

AN "EPIDEMIC" OF ADOLESCENT PREGNANCY? SOME HISTORICAL CONSIDERATIONS*

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The research agenda of historians is frequently affected by the current crises in our society. When Americans encountered the problems of deterioration and riots in the cities during the 1960s, historians quickly responded by analyzing urban development in the past. Similarly, contemporary critics of education recruited allies among historians who documented the growing public school bureaucracy and the increasing professionalization of teachers in nineteenth-century America. Today, concerns about the status of women in American society have stimulated research on the role of women in earlier times. Yet, considering the recent outpouring of studies on the history of women as well as the present preoccupation with the problem of adolescent pregnancy, it is very surprising

that almost no effort has been made to investigate teenage childbearing in the past. The lack of historical analyses of adolescent pregnancy is particularly unfortunate since policy-makers in Washington might have benefited from a long-term view of this serious problem. In this essay, I will review the contemporary efforts of policy-makers in Washington to deal with adolescent pregnancies, consider how this issue might profit from an historical perspective, and suggest some possible areas for future research.

The Debate About Adolescent Pregnancy in the 95th Congress

During the past five years, the issue of adolescent pregnancy has captured the attention of policy-makers as well as of the general public. It is virtually impossible today to pick up any newspaper or popular magazine without being reminded of the one million teenagers who became pregnant each year. The Carter Administration made the issue of adolescent pregnancy one of its highest priorities for fiscal year 1979 when it proposed an additional \$148 million to deal with this problem—including their new \$60 million Adolescent Health, Services, and Pregnancy Prevention Act of 1978.¹ Indeed, while most other

*Though portions of this paper draw very heavily on the author's experiences and work as the Deputy Staff Director of the U.S. House Select Committee on Population during 1978, the views expressed here are strictly his own.

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¹For details of the Administration's adolescent pregnancy initiative, see the testimony by Julius P. Richmond, Assistant Secretary for Health, Department of Health, Education, and Welfare, and



health programs have languished because of the recent emphasis on fiscal austerity in the Carter budget for fiscal year 1980, the Administration nevertheless called for almost full funding for this recently enacted proposal.²

The Administration's concern about the problems associated with adolescent pregnancy were shared by the Congress. Despite the numerous and obvious weaknesses of the proposed Adolescent Health, Services, and Pregnancy Prevention Act of 1978 and the Administration's overall ineptness in promoting it, a modified version of this bill passed through Congress in the final days under the skillful guidance of Senator Kennedy and Eunice Shriver as well as the general feeling in both Houses that something had to be done about this problem.³

Surgeon General of the U.S. Public Health Service, on March 2, 1978 before the Select Committee on Population (U.S. Congress, House, Select Committee on Population, 1978a:496-509).

²Though the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 passed in the final days of the 95th Congress, the bill only authorized the expenditure of funds, but it did not provide any actual money since this function is the domain of the Appropriations Committees in both Houses. As a result, no money has yet been appropriated for FY79. However, for FY80, considered by the 96th Congress, the Administration requested \$60 million for this new program at a time when they opposed expenditures on most other new programs.

³The Administration bill was introduced as the Adolescent Health, Services, and Pregnancy Prevention Act of 1978. In the House it was designated as H.R. 12146 and in the Senate as S. 2910. When it appeared that the bill would not pass the House, in part due to the lateness of its submission, it was attached in the Senate as an amendment to S. 2474, the Public Health Service Extension Act, portions of which had already passed the House. The House accepted the Senate's version during the October 14-15 conference, though a few changes were made. Therefore, technically, the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 simply became an amendment to S. 2474. For the

The crucial decision in the development of programs to deal with adolescent pregnancy was how to define the problem. It is useful to analyze the different perspectives put forth on adolescent pregnancy during the debates in the 95th Congress and the evidence which was mustered to support each interpretation and approach. Generally speaking, though policy-makers in both the White House and the Congress had easy access to various experts on this issue either in the Department of Health, Education, and Welfare or in the hearings before several congressional committees, the level and quality of this debate was much narrower and more simplistic than one might have hoped or expected.⁴

Almost everyone in Washington assumed that the problem of adolescent pregnancy was a very serious social and health crisis that necessitated an immediate response—whether from the federal, state, and local governments or from

sake of clarity as well as the way it was presented and debated throughout the session, however, I will always refer to the bill as the Adolescent Health, Services, and Pregnancy Prevention Act of 1978.

⁴Though the Adolescent Health, Services, and Pregnancy Prevention Bill was assigned jointly to the Subcommittee on Health and the Environment of the Interstate and Foreign Commerce Committee and the Select Committee on Education of the Committee on Education and Labor, the Select Committee on Population (which was an oversight committee only) held several days of hearings on the bill and its members, several of whom sat on those standing committees, played an active role on its behalf. As the Deputy Staff Director of the Select Committee on Population, I had the primary responsibility not only for initially drafting portions of our report dealing with adolescent pregnancy, but also for directly negotiating with the staff of the other House and Senate Committees on this bill. Much of my discussion draws very heavily on those experiences as well as on portions of our report on fertility and contraception which dealt with this issue (U.S. Congress, House, Select Committee on Population, 1978b; 57-97).

private citizens and organizations. Furthermore, both the policymakers and the news media emphasized the "epidemic" nature of adolescent pregnancy. Almost everyone in the Administration and the Congress assumed that the problem of adolescent pregnancy was a new and growing crisis for Americans today and therefore these policy-makers usually advocated drastic and immediate steps to deal with this unprecedented situation.⁵

Throughout the debates on the Adolescent Health, Services, and Pregnancy Prevention Act of 1978, very few of the participants ever questioned the idea that adolescent pregnancy today was an unprecedented and growing problem for our society. In fact, the high rate of adolescent pregnancy, particularly among younger teenagers, and the large number of pregnant adolescents were repeatedly cited to justify the sense of urgency necessary to pass a bill which many Senators and Representatives privately admitted was hastily conceived and poorly drafted.⁶

⁵See, for example, the statements by Senator Harrison A. Williams, Senator Edward M. Kennedy, or Senator William D. Hathaway (U.S. Congress, Senate, Committee on Human Resources, 1978:1, 41, 92). The sense of urgency and the "epidemic" nature of adolescent pregnancy is somewhat diminished by just reading the hearings (in part because the hearings are edited afterwards and the remarks of the participants are often toned down by themselves or their staff). Whenever there were any real questions about the need for this legislation, which were very rare, the unprecedented "epidemic" aspects of the problems were stressed. Thus, when a Senator raised some questions about the inadequate drafting of this legislation in the Committee mark-up, Senator Kennedy quickly admitted some of its shortcomings, but pressed for immediate action anyway due to the need to deal with the "epidemic" of teenage pregnancies. As a result, the bill was passed by most congressmen without knowing many of the important details of the proposal such as its proposed staffing.

⁶Even the few witnesses who realized that the overall rate of adolescent childbearing had been

One can certainly defend the need to deal with the problems associated with adolescent pregnancy today. As has been already pointed out, nearly a million teenagers become pregnant each year and almost 600,000 of them have babies. Even more startling is the estimate that 40 percent of all teenage girls will become pregnant as adolescents.⁷ Given the well-documented adverse social and health effects of early childbearing for both the mother and the child as well as the exorbitant welfare costs to our society, it is quite easy to justify increased efforts in this area.⁸

But an historical perspective on the problem of adolescent pregnancy does give us a somewhat different and more complex picture than the one portrayed by the news media and the policy-makers. Contrary to the general impression of many Americans, the overall rate of teenage childbearing has not increased dramatically.⁹ In

steadily declining usually minimized this aspect and stressed the great increase in childbearing among adolescent girls under fifteen years old or emphasized the fact that the total number of teenage pregnancies had not declined very rapidly.

⁷The estimate that forty percent of female teenagers will become pregnant was a very startling statistic introduced by Frederick S. Jaffe, President of the Alan Guttmacher Institute, before the Select Committee on Population (U.S. Congress, House, Select Committee on Population, 1978a:170, 551-552). Since then, using a different set of assumptions, Christopher Tietze estimated that between 31 and 39 percent of teenage girls will become pregnant if the current rates persist (1978).

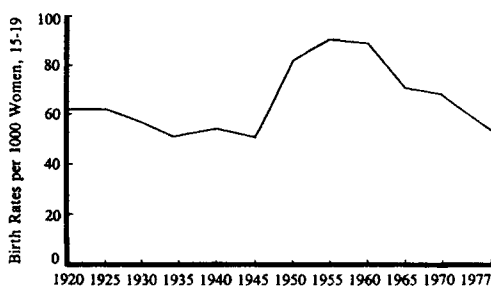
⁸For example, see Card and Wise, 1978; McCarthy and Menken, 1978; McLaughlin, 1977; Moore and Waite, 1977; Norton, 1974.

