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“Babies Havin’ Babies”: Examining Visual Representations of Teenage Pregnancy,
1960-1996

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Abstract

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This thesis addresses the gap in feminist historiography and policy studies on teenage pregnancy by engaging in a visual investigation of this social phenomenon since its emergence as an "epidemic" located in white middle class communities beginning in the 1960s, until its shifting articulation as a problem predominantly impacting low income African American locales starting in the 1980s. Drawing on feminist discourse analysis and social histories, this thesis examines the visual treatment of teenage girls and pays particular attention to the race and class dynamics that informed the construction of images arising out of their particular sociopolitical moment. In doing so, this thesis explores how these images incited sympathetic treatment and the passage of entitlement policies for pregnant and parenting white middle class teenage girls and solicited punitive treatment for girls of color as seen in the welfare reform provisions of 1996.

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Introduction: Who We (Don't) See and How We See

"Teen pregnancy is not a 'poor thing or a 'black thing.' It can happen to anyone. Jamie Lynn is an example of that..."

~Quoted author of *Glori*, a novel on teenage motherhood

"High school pregnancy is usually a 'black thing' whether there's a pact or not."

~Forum comment in response to the Gloucester, MA pregnancy pact

It's a "poor thing." It's a "black thing." Although the majority of teenage pregnancies occur to white females and often within middle class families, why is it that poor, urban minorities constitute the dominant image of teenage pregnancy within the American imaginary?

As a current single African-American mother who had her son at twelve, I must admit that having my child at a young age not only created a number of obstacles towards completing my education, but also constituted an invariable stigma to overcome.

Unfortunately, conceptions of my pregnancy were destructive. Guilt and immense shame swelled within me alongside my growing belly, as I—a teen mother—was no longer a "smart girl" or a "good" girl. I had become one of those "other" girls—those sexually promiscuous, uneducated, simply "bad" black girls.

Before embarking upon this project, I was moved by a spark to excavate all the waste I had collected over the years about being a teenage mother myself and about other teenage girls of color. Feminist theory over the past decades has politicized the personal as political. Our everyday experiences remain structured by larger social systems that influence the ways we think of ourselves and other people. Because social structures

create ideologies about various groups, I had identified the possibility of visual culture as a site that produced stigmatizing stereotypes of teenage mothers of color.

On my journey to researching visual representations of teenage mothers, I stumbled upon what I thought was a startling discovery: a plenitude of white teenage girls and very few girls of color. White teen moms were quite popular in the news media and popular culture press. Jamie Lynn Spears, sister of popular singer Britney Spears, smiled on the covers of *Ok! Weekly*. The academy award-winning movie *Juno* buzzed through various media channels. Sarah Palin soon admitted that her 17-year-old daughter, Bristol, was pregnant and deciding to keep her child during the 2008 presidential campaigns (figures 1-3). Other searches often produced more images of white girls, casted to a side profile—looking sullen, contemplative, and sometimes with a child-like innocence (figures 4-8). All these images stirred a range of emotions in me: support, sympathy, and sadness.

The two visual representations I could find of girls of color did not play on these sentiments. A popular Korean comic depicted a black teenage mother as a welfare mother holding a monkey-like child (figure 9). The other, a photograph by a Danish photographer titled “15-year-old unwed mother,” captured her in a moment of sexual activity (figure 10). I began to interrogate: Why were girls of color depicted in this fashion—seen as heavily reliant upon government aid while also explicitly seen engaging in sex? Why were their white counterparts viewed as supportive mothers or sullen figures of pregnancy?

The politics of race and class are quite explicit within the images I encountered. Although obvious, I do not intend to render simplistic readings of the images unearthed

within this project. Instead, I seek to engage in a more nuanced discussion of the role of history, ideology, and the political implications of visual imagery of teenage motherhood. As such, this project investigates the visual culture and policy treatment of teenage pregnancy from its emergence as a social problem in the 1960s to 1996. I end with 1996 as it marks the year of the passage of former President Clinton's welfare reform, which had significant implications for teenage mothers' access to economic aid and education. Through examining non-profit brochures and print news media during this era, this thesis will address three fundamental questions:

- How has history created notions of teenage pregnancy as a “black” or “poor” thing?
- How has race and class informed the visual imagining of teenage mothers in the past?
- What have been the policy implications of visual representations?



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5



Figure 6

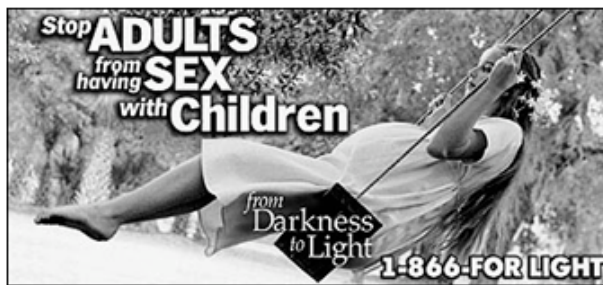


Figure 7



Figure 8



Figure 9

Translation: In particular, young Black girls present an even bigger problem when they have children in their teens. Mother: "If there was no government assistance we'd starve to death."



