Acknowledgement

Family, Teenage Pregnancy

Acknowledgement Introduction Unmarried, pregnant adolescents face a variety of difficult decisions. They must decide whether to give birth or to have an abortion, and whether to raise a child they bear or to place the baby for adoption. Simultaneously, they must make the same critical decisions about school, work and relationships as other teenagers must make. In designing interventions to help young women make the transition from adolescence to adulthood without having an unintended birth, it is important to understand the life circumstances, motivations and events that lead some unmarried teenagers to become pregnant and the processes involved in the decision to carry a nonmarital teenage pregnancy to term. Some researchers have investigated factors influencing the pregnancy options considered by young women in the United States who choose abortion; 1 others have explored pregnancy decision-making by comparing the characteristics of young women who opt for abortion, birth or adoption. 2 But rarely has pregnancy decision-making been investigated by examining the influences bearing on young women who choose to give birth. What events and communication patterns lead pregnant teenagers to this decision? Who helps them the most in making their decision, and what options do the women, their partners and their parents consider? And how does decision-making differ according to young women's pregnancy intentions and background characteristics? This study, conducted in four counties in California, was designed to address these issues for a sample of unmarried pregnant 15-18-year-olds who had decided to give birth. We explore whether their pregnancies had been planned, and we compare the characteristics and motivations of adolescents who had intended their pregnancies with those of

young women who had not intended to become pregnant or had not cared whether they became pregnant. We hypothesize that characteristics that distinguish childbearing teenagers from others--such as familial disadvantage, parental absence, low aspirations, abuse and certain partner characteristics--will also distinguish young childbearing women who had intended to become pregnant from those who had not. In addition, we look at how race, ethnicity and nativity are associated with adolescents' pregnancy intentions. Finally, we investigate the factors that were most important in the young women's decision to carry their pregnancy to term. This decision may have been affected by a variety of factors: the prior intentions of the young woman and her partner regarding becoming pregnant and having a child, the woman's relationship with her partner, her age, the structure of her family, and her goals and expectations for the future. 3 Other possible factors are familial or social supports that affect a young woman's ability to bear and raise a child; the accessibility of abortion services; and the acceptability of abortion to the young woman, her family and her peers. We anticipate that the findings from these analyses will be useful for educators, program planners and others involved in designing interventions to help young women avoid unintended pregnancy and childbearing and in directing ongoing medical and educational services toward young people who might be at risk for unintended pregnancy. Body Public concern over teenage pregnancy and its resolution has triggered both political debate and academic inquiry. Data for the 1990s showing declines in teenage pregnancy and childbearing both nationally and in California4 raise further questions about the determinants of teenage

childbearing and the factors that have contributed to the decline. Childbearing Trends During the early 1980s, teenage birthrates in California paralleled the national average (Figure 1). After 1985, as teenage birthrates rose across the nation, California's rate rose faster and higher than the national average, increasing by more than one-third and peaking at 73 births per 1, 000 women aged 15-19 in 1991. Between 1992 and 1997, teenage birthrates dropped in both California and the United States; California's rate declined to 57 births per 1, 000 women aged 15-19 in 1997. Determinants of Teenage Childbearing Factors associated with teenage pregnancy and its resolution have been summarized in several reviews. The research clearly shows that many antecedents of teenage childbearing are related to some form of social disadvantage (e. g., poverty, low education, family and residential instability, unemployment and limited career opportunities, membership in a minority group, and sexual or physical abuse). 6 Less clear is an understanding of the mechanisms through which these factors result in teenage childbearing. One hypothesis is that social disadvantage and its behavioral sequelae (early sexual initiation, less effective contraceptive use and less reliance on abortion to end unplanned pregnancies) make it difficult for youth to avoid the risks and negative consequences of becoming pregnant and bearing a child. 7 An alternative hypothesis is that social disadvantage contributes to attitudes or norms that favor nonmarital teenage childbearing as a rational adaptive strategy. 8 Although most births to U. S. teenagers are unintended, a substantial minority of conceptions among teenagers are planned. In 1994, an estimated 22% of pregnancies and 44% of births among women aged 15-19 were intended at the time of

conception. 9 Furthermore, studies of the psychological determinants of teenage pregnancy and childbearing indicate that some adolescents may have even more ambivalence10 or preconscious motivation11 toward childbearing than is detected by national surveys using a single retrospective question on women's pregnancy intention. Numerous studies have shown that compared with sexually active young women who avoid pregnancy or who become pregnant and choose abortion, those who become pregnant and choose to bear a child are more likely to come from economically disadvantaged families, live with only one or neither biological parent, and have been sexually abused or raped. Typically, they also have lower educational and career aspirations and older partners. 12 To better understand how such characteristics contribute to teenage childbearing, it is important to assess which ones are more common among young women who become pregnant intentionally and which are more common among those who become pregnant accidentally. In addition, it is important to understand the factors involved when unmarried teenagers decide to carry a pregnancy to term. Finally, while the accessibility of abortion services may affect pregnancy resolution decisions in some areas of the country, it is unlikely to be an important factor among the young women in this study. Abortion services are generally available in the four study counties, 13 and California is one of 14 states to provide public funding for abortion through Medicaid (Medi-Cal). 14 However, when access to services is not a major problem, many women may view abortion as an unacceptable option for a variety of reasons: moral or religious beliefs, fear of physical or emotional consequences, or cultural and familial attitudes regarding women's roles and