⁹The discussion that follows focuses on changes in adolescent childbearing for which we have accurate data. While we would like to have similar figures for trends in adolescent pregnancies rather than just births, that is impossible because we do not have good estimates of the number of illegal abortions for teenagers during the 1950s and 1960s. Since a large portion of adolescent pregnancies today result in



fact, the overall rate of teenage fertility has declined during the past twenty years (see Figure 1). The rate of teenage childbearing increased sharply after World War II and reached a peak of 97.3 births per 1000 women ages 15-19 in 1957. After 1957 the rate of teenage fertility declined to 53.7 births per 1000 women ages 15-19 in 1977. Thus, though the public concern about teenage childbearing has greatly increased since the late 1950s, the actual rate of adolescent childbearing has sharply decreased by 44.8 percent during the past twenty years. If the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 is seen mainly as a response to demographic trends among adolescents, it should have been launched during the Eisenhower rather than the Carter Administration.

FIGURE 1. BIRTH RATES OF U.S. WOMEN AGES 15-19, 1920-1977.



Source: National Center for Health Statistics, *Fertility Tables for Birth Cohorts by Color: United States, 1917-1973* (U.S. Government Printing Office, 1976); National Center for Health Statistics, *Monthly Vital Statistics Report*, 27, No. 11 (Supplement, February 5, 1979).

induced legal abortions, presumably less of them would have ended in this manner when abortions were illegal and more difficult to obtain—especially for teenagers. Therefore, the decline in adolescent pregnancies from 1957-1977 probably would be less than that of adolescents births during that same period.

While the drop in teenage fertility has been substantial, it is less than that experienced by older women. For example, though fertility rates for teenagers ages 15-19 decreased by 39.7 percent from 1960 to 1977, the fertility rates for women ages 20-24 and 25-29 declined by 55.4 percent and 42.1 percent respectively. As a result, births to all women under age twenty now comprise a higher proportion of total births in this country—up from 13.9 percent in 1960 to 17.2 percent in 1977.

The few witnesses at the congressional hearings who acknowledged the overall decline in adolescent fertility rates were also quick to stress that the number of births to teenagers has remained fairly constant.¹⁰ In 1960 females ages 15-19 had 586,966 births while their counterparts in 1977 had 559,154 births—a decrease of only 4.7 percent (see Table 1). The reason for the relative stability in the total number of teenage births from 1960 to 1977 is that the number of female teenagers ages 15-19 in the population increased by 58.1 percent during this period. It is also important to observe, however, that the number of children born to teenagers has declined by 13.3 percent from 1970 to 1977. In other words, since 1970 there has been a much more substantial decrease in the number of births as well as in the birth rate for females ages 15-19.

¹⁰It should be pointed out that the participants in the debate on adolescent pregnancy only had access to the data as of 1976. I have updated that information in this paper through 1977 since those figures are now available. However, the 1977 data on adolescent pregnancy are not very different from those for 1976 and therefore my conclusions are applicable to the debates in the 95th Congress. Much of the information in this section of the essay is drawn from my initial staff draft of the report on fertility and contraception on this issue (U.S. Congress, House, Select Committee on Population, 1978b:57-97).



TABLE 1. NUMBER OF BIRTHS AND BIRTH RATES OF FEMALES AGES 15 to 19 in 1960, 1970, AND 1977.

	1960	1970	1977
Number of Births:			
White	458,130	463,608	392,183
Nonwhite	128,836	181,100	166,971
Total	586,966	644,708	559,154
Birth Rate per 1000 Women			
Ages 15 to 19:			
White	79.4	57.0	44.6
Nonwhite	157.8	134.4	102.4
Total	89.1	68.0	53.7

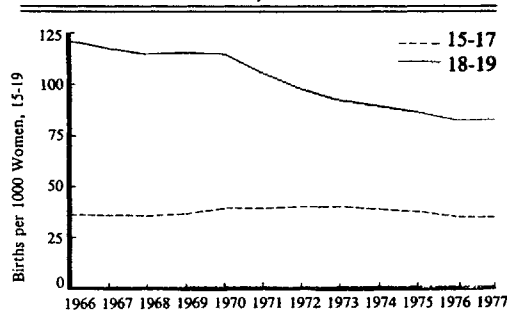
Sources: National Center for Health Statistics, *Fertility Tables for Birth Cohorts by Color: United States, 1917-1973* (U.S. Government Printing Office, 1976); National Center for Health Statistics, *Monthly Vital Statistics Report*, 27, No. 11 (Supplement, February 5, 1979).

Looking at just the overall rates of teenage fertility does not reveal the complexities of the present situation. The health and social consequences of teenage childbearing are very different for girls who are eighteen or nineteen years old from those who are younger. Most of the adverse consequences of teenage childbearing are associated with having children at very early ages rather than at eighteen or nineteen (Norton, 1974). Therefore, we should examine the rates of teenage fertility for different age-groups during the past eleven years.

The birth rates of women 18-19 years of age declined by 32.4 percent from 1966 to 1977 (see Figure 2). The decline in fertility among the older teenagers was nearly the same as that of women ages 20-24 and 25-29 during that same period. On the other hand, the birth rate of teenage girls ages 15-17 declined by only 3.6 percent during the past eleven years while that of girls ages 10-14 increased by 33.3 percent.

Though there has been a substantial decline in fertility among teenagers in the last decade, almost all of it occurred among the older teenagers. The problem of teenage pregnancy, as many observers have noted, is increasingly centered

FIGURE 2. BIRTH RATES FOR WOMEN 15-19 YEARS OF AGE, BY AGE OF MOTHER, 1966-1977.



Source: National Center for Health Statistics, *Monthly Vital Statistics Report*, 26, No. 5 (Supplement, "Teenage Childbearing: United States, 1966-75," September 8, 1977); National Center for Health Statistics, *Monthly Vital Statistics Report*, 26, No. 13 (Supplement, December 7, 1978); National Center for Health Statistics, *Monthly Vital Statistics Report*, 27, No. 11 (Supplement, February 5, 1979).

on the younger teenagers. While in 1966 only 30.9 percent of all teenage births occurred to girls seventeen years old or younger, by 1977 that proportion had increased to 39.5 percent. As a result, part of the increased public alarm about adolescent childbearing is due to the fact that despite the greater availability of



contraceptives today, the rate of childbearing among young teenagers has remained relatively constant.

Much of the recent public concern about adolescent fertility has been focused upon the plight of very young mothers—particularly since the rate of childbearing among girls ages 10-14 increased 33.3 percent during the past eleven years. In fact, it is only among this younger age-group that fertility rates have actually increased since 1966. The idea of a twelve or thirteen year-old having her own child is so shocking to most Americans that it is often evoked to muster support for remedial programs. We also need, however, to see this phenomenon of early childbearing from another perspective. Though the rates of very early teenage childbearing have increased dramatically, the total number of births in this age-category are still very small. In 1977 girls under fifteen had 11,455 births—or 2.0 percent of all births under twenty. Thus, while the problem of fertility among very young adolescents is a serious matter, it is still only a small part of overall rates of childbearing among teenagers today.¹¹

¹¹Since such a relatively small percentage of adolescents under fifteen are already sexually active, it is more difficult to target these children through traditional family planning programs or services for pregnant teenagers. Therefore, if indeed the plight of these youngest adolescents is the justification for these additional expenditures, one might have expected that a large portion of the new money would be used for family life and sex education programs in the schools and the community. Yet most of the strongest proponents of this bill adamantly resisted any efforts to emphasize this aspect of the initiative. One cannot help but wonder if the growing problem of early childbearing among these very young adolescents was not used as a rationale to pass a bill really intended for their fifteen, sixteen, or seventeen year-old counterparts. In other words, since the bill was rewritten by the Senate to fund mainly pregnant teenagers and since very few of the Senators would be likely to accept as given thirteen or fourteen year-old mothers, one might assume that the bill does not really speak to the needs of these early adolescents.

This historical perspective on adolescent pregnancy does not invalidate the need for dealing with early childbearing since large numbers of teenagers continue to become pregnant each year. But it does raise questions about the recent sense of urgency and crisis generated by the supporters of the bill in the Administration and the Congress. If the demographics of adolescent pregnancy were the major determinant of the need for federal policy, the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 would have passed twenty years ago. Had congressmen been more aware of the actual trends in adolescent fertility, they probably would have been reluctant to pass the Administration's bill—especially since it had not been carefully considered or marked-up by any of the subcommittees or full committees in the House.¹² But the supporters of the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 were able to create a sufficient sense of urgency about the "epidemic" of adolescent pregnancy that the House conferees agreed to the Senate version of the bill, even though many of them still had serious reservations about enacting such important legislation so hastily.

Since neither the rate nor the number of pregnant adolescents by themselves can account for the increased public concern about early childbearing today, we might explore another possibility—that the real problem of adolescent pregnancy for most Americans is not the number of pregnant teenagers, but the fact that an increasing proportion of them have their children out-of-wedlock. While the rate of out-of-

¹²Many of the members of the House were particularly critical of this bill because of the sloppy way in which it was drafted as well as the late date at which it was introduced. Nevertheless, the House went along with the Senate version of this bill in the final days of the 95th Congress because they were persuaded of the urgency of this problem.