Figure 10

Significance of Thesis

Feminist policy studies have exposed the construction of the “epidemic” of adolescent pregnancy through the use of political and public rhetoric in the policy arena and news media beginning in the late 1960s (Pillow 2003, Luker 1997, Nathanson 1991, Lawson & Rhodes 1991, Vinovskis 1981;1988). Several studies have also highlighted the various discursive constructions of “good” and “bad” teenage girls who become pregnant, with the former deserving sympathy while the latter earns punishment. (Pillow 2003;Luker 1997; Nathanson 1991). Though these works have challenged the notion of teenage pregnancy as an inherent “epidemic,” a significant gap remains in feminist analysis regarding the role of visual representations in the discursive formation of subjects and their overall impact in defining teenage pregnancy as a problem.

In his influential work on the importance of visual culture and art history, cultural critic, John Berger notes that images and the visual have saturated contemporary society since the advent of photography in 1839 (Berger 1972). Visual messages continually surround us and we are confronted by them in our everyday lives—as we walk past magazine stands, watch television, view flyers, billboards, posters, etc.

Despite the importance of visual communication, feminist policy studies on teenage pregnancy have not given the same amount of emphasis to the study of images. This dismissal of images can stem from a suspicion surrounding the interpretation of images. Many may seem to share the hesitations of Mark Twain who believed that it was impossible to know the “true” meaning of an image without words to denote it. Without the label, a number of stories and paradoxes arise out of any one image. Twain further highlights this issue by stating:

...[a] good legible label is usually worth, for information, a ton of significant attitude and expression in a historical picture. In Rome, people with fine sympathetic natures stand up and weep in front of the celebrated “Beatrice Cenci the Day Before her Execution.” It shows what a label can do. If they did not know the picture, they would inspect it unmoved, and say, “Young Girl with Hay Fever,” Young Girl with her Head in a Bag. (Twain qtd. in Miller 65)

Although multiple meanings of an image can be fashioned, the meaning behind images must be interrogated regardless given their importance to the realm of culture and politics. John Berger describes the importance of seeing in culture when noting that seeing “...establishes our place in the surrounding world; we explain that world with words, but words can never undo the fact that we are surrounded by it” (1972: 7). Seeing images serve a way to construct reality and our relation to it. As Stuart Hall states, image and media serve as a modes through which “...ideologies are transmitted and constituted” (89). Ideologies, he defines, as “those images, concepts, and premises which provide the frameworks through which we present, interpret, understand, and ‘make sense’ of some aspect of social existence” (89).

Because images convey ideologies, it is important for feminist scholars to embark upon visual studies of adolescent pregnancy as a way to understand how dominant notions of race, class, and sexuality have determined the differential treatment in pregnant and parenting teenagers over the past decades. Doing so highlights the intersections of race, class, and gender in the construction of the subjectivities of pregnant and parenting teenagers and furthers understanding of the impact of these constructions upon the material lives of these young women.

This thesis seeks to address this gap in feminist historiography and policy studies on teenage pregnancy by engaging in both a historical and visual investigation of this social phenomenon since its emergence as an “epidemic” located in white middle class communities beginning in the 1960s. I trace its history to its shifting articulation as a problem predominantly impacting African American teenage girls beginning in the 1980s. Drawing on feminist discourse analysis and social histories, this thesis examines the visual treatment of teenage girls, paying particular attention to the race and class dynamics that inform the construction of images arising out of their particular sociopolitical moment. In doing so, this thesis instigates how these images incited sympathetic treatment and the passage of entitlement policies for pregnant and/or parenting white middle class teenage girls and then punitive treatment for girls of color as seen in the welfare reform provisions of 1996.

**Ch. 1 Look! “Our” Girls Are In Trouble:
Constructing and Treating the “Epidemic” of Teenage Pregnancy, 1960-1979**

Unintended pregnancy...is happening to ‘our young women’, not only among the poor and minority groups, but in all socioeconomic groups... (It’s happening)...to ‘our daughters.’

~Alan Guttmacher Institute Report, 1976

I think the central question is what do we do for ‘our’ teenagers in need, ‘our’ dependent, often still immature teenagers? At that point it is the value of their lives, not ours, which is critically at stake.

~Daniel Callahan, Director of the Institute of Society, Ethics and the Life Sciences, 1976

Today teenage pregnancy constitutes an uncontested social problem in our nation. Public health officials have all cited the detrimental health outcomes to both young mothers and their children. Social scientists have studied the negative social and economic consequences of the behavior of those who bear children too early and out-of-wedlock, often linking the impacts of early pregnancy to high school dropout rates and welfare dependency. Others have regularly cited it as a problem resulting from the decline in family values. Many citizens today will concede that teenage pregnancy is an all too common problem. As former president Bill Clinton stated: “Teenage pregnancy is just plain wrong” (Luttrell 3).

Although one would think otherwise, teenage pregnancy has a brief history. Ironically, teenage pregnancy was recognized as an alarming and increasing problem of “epidemic” proportions beginning in the mid 1970s when teenage birth rates were at their lowest levels in comparison to the birth rates of the 1950s. Even more surprising, it

originated as a problem for white-middle class females rather than what we typically consider it today: a phenomenon among low income Latino and African-American girls (Luttrell 2003; Pillow 2003; Kaplan 1996). Such a discrepancy between the facts and the supposed reality presented by politicians and social advocates indicate ideological underpinnings to a proclaimed problem that was actually declining when it was first diagnosed.