the importance of childbearing. In fact, use of abortion to resolve unintended adolescent pregnancies has declined in recent years. Nationwide, 45% of such pregnancies among women 15-19 ended in abortion in 1994, compared with 55% in 1981. 15 In California, the proportion of all (not just unintended) adolescent pregnancies ending in abortion fell from 52% in 198516 to 49% in 198817 and to 40% in 1992. 18 Methodology Pregnant women aged 15-18 who had no children, had been unmarried at conception and planned to bear and raise their baby were recruited from 30 prenatal care providers in Alameda, Monterey, Santa Clara and Santa Cruz counties.* These counties were chosen because they make up a contiguous area that includes inner-city, urban and rural populations with representation from the different racial and ethnic groups found in the state. The principal investigator or fieldwork managers briefed staff at each participating site about the study and provided them with enrollment forms and eligibility criteria. Staff were requested to identify all potentially eligible young women seeking prenatal care from July 1996 to December 1996, and were responsible for giving these women a brief description of the study and inviting them to participate. The study protocols, recruitment forms and survey instrument were approved for use by The Alan Guttmacher Institute's institutional review board in July 1996. A total of 260 young women were identified as potential participants. Trained female fieldwork managers attempted to contact each woman by telephone to assess her eligibility and schedule the interview. Forty-four women were contacted and found to be ineligible. â€ Of the remainder, 13 women were never contacted (because their phone number was incorrect, they did not provide a phone number or they were

never available at the phone number provided); 12 were eligible but refused to be interviewed or never made it to the interview, even after rescheduling multiple times; â€¡ and four gave birth before the scheduled interview could be conducted. Fifty-three respondents did not keep their scheduled interview times; all but 10 rescheduled and completed interviews. Altogether, contacting, scheduling, confirming and rescheduling interviews involved more than 1, 000 telephone calls. In all, 187 young women in four counties completed the interview--78 in Alameda; 26 in Monterey; 53 in Santa Clara; and 30 in Santa Cruz. Fieldwork managers and interviewers conducted the interview either at the recruitment site, usually a clinic (134), or at the young woman's home (53), depending upon the availability of space at the site and on the young woman's preference. All interviews were conducted privately, away from other site activities or other household members. The interviewers used a structured questionnaire with many open-ended questions; interviews took 40-105 minutes (averaging 59 minutes apiece). All interviews were audiotaped for later review, particularly of the qualitative information collected. To ensure that the young women had already made the decisions we were asking about and would not be influenced by any interaction occurring during the interview, we completed interviews only with respondents who were at least three months pregnant. Respondents were compensated with $25 at the completion of the interview. Participants were almost equally divided between 15-16-year-olds (48%) and 17-18-year-olds (52%). Thirty-six percent were Hispanic women born in the United States, 29% were Hispanic adolescents born elsewhere (primarily Mexico), 25% were black women, 7% were non-Hispanic white teenagers and 4% were Asian.

Eighty-three were native Spanish speakers, and 47 opted to have their interviews conducted in Spanish. We had anticipated a larger number of non-Hispanic white respondents and attribute the low number to two factors. First, non-Hispanic white teenagers in California have a considerably lower birthrate (32 births per 1, 000 in 1996) than their black or Hispanic peers (77 and 104 per 1, 000, respectively). 19Second, we suspect that non-Hispanic white teenagers who decide to give birth are more likely to seek prenatal care from private providers or from providers who were not on the lists obtained from county health departments or who refused to participate. (Many participating sites were in communities with high concentrations of Hispanic or black residents. In addition, several private providers known to have large numbers of teenage clients and to accept Medi-Cal, and suspected to serve a more mixed clientele, refused to participate.) Statistical Weights We constructed weights that adjust the distribution of young women in the sample to approximate the distribution of young women giving birth in California, according to race or ethnicity (U. S.-born Hispanic, foreign-born Hispanic, black, white and Asian) and age (15-16 and 17-18). These adjustments allow us to generalize the results more broadly and ensure that the high proportion of younger respondents does not bias the findings and give undue weight to the experiences of younger teenagers. The proportion of study participants who were native- or foreign-born Hispanics was similar to the proportion of births to 15-18-year-olds statewide and in the four study counties that were classified as native- or foreign-born Hispanic (Table 1). White teenagers were underrepresented among study participants, while black teenagers were overrepresented Discussion and Conclusion From what

teenagers have read about being a teen parent it isn't as great as it sounds. No one wants to become a parent when they are a teenager. Teenagers are not able to get a decent education, and some teens don't know what they want to do with their lives. Teens don't want to stay home and take care of a child. There are many things teen mothers can do to help couples who have waited a long time to have a child, but could not conceive. A teen mother that isn't ready and a woman who has waited awhile to have a child would be more prepared. Yes, a baby is really cute and all, but teenagers really need to think about what they are getting themselves into. There are many of things that teenagers have to give up one is by having a child at a young age, when they are a child themselves. Teens wouldn't want to give up anything to take care of child. Teens should think about what they are doing before they accidently become teenage mother. Source/Citation: Feijoo AN. Teenage Pregnancy, the Case for Prevention: An Updated Analysis of Recent Trends & Federal Expenditures Associated with Teenage Pregnancy. Washington, DC: Advocates for Youth, 1999. Advocates For Youth. 2003. Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Other Sexually Transmitted Infections. Alford, Sue. 2003. Adolescent Protective Behaviors: Abstinence and Contraceptive Use. Annie E. Casey Foundation. 2002. Plain Talk Implementation Guide: Tools For Developing Programs to Reduce Teen Pregnancy, STDs, and HIV/AIDS. Brindis, Claire, and Laura Davis. 1998. Communities Responding to the Challenge of Adolescent Pregnancy Prevention: Mobilizing For Action. Dillard, Katie. 2002. Adolescent Sexual Behavior II: Socio-Psychological Factors. Grossman, Jean Baldwin, Karen E.

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