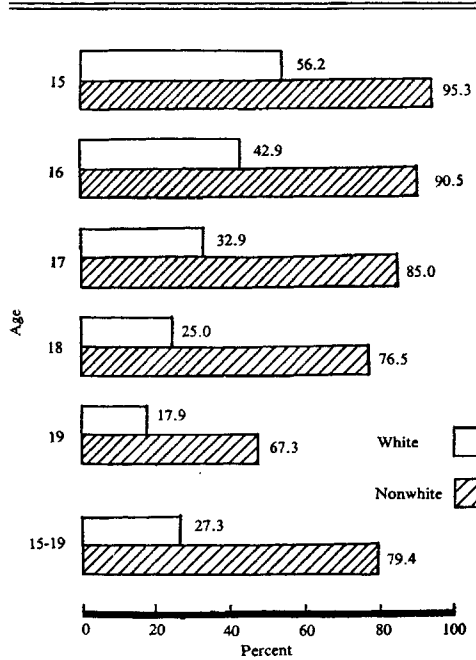
wedlock births (number of births per 1000 unmarried women) dropped sharply for all other age-groups, the rate for teenagers increased rapidly. Thus, though the rate of out-of-wedlock births among women ages 20-24 and 25-29 dropped by 12.6 percent and 36.8 percent respectively from 1960 to 1977, the rate among unmarried girls ages 15-19 increased by 66.7 percent. In actual numbers, out-of-wedlock births to teenagers more than doubled from 92,000 in 1960 to 249,806 in 1977. As a result, the proportion of out-of-wedlock births among teenagers increased dramatically so that 48.3 percent of all out-of-wedlock births in 1977 occurred to teenagers.

The proportion of out-of-wedlock births to teenagers varies considerably by age. While 88.2 percent of all births to girls under fifteen were out-of-wedlock in 1977, the percentages for girls ages 15-17 and 18-19 were 56.6 percent and 34.4 percent respectively. Overall, 43.8 percent of all teenage births in 1977 were out-of-wedlock—an increase of 190.1 percent from 1960 to 1977.

There are also considerable racial differences in the proportion of out-of-wedlock births among teenagers (see Figure 3). While only one in four births to white teenagers was out-of-wedlock in 1977, almost eight out of ten births to nonwhite adolescents were out-of-wedlock. The proportion of these births for both white and nonwhite teenagers have increased sharply since 1960.

We can subdivide teenage births into three different categories in order to analyze the trends in out-of-wedlock births in more detail: (1) births conceived in marriage, (2) births conceived outside of marriage but occurring within marriage, and (3) births both conceived and delivered out-of-wedlock. Estimates of changes in these three groups of births from 1960-64 to 1970-74 reveal that the proportion of births that were conceived out-of-wedlock remained the same during

FIGURE 3. PERCENTAGE OF BIRTHS BORN OUT-OF-WEDLOCK TO WOMEN AGES 15-19 IN 1977.



Source: National Center for Health Statistics, *Monthly Vital Statistics Report*, 27, No. 11 (Supplement, February 5, 1979).

both time periods (about 50 percent). The proportion actually born out-of-wedlock increased dramatically from 1960-64 to 1970-74, because the number of births legitimized by marriage declined from approximately 65 percent to 35 percent during these years.¹³ In other words, the

¹³Calculated by Arthur A. Campbell (cited in Baldwin, 1976:8). Baldwin's pamphlet, which was widely reprinted in the appendices of these congressional hearings on adolescent pregnancy, is a very balanced and thoughtful summary and analysis of the trends (1976). Unfortunately, very few of the congressmen or their staffs used this publication as the basis for their own analysis—even though Wendy Baldwin also testified at most of these hearings. Most of the congressmen and their staffs had already accepted the notion of an "epidemic" and almost all of the witnesses reinforced that idea—both in the hearings and in private meetings. One should also remember that congressmen cannot learn very much

great increase in out-of-wedlock births among teenagers is largely the result of premarital conceptions not leading to marriages. Increasingly, young people today would rather have a child out-of-wedlock instead of being forced into an early, unwanted marriage.

As the number and the proportion of teenage births that are out-of-wedlock increase, one might expect that there would be a sizable increase in the number of children put up for adoption. In fact, the reverse appears to be true—increasingly the mothers of out-of-wedlock children are choosing instead to care for them. Ten years ago, nearly ninety percent of all births out-of-wedlock were relinquished for adoption. Today, almost ninety percent of all out-of-wedlock births are kept by the mother.¹⁴

As the number of out-of-wedlock births among teenagers increases and as the burden of teenage childbearing to society increases because adolescents choose to keep their children rather than to place them up for adoption, the American public has become increasingly upset. This concern about the financial cost to society is compounded, because federal and state welfare programs such as the Aid to Families with Dependent Children (AFDC)

have been greatly expanded during the past twenty years. As a result, the total welfare cost of adolescent pregnancy today is much higher than in the past. Though we do not have comparable figures for the 1950s or 1960s, Kristin Moore of the Urban Institute calculated that the federal government disbursed \$4.65 billion dollars through AFDC in 1975 to households containing women who bore their first child while teenagers (U.S. Congress, House, Select Committee on Population, 1978a:284-304). This represented nearly half (49.7 percent) of the total AFDC expenditures in 1975. Furthermore, the AFDC costs of teenage childbearing greatly underestimate the actual costs to taxpayers since they do not include the cost of other federal programs such as Medicaid and food stamps or state and local costs.

Thus, while the Administration and the Congress have been concerned almost exclusively with the prevention of adolescent childbearing or the care of pregnant teenagers, no one really considered ways of minimizing the costs to society by reducing the proportion of out-of-wedlock births. Most of the debate about adolescent pregnancy has been focused on the female with very little attention to the role of the male—particularly in regard to the possible financial responsibility for his child.¹⁵ Perhaps greater efforts should be

from hearings since they are usually absent from them. Due to the heavy workload of the congressman, usually with several overlapping committee meetings as well as other responsibilities, most of these hearings only had two or three congressmen present.

¹⁴Unfortunately, we do not have very exact data on the proportion of teenage out-of-wedlock births that are put up for adoption. The 90 percent figure is frequently cited in the literature as a reasonable estimate. For example, see testimony of Marjory Mecklenburg before the Select Committee on Population (U.S. Congress, House, Select Committee on Population, 1978a:401-407).

¹⁵Both the Administration spokespeople and the congressmen were aware of and concerned about the high cost of welfare payments to teenage mothers and hoped that the adolescent pregnancy initiative would reduce that burden. If the Administration or the leaders of the bill in Congress had acknowledged the problem as one of a rapid increase in out-of-wedlock births while at the same time that the overall rates and number of teenage pregnancies were declining, many of the more conservative congressmen probably would have advocated other solutions.

Senator S. I. Hayakawa did raise the issue of male responsibility not only to prevent the pregnancies in

made to force the young fathers to support the adolescent mother—thus making it easier for her to raise the child as well as partially reducing the welfare costs to the rest of society? Or, perhaps, more effort should be made to encourage the father of these children to marry the expectant young mothers as they did during the 1950s and the early 1960s? Since the likelihood of an out-of-wedlock birth is much higher among blacks than whites, even after controlling for their socioeconomic characteristics, perhaps more attention needs to be paid to the factors within black culture that contribute to higher rates of out-of-wedlock births among adolescents? Should adolescent parents be encouraged to place their out-of-wedlock children in other families in order to help themselves and to relieve the welfare burden on the rest of our society?

Every one of these policy suggestions have possible objections. For example, if a fifteen year-old girl is about to have baby, would we really want her to marry an

the first place, which several other participants noted, but also their responsibilities afterwards:

Now, the one thing that I miss in all of this legislation, all the concern, I miss concern with the fathers of these children. They do not seem to have any responsibility in any of this, and what is to prevent, therefore, these young men or these boys from going on to produce, one after the other, out-of-wedlock babies, while cheerfully continuing with their studies, finishing high school, finishing college, leaving behind a whole trail of unmarried mothers and fatherless children to be taken care of by HEW and local agencies (U.S. Congress, Senate, Committee on Human Resources, 1978:91).

Senator Kennedy, obviously irritated that the issue had been raised, replied that the same requirement for male responsibility could be written into the family planning legislation (Title X) and abortion funding. Then he chided his colleague from California for not having raised this issue at the time that those measures were being debated (U.S. Congress, Senate, Committee on Human Resources, 1978:91).

equally young and probably immature teenage male—thus handicapping both of them in terms of their future education and careers? Yet some fragmentary evidence suggests that the males in these situations are usually older than the females and therefore they may be more capable of financially and emotionally helping the family than if they were also just as young as the females (Williams, 1977). Critics also point out that these early marriages are much more likely to break-up than later ones—thus negating any possible advantages of an early marriage (Weeks, 1976). But could this problem be minimized if the government developed specific programs to help young couples stay together and to permit both of them to continue their education? The basic question that still remains to be considered is whether the presence of a father is really an asset or a liability in terms of the needs of the children, the young parents, and the rest of society.

I am not necessarily advocating any of these particular policies as a desirable solution to the problems associated with the increase of out-of-wedlock births among adolescents today—especially since we have so little information on the likely effects of such actions. Yet each of these issues should have been carefully considered and debated by the policy-makers in Washington as possible alternatives or supplements to the Administration proposals. The fact that they were not even mentioned by most Administration spokespeople or congressmen clearly implies that the framework for the entire debate on adolescent pregnancy was too narrow and ahistorical. By not considering the various aspects of adolescent pregnancy over time, the Administration and the Congress failed to deal effectively with issues such as the increase in out-of-wedlock births.