This chapter traces the social construction of teenage pregnancy by examining the historic and political conditions of its emergence as a crisis in the 1970s. Accounting for all the conditions goes beyond the scope of this chapter. I predominantly focus on the emergence of demographic data during the sexual revolution of the 1960s and the activities of birth control advocates as the critical factors in constructing the “epidemic” of teenage pregnancy and ends with the passage of entitlement policies of teenage pregnancy under the Carter administration. This chapter highlights the dominant discourses put forth by birth control advocates in defining the problem of teenage pregnancy for white middle class adolescent girl and also critically examines the visual representations of white teenage girls and mothers. In doing so, I argue that visual representations of white, middle class teenagers constructed girls as sympathetic subjects in need of public support and not the censure that later greeted teenage mothers of color.

Birthing an “Epidemic”: A Social-Historical Context

Teenage pregnancy did not become a publicly proclaimed “epidemic” until 1976 with the publication of the Alan Guttmacher Institute Brochure, *11 Million Teenagers: What Can We Do About the Epidemic of Teenage Pregnancies*. By 1978, Vinovskis notes that there was a national consensus about the “crisis” of teenage pregnancy. Vinovskis remarks on the political zeitgeist regarding teenage pregnancy:

Almost everyone in Washington believed that the problem of adolescent pregnancy constituted a very serious social and health crisis that necessitated an immediate response—whether from the federal, state, and local governments or from private citizens and organizations. Both the policymakers and the news media emphasized the “epidemic” nature of adolescent pregnancy. Many members of the Carter administration and the 95th Congress assumed that Americans faced a new and growing crisis and that drastic steps dealing with this threatening situation had to be initiated at once. (1988:24)

Feelings of national crisis continued into the next decade. As 1990 approached, over thirty-four legislative acts addressing teenage pregnancy had been introduced in twelve states and two had entered the federal congressional floor calling for state intervention and funding (Nathanson 23).

Although firmly cemented in American political discourse by the 1980s, teenage pregnancy did not suddenly emerge on the public agenda. Social problems have histories. They arise out of a set of political and historic conditions and by the actions of human agents (Gusfield 1981; Nathanson 1991).

A number of factors stimulated public charge to address the problem of teenage

pregnancy in the 1970s. First, demographic changes correlated with the increase in public attention to adolescent fertility. The baby boom of the 1950s produced the nation's largest adolescent population within American history. Norman B. Ryder states that the "13.8 million increase [in the age group 14-24] ... [from the previous decade] was unparalleled" (47). Though birth rates were declining within women under the age of 19 since their peak in 1957, there was an increasing number of adolescent women who did give birth. The number of adolescent girls rose to nearly 10 million in 1970 from 7 million in 1960 (Nathanson 26). Though rates were declining, the increase in the volume of adolescent women led to a higher number of girls within this age group that gave birth (Pillow 27). Additionally, adolescent birth rates declined at a slower rate in comparison to older women (ages 20-24) in the 1970s, so adolescents made up the largest percentage of all births in 1975. This fact could have been skewed by a number of public officials to garner attention to a "crisis" if such knowledge of overall perspective on fertility rates and statistics were not widely known under the Carter Administration (Vinovskis 1988).

Second, the socio-political context of these demographic trends mattered a great deal in public perception and sentiment about the problem. Overall demographic trends indicated a decreasing fertility among older women and married adolescents and an increase in births to single women, particularly single white women. In the 1970s, there was an increase in the likelihood that single women and adolescent women would keep their child rather than give their child up for adoption. The probability of young white women to have a birth out of wedlock versus a marital birth increased four times the rate of young African American women. As such, the percentage of out-of-wedlock births by African Americans teenagers decreased from "58 percent in 1970 to 45 percent in 1987"

(Nathanson 30).

By no longer engaging in shot-gun weddings or adoption, white adolescent females no longer managed to hide “illegitimacy,” an issue often perceived as a low income and minority problem. This demographic trend signaled an alarming rise in single motherhood and pregnancy in the public eye. Out-of-wedlock births had constituted a social problem dating back to colonial America (Luker 1997). Given that out-of-wedlock births challenged the patriarchal ideology of traditional family and marriage, the sheer visibility of the young women’s violation of normative gender proscriptions increased public attention to pregnancy, an external and symbolic sign of their deviancy (Lawson and Rhode 1993). According to Rosalind P. Petchesky, “...in a white-dominated and bourgeois culture, [teenage pregnancy] become visible to that culture, hence definers of ‘changing (or deviating) sexual mores’, only when they involve masses of white middle class young women” (1984: 231). Because white adolescent women transgressed racial-sexual boundaries, a national awareness of the newly named phenomenon “teenage pregnancy” was identified as a crisis.

