children.

There is now in some significant quarters an inclination, whether from discouragement or moral persuasion, to reduce the emphasis on pregnancy prevention and to back away from abortion in favor of programs which offer "alternatives to abortion". These "alternatives" are highly expensive, individualized services for pregnant teenagers who choose to carry to term to help them cope with their situation and avoid its recurrence. As a government policy, this strikes us as economically unrealistic and beyond that, contrary to the desires of those it would help. The alternative to abortion -- for which there is a crying need -- is not help in coping with an illegitimate birth but better pregnancy prevention.