It is no accident that the consideration of alternative policies by the Administra-



tion and the Congress did not focus on possible solutions to the increase in the number and the proportion of out-of-wedlock births as well as the resultant welfare costs to society. The advocates of the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 were motivated mainly by humanitarian considerations of how to help the plight of these young girls and their children. They were not particularly concerned about the welfare costs associated with adolescent pregnancies, except as a rationale for urging more federal spending to prevent initial unwanted pregnancies. Supporters of increased federal funds for pregnant mothers did not want to raise the issue of the financial responsibility of the young father, because they feared that it might suggest or encourage more punitive legislation against these teenagers.¹⁶ As a result, the most knowledgeable and active individuals and organizations on the issue of adolescent pregnancy who might have raised the policy implications of the rise in out-of-wedlock births chose to minimize this issue and to emphasize the needs of young adolescent mothers and their children. The success of these advocates is all the more impressive when we remember that this entire matter was debated immediately after the success of the "tax-payers' revolt" in California with the passage of the Jarvis Amendment.¹⁷

¹⁶In general the range of witnesses who appeared before any of the four congressional committees on this issue was rather narrow. For example, there was no one who appeared at any of these hearings who felt that the federal government should not be more involved in funding for programs either for preventing initial unwanted adolescent pregnancies or helping pregnant teenagers.

¹⁷Throughout these hearings, the Administration spokespeople and the congressmen acknowledged their nervousness about asking for new programs in light of the recent "taxpayers' revolt" in California and elsewhere. For example, see the testimony of various Senators before the Senate Committee on Human Resources (U.S. Congress, Senate, Committee on Human Resources, 1978:44, 95, 97-98, 102).

Another example of how the consideration of alternative policies for dealing with adolescent pregnancy might have benefited from an historical perspective is in the debate between those who wanted to use the additional funds for preventing initial unwanted pregnancies and those who proposed to use them for aiding pregnant teenagers. In fact, the major debate in Congress was not over the nature or extent of adolescent pregnancy, but over the way in which these additional funds should be apportioned. Most observers stressed the need for preventing unwanted pregnancies. Thus, Julius Richmond, Assistant Secretary for Health of DHEW, noted in his testimony before the House Select Committee on Education,

Prevention is our first and most basic line of defense against unintended adolescent pregnancies. The Department's preventive strategy takes several forms, including education on the responsibilities of sexuality and parenting, family planning services, and large increases in research directed at prevention.

We anticipate that a significant proportion of the \$60 million budgeted for our proposed program will go to projects providing such family planning and educational services (U.S. Congress, House, Committee on Education and Labor, 1978:18).¹⁸

¹⁸Though the Administration was willing to specify that "a significant proportion" of the funds would go to primary prevention, they were unwilling to be more specific about the relative allocations, despite pressures from several congressmen to do so. One of the reasons that several congressmen wanted more assurances that a definite proportion of funds would go for prevention of initial unwanted pregnancies is because the Administration, despite its strong verbal support of family planning efforts, had recommended increases in the Title X program for family planning services that barely kept pace with the current rate of inflation. In fact, there is considerable evidence that the Carter Administration had a very limited commitment to the expansion of family planning services to deal with the unmet need for those services among adolescents and low-income women. The real pressure for family planning services came from certain congressmen in both Houses rather than the Administration.



The Senate Committee on Human Resources, at the urging of Senator Kennedy, disagreed with the Administration's emphasis on prevention in this bill and rewrote it to emphasize almost exclusively the use of the \$60 million for helping pregnant teenagers. They reasoned that there was already enough money allocated for family planning programs under Title X of the Public Health Services Act.¹⁹ Furthermore, they were persuaded by some of the witnesses who argued that many of the pregnant adolescents really wanted to have children so that further investments in family planning programs for adolescents would have little impact. As James F. Jeckel, Associate Professor of Public Health at Yale University, testified:

As Congress considers this bill, I know there are a number of questions that have

¹⁹From the very beginning, Senator Kennedy, with the assistance and urging of Eunice Shriver, had pushed for using these funds for helping pregnant teenagers. In 1975 he had introduced the National School-Age Mother and Child Health Act, but it made little headway since it was opposed by the Secretary of HEW and the President. The proponents of that earlier bill saw this adolescent pregnancy initiative as a wonderful opportunity to enact legislation similar to their earlier efforts but under the impetus behind the efforts to reduce adolescent pregnancies.

Most of the participants during these debates saw the fight as one between wanting to help pregnant teenagers or allocating more money for family planning programs—which, as Senator Kennedy and others correctly pointed out, had already been authorized at relatively high levels. Yet the missing link in all of these efforts was the neglect of family life and sex education programs. Some people, including myself, felt that this bill provided a viable and unique vehicle for significantly expanding efforts in the areas of family life and sex education, since the Administration and the Congress were politically afraid to provide adequate funding for those programs by themselves. For a detailed critique of the Adolescent Health, Services, and Pregnancy Prevention bill along these lines, see U.S. Congress, House, Select Committee on Population, 1978b:89-97.

been troubling Members of Congress. One is the practical question, "Wouldn't it be better to prevent the problem in the first place, rather than to wait for it to occur and then try to help out?" My response is that it certainly would be better to prevent truly unwanted children, and that to the extent that they are being produced, this issue should be forcefully addressed. However, I cannot agree with a further conclusion that the bill before us, therefore, should be only a prevention-oriented bill. This aspect is important, but it is already being addressed to some extent through other Federal programs, and even if all of the clearly unwanted pregnancies were prevented, there would still be several hundred thousand children born each year to teenagers. There is abundant evidence that we cannot eliminate all, or most, of the teenage pregnancies, so that we must face up to how to deal with those that will continue to occur for the foreseeable future (U.S. Congress, House, Committee on Education and Labor, 1978: 33).²⁰

The view that further prevention of adolescent pregnancies would be very difficult, if not impossible, is not widely

²⁰Jeckel's work was extensively cited by those who were opposed to funding more family planning programs. The major scholarly article in which he delineates his position was widely circulated by the National Alliance Concerned with School-Age Parents (Jeckel, 1977). Though Jeckel's work was accepted as authoritative by Eunice Shriver and others, it is woefully deficient. Jeckel does not even seem to be aware of much of the current literature on whether teenagers are likely to use contraceptives, or at least he does not use it. For a critique of his position and that of those who relied upon it for their testimony, see the supplementary statement by Congressman James H. Scheuer, Chairman of the Select Committee on Population and a member of the Subcommittee on Health and the Environment (U.S. Congress, House, Committee on Interstate and Foreign Commerce, 1978:88-101).

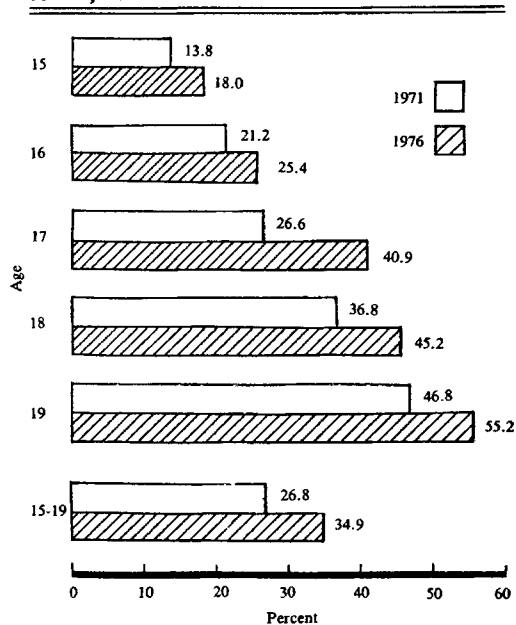
Congressman Scheuer and Congressman Anthony C. Beilenson, co-chairman of the Select Committee on Population's task force on domestic fertility and contraception, were two of the most active and knowledgeable members in the House on the issue of adolescent pregnancy. They provided much of the leadership and direction for the Select Committee on Population on this matter.

shared by researchers or practitioners in this field. But a series of witnesses, coordinated by the Joseph P. Kennedy, Jr. Foundation under the guidance of Eunice Shriver and Robert Montague, left many of the congressmen with the mistaken impression that family planning programs have had relatively little effect in reducing adolescent pregnancies.²¹ Yet most of these expert witnesses did not even consider the fact that while the birth rate of young adolescents declined only slightly during the past eleven years, without the increased use of contraceptives it would have risen rapidly with a dramatic rise in sexual activity among teenagers. To appreciate fully the success of primary prevention among these young adolescents, we need to take into consideration the changes in their sexual activity as well as in their use of contraceptives.

Evidence from a variety of sources indicates that a rise in the level of sexual activity among teenagers during the 1960s and 1970s.²² Though some of the studies of sexual activity are based on small sample sizes and unrepresentative populations, the national surveys of sexual and contraceptive practices among female

adolescents in 1971 and 1976 by Melvin Zelnik and John Kantner convincingly document the rise in the level of sexual activity among unmarried female adolescents (1977, 1978a, 1978b) (see Figure 4).

FIGURE 4. PERCENT OF NEVER-MARRIED WOMEN AGES 15-19 WHO HAVE EVER HAD INTERCOURSE BY AGE, 1971 AND 1976.