Public awareness of these changing mores in reproductive and sexual patterns, however, could not have been possible without the production of particular kinds of knowledge on these subjects. Constance Nathanson critically observes that “...where there is perceived danger, knowledge of its precise dimensions offers the possibility of control: Demands for control are reinforced and points where control is required are identified” (58). By the 1970s, sociologists and professional demographers conducted a number of studies on the changing sexual activity and reproductive patterns of unmarried adolescent women. A number of these studies began with sociological interrogations of

and contemporary debates over the sexual revolution or what sociologist Ira Reiss termed, the sexual “renaissance” of white middle class college women in the 1960s (Nathanson 32). In addition to the youth protests and discourses of the “rebellion of the young” within social science literature on the social and political youth movements, the sixties counter-culture was also marked by “...the search...for a sexuality of companionship and sensation, divorced from family structure and responsibility—sex now, in short with no future” (Hodgson 314). This revolution in attitudes condoned “permissiveness with affection,” or premarital sex. Though many scholars debated about the changing sex practices of the young, many authors agreed that the revolution was one predominantly experience by white middle class college women. Scant mentioning of the changing sexual mores and behaviors were made about males, lower class white women, or African American women within this scholarship (Nathanson 33).

Sociologists Robert R. Bell and Jay B. Chaskes published a popular article that highlighted the fact that “...over the past twenty-five years it has been generally assumed in the mass media that the premarital sexual experiences of American girls have been steadily increasing. Furthermore, it is frequently assumed that the college girl has been at the forefront in attaining greater sexual experience” (81). The authors attributed this change in white middle class college girl’s sexual practices to the 1960s’ “rebellion of the young.” Though authors considered girls’ sexual deviancy to be soon legitimated by marriage, the pre-occupation with their changing sexual mores reflected the cultural anxieties over young white women’s violation of traditional gender and sexual boundaries. This created a heightened awareness of youth and females as troubling sexual categories.

The cultural anxiety and public surveillance over adolescent female sexuality continued into the 1970s. Late 1960s research produced by professional demographers Zelnik and Kantner documented and publicized “new types of data” about the sexual intercourse and pregnancy rather than childbearing statistics experience of young unmarried women in the United States (Nathanson 51). Their studies, in addition to statistics on pregnancies collected by newly legalized abortion facilities, were published in the widely distributed *Family Planning Perspectives* journal, a publication of the Alan Guttmacher Institute. Although interested at the onset in studying fertility of African American women and never married women, populations understudied in fertility surveys, the National Institutes of Health funded a specific project for each to focus on teenagers after knowing that African American fertility had been studied by other demographers. In 1972, the commission on Population Growth and the American Future created by President Nixon in 1970 used their survey to make their controversial recommendations that “birth control information and services be made available to teenagers” after the U.S. Supreme Court ruled that states could not deny the distribution of contraceptives to unmarried persons. During these events, Zelnik and Kantner’s findings were widely publicized. Nixon rejected the commission’s recommendation in the report. Yet, this brought teenagers as a special class in need of federal intervention and it brought public attention to the fact that “nearly 50 percent of all unmarried women have had sexual intercourse by the time they are 19 years old.” As a result, the fertility of adolescent females was firmly brought to the national political radar (Nathanson 52).

Although producing knowledge over deviant sexual behaviors enables social control and surveillance of adolescent women, human agents must operationalize these

“facts” to call for campaigns of state intervention. Birth control advocates, namely the lobbying campaign by the Alan Guttmacher Institute, research division of Planned Parenthood, sustained adolescent sexuality and pregnancy as a public policy issue over the next decade. The Alan Guttmacher Institute initiated its political campaign to make birth control accessible to unmarried adolescent women and vouched for “family planning” services to be extended to minors. Jeannie I. Rosoff, president of Alan Guttmacher Institute, utilized the data produced by Zelknik and Kantner. She commented that “findings would have been known only among professionals and some key policy makers without the extensive publicity generated by articles published in AGI’s journal, *Family Planning Perspectives*” (Rosoff 4). Vinovskis mentions that “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” (1981: 222).

Alan Guttmacher Institute (AGI) was established in 1968 as the Center for Family Planning Program Development, the Research and Development Division of the Planned Parenthood Federation of America, Inc (PPFA). It was renamed the Alan Guttmacher Institute in 1974. In 1978, AGI formed an independent corporation but still remains a close affiliate with Planned Parenthood. Each organization continues to have members on their board of directors and AGI receives consistent funding from PPFA. It was established by a grant from the Ford Foundation and continues to be sustained by major private foundations (Ford, Rockefeller, Mellon). It was founded by Fred Jaffe, president until his death 1978. He was a journalist and was described as “single-minded crusader for the cause of fertility control” (Nathanson 52). During 1969-1972, federal government

financial backing of family planning services to the poor was quite extensive. During this period, AGI received major economic support and maintained significant connections within and outside government agencies. Such social networks increased the organization's capacities to publicly disperse information on adolescent pregnancy.

Before pursuing a birth control campaign for adolescent females, Planned Parenthood had initially focused on poor women, usually under the short-handed phrase of 'five million' women (Nathanson 46). A number of factors undercut birth control advocates' family planning initiatives for poor women. First, U.S. birth rates had decreased and the "population panic" over excess fertility of poor women settled after professional demographers noticed that the baby boom was a unique phenomenon; thus, poor women seemingly had their fertility under control and the population problem was resolved (Nathanson 54). Second, Nixon's Silent Majority sentiment maintained an intense political antagonism towards antipoverty initiatives initiated under the Johnson Administration (Nathanson 53). Many federally funded family planning initiatives were terminated as a result. Additionally, the Federal Drug Administration required contraceptive packs to indicate that birth control was ill-advised for women aged 35 and older in 1977 and 30 if smoker. The stipulation decreased the number of older women using birth control out of fear of health complications (Nathanson 55). Furthermore, there was a significant increase in sterilization over prescriptions of birth control to older women (Dryfoos 1973). Lastly, political controversy erupted over the coerced sterilization of poor African American women administered through federally sponsored family planning programs in June 1973 (Littlewood 1977; Petchesky 1981). For all these reasons, birth control advocates had to turn towards a new target population since poor

and African American women had become a political liability rather than an asset (Nathanson 56). Peter M. Blau remarks that “the attainment of organizational objectives generates a strain toward finding new objectives....to provide incentives for its members and to justify its existence, an organization has to adopt new goals as old ones are realized” (243). Birth control advocates old goals were challenged and thus they had to find a new clientele due to the pressure of the political climate.

Adolescent women provided a politically viable population for several reasons. The data produced on adolescent women’s fertility and sexual activity provided birth control advocate the “raw materials” to construct a national campaign on the “risk” of unintended adolescent pregnancy (Nathanson 30). Second, adolescents could be and were presented as white and middle class in need of intervention and services. This category, especially, could have been construed as “deserving” given the racist sentiment under Nixon administration’s “Silent Majority” against “undeserving” poor (usually considered minority). Third, teenagers were a class eligible for oral contraception given the amendment of the Social Security Act of 1973 which made birth control available to minors (this was not in response to an alarm over teenage pregnancy, but a call to end illegitimacy and the supposed economic burden posed by poor minority women). Teenagers were also ineligible for sterilization, so advocating for expanding contraceptive services through federal funds evaded the ongoing political controversy over coercive sterilization practices.

Additionally, teenage women could have been represented as a class of women who failed to have control over their reproductive capacities given notions of youth. Lastly, constructing a campaign to stop adolescent pregnancy, especially within young

white middle class females, could have proved politically promising because early childbearing and parenting were considered undesirable by the majority of the American public (Nathanson 56). AGI commented on the feasibility and efficacy of beginning a campaign to end adolescent pregnancy:

In almost any other field...the sort of data [on adolescent sexuality, pregnancy, and abortion]... would call forth Congressional hearings, Presidential commissions or departmental task forces to draft programs to do something about the problem. Such a program is indeed long overdue, but it has not been formulated by the normal professional, political or philanthropic channels in our society. If it is to be soundly designed and vigorously advocated, active intervention in the natural processes will be required. (1975: 6)

Given the opportunity to construct a politically successful campaign, AGI initiated and took a lead role in compelling attention from the medical community and government attention to teenage pregnancy. In 1975 and 1976, the National Institute of Child Health and the Development Center for Population Research conducted two conferences, with the suggestions by AGI, engaging the topics of the implications and causes of adolescent pregnancy and childbearing. Thus in 1975, with the help of AGI, the first congressional hearing took place on teenage pregnancy and Senator Edward Kennedy introduced the National School Age Mother and Child Health Act to the floor (Pillow 2003). It did not pass, but public health officials, medical organizations, and professional did become involved in the advocacy campaign. AGI also published its Family Planning Perspectives which was widely distributed at professional meetings. Every journal featured regular editorials, press releases that noted the need to address the

issue of the consequences of adolescent sexual activity (Nathanson 53). Given AGI's connection to Planned Parenthood, which had a predominantly white middle class and influential national membership, teenage pregnancy firmly became a politically important social issue to be addressed.

11 Million Teenagers: Defining the “Epidemic” of “Our Girls”

In its 1976 publication, *11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States*, AGI first publicly proclaimed teenage pregnancy an “epidemic.” The brochure had significant influence in the conceptualization of teenage pregnancy and policy development under the Carter Administration. Joseph A. Califano, Jr., Secretary of Health, Education, and Welfare, shared in the *New York Times* that he was “dazzled” by the statistics and figures reported in this publication (Nathanson 57). *11 Million Teenagers* played a profound role in how the public defined teenage pregnancy among white, middle class adolescent females and greatly impacted how society treated pregnant and parenting white middle class girls, or as what Wanda Pillow terms, “our girls.”

“Our girls” referred to the average American girl—normal, and “one of us.” These girls were “...not be reviled, but to be helped” (Pillow 29). The report expressed its explicit interest in “our girls” in its beginning pages. It stated:

Adolescent sexual activity has been traditionally portrayed as principally affecting minorities and the poor; but recent evidence suggests that teenagers from higher income and nonminority groups are now beginning sexual intercourse at earlier ages, leading to higher rates of sexual activity and greater risks of unwanted pregnancy for teenagers generally. (1976: 8)

The report claimed an interest in the general category of “teenagers” and prefaced that teenage pregnancy should constitute a problem for both male and females. Yet, the report exclusively focused on the sexual activity and fertility of young women ages 15-19, with an emphasis on younger ages. Although the report mentioned that this exclusive focus on

this category was because of a lack of data on the sexual activity of adolescent males, the report reflected the political interest of birth control advocates (and society writ large) in the problematic sexual behavior and fertility of unmarried white adolescent females.

The brochure sounded the alarm of teenage pregnancy by calling attention to 11 million teenagers who were sexually active, or “at risk”, rather than to the significantly lesser number of 1 million teenagers who became pregnant the past year. The brochure also gave “pandemic” numbers when citing the global number of non-adult women in various developed countries. The alarming tone coupled with the language of disease to describe pregnancy accomplished several goals. First, it situated “teenage pregnancy” as a threatening phenomenon that needed immediate attention. Susan Sontag speaks about this cultural use of illness as metaphor in her discussion of the social meanings attached to illnesses like cancer, AIDS, heart disease, and schizophrenia.