Source: Melvin Zelnik and John F. Kantner, "Sexual and Contraceptive Experience of Young Unmarried Women in the United States, 1976 and 1971," *Family Planning Perspectives*, 9, No. 2 (March/April 1977), 55-71.

In 1971 approximately 26.8 percent of unmarried females ages 15-19 had experienced intercourse. By 1976 that percentage had risen to 34.9 percent—an increase of 30.2 percent. The increase in sexual activity among unmarried females occurred for every age-group and was particularly pronounced among seventeen year-olds. By age nineteen, 55.2 percent of all unmarried females in 1976 have had sexual intercourse compared to 46.8 percent for their counterparts in 1971.

²¹Eunice Shriver was particularly successful in leaving that image with congressmen after having met with them individually. In private discussions with some of those members, Congressman Scheuer and I would often find them raising that issue and citing her talk with them as evidence.

The idea that unmarried adolescent girls really want to have children, and therefore are not interested in family planning programs, may be true for a small, though significant proportion of them. Yet Eunice Shriver, James Jeckel, and the news media often imply that most pregnant adolescents wanted to become pregnant. This is certainly misleading and again ignores the large amount of evidence that we have to the contrary.

²²The data on sexual activity of teenagers are very poor and unreliable. One must exercise extreme caution when using any of this information. For a good critique of these studies, see Chilman, 1979.



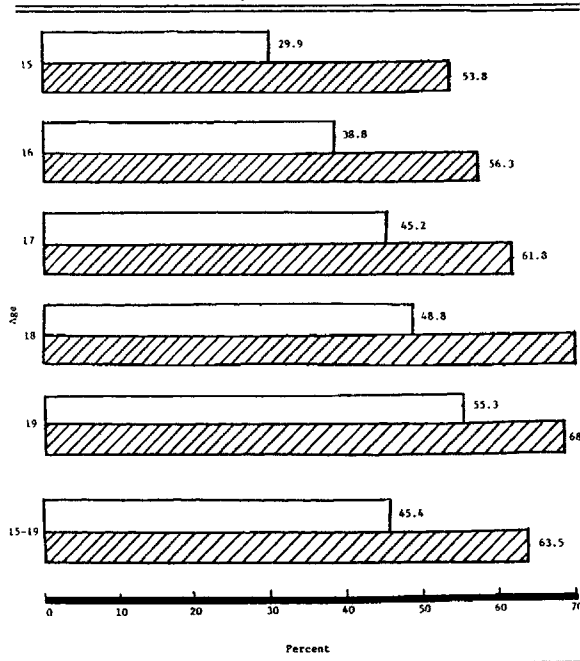
In both 1971 and 1976, unmarried black female adolescents were more likely to have engaged in intercourse than unmarried white female adolescents. Whereas only 30.8 percent of all unmarried white girls ages 15-19 had engaged in sexual intercourse, 62.7 percent of all unmarried black girls ages 15-19 had experienced intercourse. But the difference in sexual activity between white and black adolescent girls diminished from 1971 to 1976 as white girls recorded a 43.9 percent increase in sexual activity, while the level of sexual activity among black girls increased by only 22.5 percent.

Though the level of sexual activity among female teenagers rose dramatically between 1971 and 1976, the frequency of intercourse among sexually active teenagers remained low. In the month preceding the Kantner and Zelnick survey, nearly half of all sexually experienced unmarried women ages 15-19 abstained from any intercourse, while another quarter had engaged in sexual intercourse only once or twice during that month.

While there has been an alarming increase in the level of sexual activity among adolescent girls, there has also been an encouraging increase in the use of contraceptives among sexually active teenagers. Among unmarried girls ages 15-19 in 1971, 45.4 percent used contraception the last time they had intercourse. By 1976 the percentage of unmarried girls ages 15-19 who used contraception at the time of their last intercourse had risen to 63.5 percent (see Figure 5). Contrary to the testimony offered by several witnesses, adolescents today are much more willing to use contraceptives than their counterparts five years ago.

Unfortunately, the use of contraceptives among sexually active teenagers continues to be irregular and often reliant on such relatively unreliable practices as withdraw-

FIGURE 5. PERCENT OF SEXUALLY EXPERIENCED NEVER-MARRIED WOMEN AGES 15-19 WHO USED CONTRACEPTIVES AT LAST INTERCOURSE BY AGE, 1971 AND 1976.



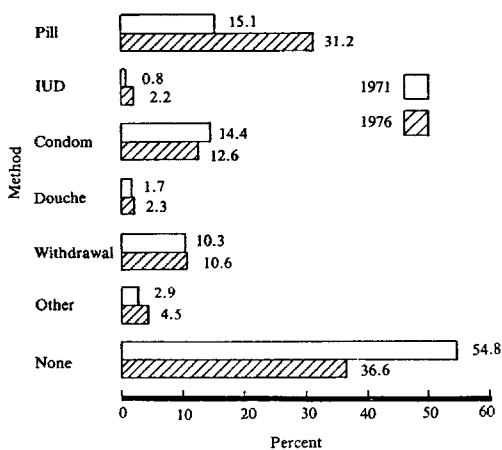
Source: Melvin Zelnick and John F. Kantner, "Sexual and Contraceptive Experience of Young Unmarried Women in the United States, 1976 and 1971," *Family Planning Perspectives*, 9, No. 2 (March/April 1977), 55-71.

al. Among unmarried girls ages 15-19 in 1976, only 30.0 percent always used contraceptives while 25.6 percent never used and 44.5 percent only used them sometimes.

A major change has occurred since 1971 in contraceptive practices among teenagers. Not only are an increasing number of sexually active adolescents using some form of contraception, but they are also more apt to use the pill (see Figure 6). While only 15.1 percent of the unmarried women ages 15-19 used the pill at the time of their last intercourse in 1971, 31.2 percent of their counterparts in 1976 used



FIGURE 6. PERCENT DISTRIBUTION OF SEXUALLY EXPERIENCED NEVER-MARRIED WOMEN AGES 15-19 ACCORDING TO METHOD OF BIRTH CONTROL USED AT LAST INTERCOURSE, 1971 AND 1976.



Source: Melvin Zelnik and John F. Kantner, "Sexual and Contraceptive Experience of Young Unmarried Women in the United States, 1976 and 1971," *Family Planning Perspectives*, 9, No. 2 (March/April 1977), 55-71.

the pill at the time of their last intercourse.²³

In other words, the rate of childbearing among young adolescents has remained almost constant despite the great increase in sexual activity among these teenagers. The reason for the stability in these rates of childbearing is that an increasing proportion of sexually active adolescents use contraceptives. Furthermore, teen-

²³On the one hand, it is encouraging to see adolescents increasingly using effective methods of birth control such as the pill. On the other hand, it is disturbing to have such a high percentage of young girls on oral contraceptives in the absence of any definitive studies of the safety of pills for teenagers, since the hormonal side effects for adult women can sometimes be a problem. These side effects could be even more serious for young girls who are in the process of physical development.

agers have been more willing and able to use family planning clinics in the 1970s. Adolescents using family planning clinics rose from 396,000 in 1971 to 1,150,000 in 1976.²⁴ Whereas witnesses such as Sargent Shriver and Dr. James Jeckel emphasize the unwillingness of young teenagers to use contraceptives, the recent record of their behavior suggests the opposite. Though it will be impossible, of course, ever to eliminate all initial unwanted pregnancies, it seems possible to reduce the current level of adolescent childbearing if sufficient funds and improved programs were provided.²⁵

These are only a few of the problems associated with the Adolescent Health, Services, and Pregnancy Prevention Act of 1978, but they illustrate my contention that the debate was unnecessarily narrow and ahistorical. It is only fair to point out, however, that the consideration of this bill probably was as thorough as that of most other pressing social legislation in recent years. Like many legislative acts, the final passage of the modified bill had as much to do with the politics of the Carter Administration and the 95th Congress as the actual needs of adolescents. In view of the disorganization of the Adolescent Pregnancy Initiative within HEW and the speed with which Congress acted, perhaps the surprising thing is that the debates and discussions were as informed and as thorough as they were.

Nevertheless, it does seem that the deliberations about adolescent pregnancy in the 95th Congress were too limited and time bound. By failing to see the issue from a broader and a more long-term perspective, many policy-makers within

²⁴Testimony of Congressman James H. Scheuer (U.S. Congress, House, Committee on Interstate and Foreign Commerce, 1978:90).