Cultural representations of these illnesses create levels of fear, exclusion, rejection, and anxiety around the diseases and bodies, such as calling an increase of crime within society as “cancerous” or describing an event as heartbreaking. Each utterance suggests an undesirable state that must be avoided or eliminated (Sontag 1978). Although diseases are embodied experiences as the person faces afflictions of an illness, the social meanings around their illness stigmatizes the condition and the individual. Applying the imagery of disease to objects unrelated to illness such as pregnancy effectively stigmatized the sexual and reproductive behaviors of young women in order to enact social intervention. The AGI 1976 report labeled this behavior as something “abnormal,” and “sick.” As such, it brought intervening attention to the deviant sexual and reproductive behavior of young women.

Although the report's epidemic language targeted sexual and reproductive deviancy of white adolescent females, the AGI report did not focus on the immorality of sexual transgressions. Instead, the AGI report's proclamation of an "epidemic" construed teenage pregnancy as a medical/public health problem for "our girls." The report maintained a dominant focus on the negative health outcomes of mother and child. Through extensive statistics and charts, it included: the risks of low infant birth weight; infant mortality; birth defects; risks of maternal health; the threat of toxemia; and the impact of pregnancy upon the nutritional reserves of young mothers.

One should not overlook the report's dominant political interest in avoiding non-normative births, or illegitimacy. Birth control advocates did not vouch for young women's access to birth control because of an ideological commitment to increasing young women's sexual autonomy or pleasure. Instead, birth control advocates who proclaimed teenage pregnancy an "epidemic" characterized out-of-wedlock births as a *disease* that could be *prevented* through the medical solution of birth control. The report's reliance on scientific discourse asserted the "objective truth" that early childbearing constituted a medical harm for young women and their children because the use of scientific discourse both masks and legitimates ideological and political interests (Hubbard 1990; Keller 1996). The report offered extensive statistics and charts on the rates of sexual activity of unmarried women, the fertility rates of unmarried women, the rates of adolescent divorce and marriage, the family sizes of unmarried women, and the negative outcomes of out-of-wedlock births. It mentioned welfare dependency as a negative outcome, but it did not politicize this as the main concern for policy advocates. All the outcomes indicated in the brochure were cited as fact and failed to indicate how

numbers were obtained, what studies were conducted, on which population, or examine other causal factors that can have similar outcomes, such as a mother's lack of access to proper pre-natal health care and nutrition. All data simply identified age as the source of defects and problems. As such, the particular focus on the marital status of women and their births demonstrated more of the social concern over regulating the circumstances under which young white women had children rather than addressing the actual health detriments of early childbearing.

Furthermore, grounding teenage pregnancy as a medical issue evaded discussion on sexual morality because the "problem" became centered on the health consequences of pregnancy itself. In fact, the AGI report explicitly contested moral conservative solutions of "punishment" as unethical and ineffective. Passages throughout the report echoed the sentiment that "our girls" should be supported rather than condemned. The report stated that "...many adults.... advocate *punishing* adolescents for their sexual activity in the hope that having borne an out-of-wedlock child... and... having undergone a painful premature pregnancy, the teenager will be persuaded to stop having sexual relations" (56). It later addressed that adults were not "relieved of...obligation to help those who here and now are damaging or may soon damage themselves" (56). It further noted that adults should not let "...those presently suffering be ignored....we are very good at victimizing children in the name of either our own private interest or the so-called higher interests of society, but it is not one of our more edifying traits" (59).

In the previous remarks, AGI equated moral punishment of sexual transgression to creating more "suffering" and unwanted pregnancy to "victimizing children." These rhetorical gestures reflected notions of innocence of "our girls" by connoting them as

children. Each also highlights the understanding of teenage pregnancy as harmful to both the livelihood of society and of girls. This compassionate discourse successfully rendered conservative punishment strategies as immoral. To not help girls would be to disavow an important moral objective, which is to help “our” teenage children.

The AGI report further undercut moral punishment arguments by framing the causal reasons of white middle class teenage pregnancy as the result of immature, turbulent adolescence. The foreword of the report, an essay by Daniel Callahan, Director of the Institute of Society, Ethics, and the Life Sciences, explicated the troubles of adolescence for audiences. Callahan defined a teenager as a person between child and adult who is “...still growing and maturing, still finding his or her way around the world, not altogether in possession of that self he or she will eventually develop with maturity” (57). He also attributed the turbulence of adolescence to the inevitable development of sex. Sex, he wrote, was “...at once a great discovery, a great mess, a great pleasure, a great frustration, and an all around great muddle” (57). He further personified sex as a part of the “laws of human biology...which for some reason or other choose to introduce us to the subject before we have had a chance to figure out much about anything else” (57). Defining adolescence in this particular way equated teenage pregnancy to a mishap or folly of adolescence. The pregnancies of “our girls” were thus understood as a mistake. Furthermore, by depicting sex as an oncoming and troubling force that can easily lead one to mishandle this power, the report called for readers to treat girls who become pregnant with sympathy, not censure; they were in a way presented as the victims of the turbulence of adolescence, stripping girls from sexual autonomy and agency. As such,

“our girls” should not be punished because everyone must naturally learn through trial and error on their way to becoming a fully developed adult.

The report further reinforced this notion of teenage pregnancy as folly by countering the often-held belief, usually regarding non-white girls, that many do not *intend* to get pregnant. It stated that “Contrary to...conventional wisdom on the subject, only one in fifteen said that they did not use contraception because they were trying to have a baby, and only one in eleven indicated that they wouldn’t mind getting pregnant” (30). “Our girls,” as a result, were to be understood as not active pursuers of deviancy but as victims to an unintentional occurrence.

Instead of accrediting blame to individual girls, the report placed responsibility for teenage pregnancy on larger systemic factors for causing the circumstance of pregnancy. The report also claimed the causal reasons for teenage pregnancy as an outcome of ignorance and inaccessibility to contraception. It included statistics on lack of sex education in various states, the inadequacy of sex education to cover sexual and reproductive health topics, and the non-existent opportunities for birth control (34). Without these services, adolescents accordingly could not have had the knowledge to “...understand realistically to cope effectively with experiences of their adolescent years” (34). This reasoning absolved individual girls of blame for their pregnancy because larger structural factors precluded them from properly managing their reproductive capacities.

Moreover, the report assigned overall blame to society for teenage pregnancy. Society’s failure to prepare adolescent girls for dealing with their development of

sexuality creates the problem of teenage pregnancy. The foreword of the report iterated this point about adolescence:

...the fact of dependency...looms large....dependent first upon their families, then upon the institutions which profess to educate them outside of the home or which control the services they might require, then upon the society at large, which provides them with the moral and social culture within which they must make their way. (57)

This emphasis upon adolescents' dependence upon society for a successful transition to adulthood effectively rendered society liable to girls' early pregnancies. Overall, the discourse of dependence rendered adolescent girls as blameless subjects because their downfall, or pregnancy, should have been interpreted as society's failure.

Collectively, these discursive constructions of adolescence as dependent, turbulent, and naïve enabled AGI's dominant discourse of moral obligation to assist adolescent girls who were "at risk" of pregnancy and "treating" pregnant and parenting teenage girls. The report promoted that:

The most we can do—because we are responsible for the world they live in—is to help them avoid those things we know will hurt them, help to reduce the impacts of those (even of folly) which they have already done, help them ...to make through the teenage years with as little lasting harm as possible. (58)

AGI linked "helping" girls to a civic and moral duty. In the foreword, Callahan wrote "...to those of us who as citizens have responsibility for the next generation of adults, and to those of us who have some special professional obligation to do what we can to make ours a more humane society" (57). These statements portray the prevention and

treatment of teenage pregnancy as something for the common good of society—helping “our girls” would be best and humane for the nation because they were part of society.

Simply put, helping them would help “us.”

Looking at “Our Girls”: Creating Sympathetic and Entitled Subjects through Photographic Representations

In addition to defining the problem of teenage pregnancy and its solutions via prose and charts, the Alan Guttmacher Institute publication featured 27 black and white photographs of teenage mothers, infants, adolescent girls, and several teenage couples. The use of photography accomplishes several goals. John Berger defines a photograph as an automatic record through the mediation of light of a given event. He further explains that a photograph “isolates, preserves, and presents a moment taken from a continuum (1971: 80-81).” Because photographs freeze time and capture events, these processed images can confirm what Berger terms as a “thereness” to the world. As a regarded “truth-telling” medium, photographs can disguise cultural ideology, stereotypes, and codes (Mitchell 2002). Because photographs in the pre-digital age give a sense of proof or visual record or documentation, the use of these images portrayed an objective reality of the “epidemic” and strengthened the report’s claim of a social problem.

As the photographs cemented the claims of teenage pregnancy as an epidemic, one must interrogate these photographs in their deliberate construction of the epidemic and their political utility. Photographs are not mere reflections of an objective existence but rather are constructs and representations of a reality that one would like to convey to an audience. Photographs construct certain “truths” to the world and can transmit messages to an audience with the assistance of language and ideology. Victor Burgin clarifies this when observing that “the structure of representation—point-of-view and frame—is intimately implicated in the reproduction of ideology...” (Burgin qtd. in Hirsh 7). In this sense, photographs are in every aspect political—from choice of moment,

setting, subject matter, etc. As such, one must ask: Who is featured as a photographic subject? How are they depicted? What end do these photographs serve?

Many images within the publication featured teenage mothers and girls, showing a concern with who was infected by the “epidemic.” Out of 27 photographs of the individuals impacted by teenage pregnancy, only two African-American subjects were included—the rest were white. This reveals the predominant concern and interest with the reproductive and sexual practices of white adolescent females. The photographic representation of adolescence as white also reflects a larger racialized history of according white adolescents a stage of youthful naiveté and innocence. Feminist scholar Jessica Fields argues that since the emergence of adolescence as a recognized category of human development beginning at the start of the twentieth century, adolescence “...has been the purview of Euro-Americana and the upper and middle classes”(550). Social historian Jeffrey Moran further elaborates this class and race distinction of adolescence when noting that “...a ‘savage’ youth was considered fully sexually mature, sexually active, at an age when the ‘civilized’ adolescent was just beginning his most strenuous period of mental and spiritual growth” (70).