²⁵On the extent and need for contraceptive services for adolescents, see Dryfoos and Heisler, 1978.



the Administration and the Congress as well as the general public may think that we have adequately dealt with the problem of adolescent pregnancy when in reality we have only provided very limited services for a small percentage of pregnant teenagers. By heralding the success of this initiative, aren't we indeed in danger of raising expectations among ourselves which cannot be fulfilled? As Frank Furstenberg so angrily and eloquently put it in testimony before the House Select Committee on Population:

One is compelled to ask, then, why HEW is designing a program that is destined to have, at best, a token impact? How will they deal with the resentment created when Government reneges on its promise to help teenage parents and their families? Will this program be yet another instance of Government playing musical chairs with social maladies? (U.S. Congress, House, Select Committee on Population, 1978a: 168)

Though an historical approach to the problem of adolescent pregnancy would not have alleviated the difficulty of trying to deal with early childbearing with very limited funds, it might have provided a more realistic framework in which to evaluate the needs of teenagers and to assess the likelihood of success of the various approaches to this problem. A few participants were aware of the actual trends in adolescent pregnancy and their implications for federal policies, but most witnesses and almost all of the decision-makers simply accepted the stereotype of an "epidemic" of adolescent pregnancy as a growing and unprecedented problem that necessitated immediate action. While the legislation that was passed will certainly be beneficial for some pregnant teenagers and was in some ways long overdue, the manner in which it was sold to the Congress and to the public may generate considerable anger and frustration when people finally realize exactly what was enacted. Furthermore, since it is

quite apparent by now that the 96th Congress was even more reluctant to provide more funding for any social programs, including family planning services for adolescents, the rewriting of the Administration's Adolescent Health, Services, and Pregnancy Prevention Act of 1978 to provide funding almost exclusively for pregnant teenagers proved to be an unwise reallocation of scarce resources at a time when inflation was undercutting existing family planning programs.²⁶

Research Opportunities and Needs from an Historical Perspective

If policy-makers lack an historical perspective on adolescent pregnancy, the same can be said about most other scholars working in this area. Though one might have expected that at least some historians would have provided us with a broader, long-term analysis of this issue, it is difficult to find any historians who have studied adolescent pregnancy in the past. As a result, any effort to explore fully the research possibilities on adolescent pregnancy from an historical perspective would require a book-length manuscript, since

²⁶The assumption by most congressmen who voted to shift the thrust of the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 to mainly helping pregnant teenagers was that the family planning programs had already received such high authorizations that they did not need additional funds. Though the high authorizations were approved by Congress, as anticipated, the money was not appropriated due to the lateness of the authorization process. However, the mood of the Administration and the Congress in the 96th Congress was different—the emphasis on balancing the budget meant that there would be only minor increases in family planning programs for FY79. As a result, those individuals who feared that the money granted for the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 to help pregnant teenagers would be at the expense of family planning programs seem to be at least partly justified at this point.

almost everything still needs to be done. Therefore, I will only mention a few of the many research possibilities in order to illustrate the potential in this area rather than attempting a comprehensive evaluation of the entire field.

One obvious research question that arises from the earlier discussion of the Adolescent Health, Services, and Pregnancy Prevention Act in the 95th Congress is why that bill passed in 1978 rather than earlier when the rate of adolescent pregnancy and childbearing was much higher. Several considerations immediately come to mind. For example, federal and most state governments were unwilling to finance contraceptive services even for adults until the late 1960s.²⁷ Furthermore, when the first government-supported family planning programs were developed, they often deliberately did not provide services for minors since this was considered a highly controversial and politically dangerous issue. Even today, the provision of contraceptives for minors without parental notification is still a very sensitive political issue in Washington.²⁸

²⁷On the development of federal and state family planning programs and the political problems associated with them, see Reed, 1978; Dienes, 1972; Vinovskis, Jones, and New, 1974; and Gordon, 1976.

²⁸When the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 was debated on the floor of the Senate as part of S. 2474 on September 29, 1978, Senator Jesse A. Helms offered an amendment that no contraceptive drugs or devices could be given to an unemancipated child under the age of sixteen unless the parent or guardian of this child is notified of the intent to prescribe or dispense such drugs or devices. This was accepted by the managers of the bill without any objection and Senator Kennedy commented that it was a "worthwhile amendment" (U.S. Congress, 1978: S16597-S16600).

The House, on the other hand, rejected similar language when the Title X family planning authorizations were being considered. As a result, the House conferees objected to this provision of the Adolescent

Another factor that may have impeded the development of federal programs for adolescents in the 1950s and 1960s was that contraceptive technology was not as highly developed then as it is today. Prior to 1960, the vast majority of women in the United States experienced at least one unplanned pregnancy during their reproductive years. Less than one-quarter of all women went through these years without one or more "accidental" pregnancy—and one third of them gave birth to a child after the intended completion of her family (U.S. Congress, House, Select Committee on Population, 1978b:19). With the introduction of oral contraceptives, IUDs, and voluntary sterilization, the likelihood of an unplanned pregnancy has greatly diminished for most women (Westoff and Ryder, 1977). In fact, the problem of adolescent pregnancy seems as anomalous as it does because adolescent girls still continue to have large numbers of unwanted pregnancies while older women have managed to eliminate most of their unwanted pregnancies.²⁹

The immediate financial costs of adolescent childbearing in the 1950s and 1960s were less of a burden to the rest of society than today. Not only has the percentage of out-of-wedlock births among teenagers sky-rocketed, but the amount of state and federal support for young unwed mothers and their children

Health, Services, and Pregnancy Prevention Act of 1978 and the Helms amendment was dropped since many Senators had objected to it earlier, but simply did not want to damage themselves politically by opposing it.

²⁹We still have not even eliminated the unintended pregnancies among married women. For example, Jane Mencken estimated that as recently as 1970-72, nearly one-third of legitimate births were the result of unintended pregnancies (U.S. Congress, House, Select Committee on Population, 1978b:251-255).



has also increased.³⁰ In a period when there is little, if any, growth in real incomes for most Americans, the public is becoming increasingly reluctant to support a seemingly large welfare program.³¹

Perhaps the direct and indirect costs of early childbearing, particularly for the mother, have also increased over time. As the proportion of young people completing high school has risen and as the pressures to do so have intensified, the negative aspects associated with dropping out of school have become more evident.³² At the same time, our expectations of the possible roles of women within society are also changing. Whereas in the 1950s most Americans simply assumed that mothers of young children would remain at home with them, 37.4 percent of married women living with husbands who had children under six years old were in the labor force in 1976 (Wattenberg, 1978:392). With the increased likelihood of married women entering the labor force, considerable research is underway to ascertain the short-term and long-term costs for the

adolescent mother. The preliminary results of these investigations have documented the high costs to both society and the individual adolescent of early childbearing.³³

Though the passage of the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 is usually perceived simply in terms of the problems associated with early childbearing, it needs to be considered within the context of the debate over abortion. In many ways, the controversy over abortion in the Carter Administration and the 95th Congress made it advantageous for policy-makers to try to prevent initial unwanted pregnancies or to help pregnant adolescents keep their children rather than to seek an abortion.³⁴ In fact, the early efforts within the Carter Administration to develop a program for adolescent pregnancy was explicitly seen as part of their "alternatives to abortion" program (Rosoff, 1978). Therefore, when many of the "pro-choice" and "pro-life" forces united behind the Adolescent Health, Services, and Pregnancy Prevention Bill, congressmen found that bill attractive since it permitted them to support positive legislation in this highly controversial area that seemed to have widespread support and was relatively

³⁰We do not really have any good estimates of the relative costs of adolescent childbearing over time. Even the figures for today are limited; work in this area has just begun. For some reasonable estimates for today, see Moore, 1978.

³¹It will be very interesting to analyze the reactions of Americans to any new federal or state programs in the 1980s as their own standard of living remains stationary or even declines. Part of the disillusionment with new federal and state programs of any kind may be related to the growing feeling among many Americans that their own economic prospects in the future seem bleak.

³²A large part of the impetus toward keeping children in school stems from the efforts in the 1960s to break the cycle of poverty that policy-makers were convinced doomed large segments of our population. Some of the early programs directed at adolescent pregnancy in the early 1960s were seen as part of that effort to assist disadvantaged individuals so that they would not repeat the cycle of poverty.

³³Though we now have a large number of estimates of the costs of early childbearing for today, virtually nothing is available for the 1950s and 1960s. When someone makes those calculations, it will be interesting to see if the social and economic disadvantages in the past were really less than today or whether we are only beginning to recognize the actual disadvantages associated with early childbearing.

³⁴Relatively little analysis has been done on the politics of abortion in the Congress. At present I am continuing my roll-call analyses of the abortion issue on this matter. For some preliminary results, see Vinovskis, 1980.

inexpensive.³⁵ Some might even argue that the bill would not have been enacted if abortion had not become such a seemingly important political issue in Washington and among the electorate.³⁶

Finally, one should also examine the role of the various interest groups in this area. On the issue of adolescent pregnancy, it seems apparent, though still unacknowledged by most scholars and the news media, that a few organizations and individuals exerted a very powerful influence on the recent course of events. For example, Planned Parenthood—through its research and lobbying arm, the Alan Guttmacher Institute—played a major role in convincing the public and our officials of the “epidemic” of adolescent pregnancy today. One of the most influential publications in this area is *11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States* (Alan Guttmacher Institute, 1976). Though the overall presentation of the data is misleading, very few scholars and almost

no one in the news media has challenged it.³⁷ Instead, this well-written booklet provided the framework, though often unacknowledged, for most news stories as well as for the briefing papers prepared for decision-makers in the Administration and the Congress.³⁸ Similarly, though with a different conclusion than that of Planned Parenthood, the efforts of Eunice Shriver and the Joseph P. Kennedy, Jr. Foundation were very influential, if not absolutely essential, for the final passage of the bill.³⁹

³⁷The data used in the publication generally are accurate; in fact, the general decline in fertility among older teenagers is graphed and discussed, and the stability of fertility among younger teenagers is acknowledged (Alan Guttmacher Institute, 1976:12). Yet the overall image portrayed by this booklet and reinforced in other publications is that we have an “epidemic” of adolescent pregnancies.

A few individuals, like Jacqueline R. Kasun, have attacked the booklet as inaccurate, but most people have either accepted its accuracy or have not acknowledged its misleading tone. One reason that this issue did not receive widespread attention during the hearings was because most witnesses chose to use this publication or at least not to disagree with it. Kasun's testimony, which was submitted after the hearings, and the rebuttal by Richard Lincoln are available in U.S. Congress, House, Select Committee on Population, 1978a:305-314, 318-322.

³⁸Throughout the debates on adolescent pregnancy, *11 Million Teenagers* was widely used and quoted by the participants. One could almost predict the statistics that someone would use in these discussions, because everyone relied on the same source even though more up-to-date information was readily available. A fascinating study would be to analyze the impact of a publication such as this on the way in which news stories and briefing papers were prepared.

³⁹Eunice Shriver and Robert Montague of the Joseph P. Kennedy, Jr. Foundation were instrumental in the creation of a coalition of groups interested in the passage of this bill. Though a few individuals, such as Janet Forbush of the National Alliance Concerned with School-Age Parents and Marjorie Mecklenburg of the American Citizens Concerned for Life, provided much of the leadership,

³⁵For example, Senator William D. Hathaway stated that “the evidence supporting the need for legislation to prevent unwanted teenage pregnancies is overwhelming. I cannot emphasize enough our responsibility to recognize this problem, and to provide the help and support which our teenagers need as alternatives to abortion” (U.S. Congress, Senate, Committee on Human Resources, 1978:93-94).

³⁶I suspect that most politicians as well as the public have over-estimated the political strength of either the “pro-choice” or “pro-life” groups among the electorate. For a discussion of these issues, see my presentations on “The Politics of Abortion in the 95th Congress,” at the National Abortion Rights League Annual Meeting, Washington, D.C., February 1978, and at the National Right to Life Convention, St. Louis, June 1978. Both speeches were taped and the one from the National Right to Life Convention is commercially available from that organization. For an update on the politics of abortion, see Traugott and Vinovskis, 1980.



Thus, any evaluation of the enactment of the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 will need to consider not only the general trends in adolescent pregnancy as well as the social and political mood of the country, but also the activities of specific groups and individuals on its behalf. This may pose an analytical problem, however, since social historians in particular have sometimes been rather naive and simplistic in analyzing the role of interest groups in facilitating legislation or in influencing public opinion.⁴⁰

Besides considering the factors that have led to the enactment of the Adolescent Health, Services, and Prevention Act of 1978, historians could also participate in the more general areas of research on adolescent pregnancy. Though I cannot review the entire field in a few paragraphs, a couple of observations about the existing studies will provide us

the coalition attracted a wide variety of groups ranging from Zero Population Growth to the National Council of Catholic Charities. This coalition, together with the personal efforts of Eunice Shriver, were extremely influential in rewriting the bill in close co-operation with Senator Kennedy and other members of the Senate Human Resources Committee.

⁴⁰Though social historians have shown considerable interest in the political aspects of social developments, they have often approached these issues rather rigidly and simplistically. What is missing from most of these accounts is any awareness of the more subtle aspects of politics or the complexity of motivations involved. As a result, policy-makers interested in understanding the historical antecedents of issues are more likely to find useful aids from groups such as the Brookings Institution than social historians. For example, compare the analysis of day care politics and policies in Steinfeld's work (1973) with the analysis of the politics of child care in Steiner's book (1976). Similarly, though Linda Gordon's book is very provocative, it certainly does not provide a very careful or balanced understanding of the complexities of efforts to develop family planning programs in this country (1976).

with some perspective for considering the research opportunities and problems in this area.

The quality of work on adolescent pregnancies varies considerably. Some of the studies, particularly those funded by the Center for Population Research of the National Institute for Child Health and Human Development, are very well done—employing good research designs as well as relatively sophisticated statistical techniques such as path analysis and multiple classification analysis (e.g., Moore and Caldwell, 1976). Most of these studies have focused on the adverse social and economic effects of early childbearing on the young mother, though the Center for Population Research is now turning more to other issues as well. Many of the other studies, however, are poorly designed and rely on crude and limited statistical techniques. This is particularly true of those commissioned by some of the other agencies within HEW and which are often used for policy purposes.⁴¹ Furthermore, the weakest aspects of research on adolescent pregnancy tend to be those dealing with the sexual activity of teenagers—though there are a few notable exceptions such as the analyses by Melvin Zelnik and John Kantner (1977, 1978a, 1978b).⁴²

Two major weaknesses seem to characterize most of the efforts to date: the relative scarcity of policy-oriented studies

⁴¹An example of a widely cited but poorly executed analysis is Urban and Rural Systems Associates, 1976. One of the problems with DHEW is that the people in charge of these projects simply do not understand social science methodology well enough either to insist on careful research designs or to evaluate properly the results of these projects.

⁴²Even the work of Zelnik and Kantner, which is far superior to most in this weak field, leaves a lot to be desired in terms of their sampling design or the use of sophisticated statistical techniques of analysis.



and the lack of a life course perspective towards adolescent pregnancy. Most investigations of adolescent pregnancy analyze basic issues such as the relationship between early childbearing and the future earnings of the mother. Very little effort has been made to ascertain the policy implications of adolescent pregnancy for society or the federal government. The few studies on such issues, such as Kristin Moore's analysis of the AFDC costs of early childbearing, have been done at the direct instigation of the Congress rather than of the Administration (1978). There are several reasons for the lack of policy-oriented analyses of adolescent pregnancy. Most scholars tend to avoid policy-oriented issues, preferring instead to examine more basic relationships at the individual or family level. In addition, there is relatively little pressure within the federal bureaucracy or the Congress for such studies since many administrators and politicians are still rather skeptical of the real value of social science research.⁴³ Finally, the agencies in HEW charged with most of the responsibility for analyzing the effectiveness of family planning programs, such as the Office of Family Planning of the Bureau of Community Health Services, have neither the trained personnel capable of directing such studies nor sufficient interest in them to commission such analyses.⁴⁴ As a result, though the

Administration and the Congress seem committed to a major effort in the area of adolescent pregnancy, it was necessary to develop those service programs without any real guidance from social science research on the relative effectiveness of different approaches. When more efforts will be made to develop effective policy-oriented analyses, it will be essential that they incorporate a time dimension in their research designs in order to evaluate properly the relative success of these programs.

The other major shortcoming of most studies of adolescent pregnancy is that they are very narrowly focused on the interaction between the individual and some outcome, such as future earnings, without taking into consideration other factors such as the role of the family or likely developments in the economy. For example, it is amazing and depressing how little we know about the role of the family, the school, their peer group, and the rest of society in the decisions of adolescents to become sexually active.⁴⁵

Perhaps we should employ a life course approach, as advocated by scholars such as Glen Elder, to analyze adolescent pregnancy. The application of a life course framework that relates the personal development of the adolescent to the social definitions of those changes as well as to

⁴³Whereas most congressmen are quite willing to fund more studies of the biological aspects of contraceptives, they are much more skeptical of any additional money for social science research. Many of them feel that social science research has not provided much new useful information, whereas biological research has led to better contraceptives. For a discussion of the value of social science research for population analysis, see U.S. Congress, House, Select Committee on Population, 1978b:42-57.

⁴⁴Given the very limited funds allocated for purposes of evaluation, a large percentage of it goes into simply collecting the data rather than analyzing

it. One of the specific changes in the Adolescent Health, Services, and Pregnancy Prevention Act of 1978 was to allocate a larger percentage of the total funds for purposes of evaluating the success of different aspects of this initiative.

⁴⁵One of the serious weaknesses in most studies of adolescent pregnancy has been that relatively little attention has been paid to the role of the family of the adolescents. Fortunately, the Family Impact Seminar has recently held a conference on "Teenage Pregnancy and Family Impact: New Perspectives on Policy," Washington D.C., October 23-24, 1978. The papers commissioned for this conference demonstrated the value of taking this broader approach.

the broader shifts in society as a whole may provide us with a better understanding of the process of change in the lives of adolescents today.⁴⁶ If we are to comprehend the factors which have altered the pattern of behavior of adolescents in regard to sexual activity or early childbearing, we need to consider changes over time as well as among different social groups. The almost universal presentism of most studies of adolescent pregnancy, in large part a function of their heavy reliance on cross-sectional data, seriously limits their ability to provide information for policy-makers about the interaction of individual and societal factors in producing changes.⁴⁷

Various kinds of behavior are commonly identified with different stages of child development. Recently, more emphasis is being placed on environmental factors at the expense of "natural" maturation.⁴⁸ What is needed is an attempt to integrate these approaches from a life course perspective. For example, Edward Adelson's study of adolescent ideology argues that the perceptions of children are narrow and concrete. As the child goes through adolescence,

He is ever more able to transcend the sheer particularity of an act, to place behavior within a web of circumstances . . . by expand-

⁴⁶On the life course approach to the study of the past, see Elder, 1975, 1978a, 1978b; Vinovskis, 1977; Hareven, 1978a, 1978b.

⁴⁷Under certain assumptions, one can make some inferences about life course events from cross-sectional data, but the process is difficult and hazardous—particularly during periods of rapid change. For a discussion of these problems, see Vinovskis, 1977; Baltes, 1968.

⁴⁸For a discussion of the use of a life course approach for the study of adolescence and the changing orientation of the study of adolescence today, see Elder, forthcoming; Dragastin and Elder, 1975.

ing and commanding time, linking past to present and present to future; the act has a history and its effects extend forward in time. . . .

The young adolescent is locked into the present. His view of the future is constricted: he may grasp the effect of today on tomorrow, but not on the day after tomorrow (cited in Chilman, 1979:48).

Hence, it is not surprising that young adolescents, male or female, may be unable to grasp the future significance of early childbearing either on their own lives or that of their offspring. Furthermore, Adelson also contends that younger adolescents rarely reason in cost/benefit terms in evaluating some course of action. Instead, they are apt to make a more arbitrary choice based on impulse rather than a consideration of future costs and benefits (Chilman, 1979:48). Programs designed to reach younger adolescents, therefore, may need to be structured differently from those intended for their older counterparts.

Similarly, a life course perspective would encourage the researcher to consider variations in the development pattern of adolescents due to the different historical periods in which they grew up. Catherine Chilman has provided a very interesting statement on how the development of adolescents in the 1960s may have differed from those in the 1970s:

It is interesting to realize that the 16-year-olds of 1976 were born in 1960. Their development years were probably quite different from those of young people who reached this age in 1966. The latter were likely to have experienced a childhood of considerable security and conventionality, but as teenagers they may have been caught up in the social movements of the 1960's and experienced the disintegration of these movements. They probably had to struggle with parents and other adults to win their personal freedoms in the new mode; for them, "alternative lifestyles" may have been an exciting discovery and a symbol of their growing autonomy.



In contrast, the 16-year-olds of 1976 grew up as children in chaotic, confusing times. They probably became individually aware of the larger society in the early 1970's, a time of widespread disillusionment with Government, business, and industry. It is unlikely that they have needed to fight much with their parents for personal freedoms because there has been a large shift in the attitudes of adults as well as youth. Because adolescents need to search for their personal identities and values and separate themselves from their parents, will their search take them in more conservative, traditional directions or on to new explorations of individual self-expression as young men and women? (Chilman, 1979:90)⁴⁹

Most of my discussion of research opportunities and needs has been focused on the post-World War II era. In part, this reflects the fact that adolescent pregnancy, as a perceived social problem, is largely a contemporary phenomenon which has stimulated analysis only recently. It is also due to my own interest and work on this issue today rather than in the more distant past. Yet the issue of adolescent childbearing deserves and requires an even longer time perspective than the past twenty or thirty years. Furthermore, I suspect that when more historians do begin to examine this issue, they are more likely to focus on the late nineteenth and early twentieth century simply because of the tendency of most social historians to analyze those periods rather than the post-World War II era.

One of the first things that needs to be established is whether the level of adolescent childbearing was as high in the past as it is today. Certainly the data from the 1920s indicates that early childbearing was as prevalent then as today (see Figure 1). But was this also true for the late nineteenth and early twentieth century? The scattered bits of evidence we have

suggests that adolescent childbearing was not as likely in the late nineteenth century. For example, while the number of children ever born per 1000 women ages 15-19 in the United States was 69 in 1910 and 61 in 1940, it was only 18 in 1885 for women ages 14-19 in Massachusetts (U.S. Bureau of Census, 1971:356-398). Similarly, in two studies of marital fertility in Boston and five Essex County (Massachusetts) communities in 1880, the rate of childbearing and marriage among women under twenty years old was so low that the standardized rates for women were constructed only for those ages 20-49 (Hareven and Vinovskis, 1975, 1978).

Was adolescent childbearing really that low in the late nineteenth century? If so, was it due in part to a later age at menarche for girls in the past?⁵⁰ Or was it mainly, as I suspect, a function of attitudes against early marriages and childbearing in that period? Were there major differences in these attitudes between different social classes or ethnic groups?⁵¹ And was adolescent pregnancy and childbearing higher in seventeenth- and eighteenth-century America when the overall fertility of women was much higher?⁵²

⁵⁰The entire issue of changes in the age at menarche in America awaits further research. For some suggestive ideas about Europe, see Laslett, 1971.

⁵¹Much more research needs to be done on the different values and attitudes toward sexual activity, age at marriage, and early childbearing among different social and ethnic groups in America. For some interesting discussions about the values of Italian families in America, see Yans-McLaughlin, 1977.

⁵²For some tentative estimates of adolescent childbearing in colonial New England, see Smith, 1972. For a general critique of American historical demography, see Vinovskis, 1978.

⁴⁹An example of a study which has profitably employed a life course approach for the analysis of adolescent pregnancy is Furstenberg, 1976.



In addition to answering such fundamental questions as the levels of adolescent childbearing in the past, we also need to consider the reactions to it. Was early childbearing regarded as desirable, or at least normal, rather than as the problem it is perceived to be today? Though most colonial women in New England did not marry in their teens, contemporary observers often emphasized the frequency and even desirability of early marriages. The idea of the early marriage and immediate childbearing was widely accepted by previous historians because they focused almost exclusively on the writings of the colonists rather than analyzing their actual behavior (Vinovskis, forthcoming).

Was adolescent childbearing as disadvantageous for the mother in the past as today? Since the education of women beyond common schools was not frequent before the twentieth century, early childbearing may not have handicapped young mothers as much (Kaestle and Vinovskis, 1980). Furthermore, since very few married women ever worked outside of their homes in the past, any potential harm to their future employment opportunities due to adolescent pregnancy may have been minimal (Mason, Vinovskis, and Hareven, 1978). Thus, in societies which do not provide extensive formal training for females or allow them to pursue careers after marriage, is adolescent childbearing much less of a burden for the mother and the society? And how much, if any, disadvantages accrued to the children of these young mothers in the past—especially if the adolescent mother may not have been as negatively affected by that experience as her counterparts are today?

If the question of adolescent childbearing has not received much attention from historians, that of out-of-wedlock births has. A recent collection of comparative studies of bastardy in Western Europe and North America has documented the

prevalence of high rates of out-of-wedlock births in the late sixteenth century, the late eighteenth and early nineteenth centuries, and today (Laslett, Oosterveen, and Smith, 1980). While little effort is made to analyze any possible relationship between adolescent pregnancy and out-of-wedlock births, these essays are suggestive for areas of future research. For example, one of the most interesting findings in these studies is the importance and persistence of regional differences in illegitimacy. Despite the great changes in the levels of illegitimacy over time, the regional differences persist—leading to the suggestion that a “bastardy-prone sub-society” may exist. According to this concept, bastardy-producing women, living in the same area and often related to each other, pass on such values and practices to their children and thus perpetuate this sub-society.

This question of whether there are groups within society who deviate from established norms and pass on their values and behavior through their children has attracted much attention from the American public. During the 1960s and early 1970s we focused on the “culture of poverty” which supposedly made it very difficult for individuals to escape from their impoverished upbringing and environment. Today, this concept is being reapplied to the problem of adolescent pregnancy. Many congressmen, for example, accept the idea that the children of today’s teenagers will themselves become adolescent mothers unless federally or state funded programs intervene to break this cycle of early childbearing.

Despite the popularity of the concept of a subculture of poverty, adolescent childbearing, or illegitimacy among the public and portions of the academic community, the empirical validation of this important issue is still lacking. While several authors suggest the existence of a “bastardy-prone sub-society” in the past, others reject the validity or even the useful-



ness of this construct (Laslett, Oosterveen, and Smith, 1980). Similarly, though many people are talking of a culture of adolescent childbearing that persists over time, the documentation and analysis of that process is yet to be done.

Finally, was early childbearing in America associated with premarital sexual activity? Though we have several recent studies on changes in sexual activity among Americans over time, these are not related to the issue of adolescent pregnancy.⁵³ What was the relationship between early childbearing and out-of-wedlock births in America in the seventeenth, eighteenth, and nineteenth centuries? Since premarital sexual activity in colonial America was often tolerated as long as the couple became married, did this encourage more adolescent childbearing than might have otherwise been expected? (Moran and Vinovskis, forthcoming) Was the apparent increase in abortions in the 1840s and 1850s mainly the result of married women resorting to these practices as a form of birth control, or was there also an increased use of abortions by unwed teenagers? (Mohr, 1978)

These are only a few of the many interesting and useful issues that might be considered by historians analyzing adolescent pregnancy in the past. Since so little has been done to date, the field remains to be charted and explored before we can properly evaluate its importance for understanding society at that time as well as for providing an historical perspective on our contemporary concerns. In fact, we as historians will have to be extremely careful that our views of the problem today do not color our interpretations of that phenomenon in the past. Whether any-

thing that we find about adolescent pregnancy in the more distant past will fundamentally alter our approach to the problem today remains to be seen. In any case, the effort to analyze this issue needs to be made in and of itself, since it may provide us with another important and hitherto unexplored aspect of adolescence in the past.⁵⁴

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⁵³For a very useful and pioneering foray into the difficult issue of premarital sexual activity in the past, see Smith and Hindus, 1975.

⁵⁴Most studies of adolescence in the past have simply ignored the issue of adolescent pregnancy. For example, see Kett, 1977.



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