This white privilege manifests in the visual representations of white adolescent girls in the report. Cultural critic Richard Dyer details photographic and film history of race, specifically discussing the presentations of whiteness in these media. He crucially notes that “whiteness” is intimately tied to ideal notions of beauty, humanity, and innocence in these media (Dyer 1997). Photographic constructions reflect and replicate this racist ideology for white adolescent girls despite their sexual deviancy. The following section outlines and analyzes the various visual registers of white adolescent

girls. Collectively, these images compel compassionate responses in viewers towards the presented subjects and calls for humanitarian action and support for birth control advocates' campaign against teenage pregnancy.



Figure 11



Figure 12

(White) Teenage Mother as ‘Good’ Mother

The report constructs young women as sympathetic subjects in need of support by first showcasing girls in a redemptive and positive manner: as nurturers, or ‘good’ mothers. Figures 11 and 12 focus on the bonds between mother and child, a sentimental mode of representation. Both of these images visually emphasize physical contact, with each capturing a form of touch between mother and child, particularly through hand grasping. The mother holds her child, and the child is captured with reciprocating touch. In essence, these photographs isolate precious moments between mother and child.

Figure 11 shows a young girl with her child reminiscent of a Madonna and Child iconography. The mother holds her child close to her, with her arm wrapped around her baby while wearing a white lace shirt. Audience can see her grasping the bundled child who is quietly sleeping. The child is wrapped in white cover with flowers. They are seamless, seen as one. Together, both are invoked as innocent. The photo also captures her gently grazing the child’s forehead with her mouth. She gazes out towards the camera while photographed in this pose of tenderness with her child. Her gaze can solicit viewers to watch this moment of her caring for her young one. In doing so, it can suggest that she and her child should be supported.

Additionally, this photograph emphasizes white innocence through the use of lighting. Richard Dyer comments that photography can enhance the notions of whiteness as not only desirable, but as moral through the use of lighting. He cogently states: “Idealized white women are bathed in and permeated by light. It streams through them and falls on to them from above. In short, they glow” (122). The common practices of photography and film, Dyer further writes, has only privileged white subjects. In

particular, light enhances the notions of whiteness as good, innocent, and divine. This image replicates these practices. Light spills onto the mother and child from the right side, making her and her baby glow. As a result, the practice of lighting re-inscribes her with her child as a moral subject. In effect, this representation can further invoke a sympathetic response in spectators.

The second figure in this series shows another young mother. This image is like the first; it captures a moment of precious motherhood. The young mother bears a wide smile in a moment of laughter and joy with her baby. Unlike the first, however, the camera captures them in a more casual, spontaneous moment. The mother does not look towards the camera and is very engaged with her child. The child is turned away from the camera to look at her mother's face, emphasizing their bond. Again, the use of lighting is significant. Light falls on the left side of each, illuminating their faces. This technique connects them to morality and also further emphasizes the bond they both share. Additionally, near the center of the photo, the audience sees the physical connection and grasp between the mother and child as she holds her baby girl up to play. The photograph can demonstrate to viewers that not only do young mothers have the capacities to care for their children but also need support so that both can have a positive outcome. Consequently, the photograph can stir compassionate sentiments within spectators.



Figure 13



Figure 14

(White) Teenage Girl as Victim

Figures 13 and 14 display two pregnant teenagers. They are strikingly different. The first depicts a white teenage girl from the side profile, a traditional pose that will continually appear in the coming decades of visual images of pregnant teenagers. This is a victim form which emphasizes isolation and the despondency of pregnancy. The girl sits isolated in a room next to a vase of flowers, perhaps in her home. The lighting in comparison to the former images seen of good mothers is not as pronounced which can convey a sense of dreariness to her situation. The girl's stomach is centered in the photo. The side profile further accentuates her pregnant body and calls attention to the pregnancy itself. The girl could feel hopeful about her pregnancy and could have a supportive family. Yet, spectators see her isolated and detached from social relationships. Her facial expression can also be interpreted as blank or perhaps contemplative of what is forthcoming. Her photographed alone can stir feelings of sadness in viewers because she faces the pregnancy by herself and can suggest that pregnancy itself creates an unforeseen despair for "our girls."

The text surrounding the photo can assert a narrative of victimhood of pregnancy. Above figure 13 in the brochure includes the fact that two-thirds of teenage pregnancies are unintended. The language of "unintended" communicates a lapse or a misshapen event. The photograph embodies the discourse that "our girls" do not intentionally get pregnant and is an unfortunate mistake that happens to them as they make their way through a tumultuous passage of adolescence. As such, this representation can provoke audience to commiserate with the girl and can compel audience towards a sense of support of her life.

Juxtaposed to the image of the white pregnant teenager is Figure 14. This figure serves the only photograph depicting a pregnant African American teenage girl in the AGI report. The only other photograph featuring an African American subject is of a teenage couple. In comparison to the former image, viewers do not see the African American teenager in the composed victim manner. This victim pose privileges the white adolescent girl and only she is invoked in the language of unintended. No text contextualizes the photograph of the African American adolescent in the brochure. Contrasting with her white counterpart, the photograph offers a documentary style of the African American girl. Viewers see a fuller sight of her pregnant body from a frontal view. Her body language and positioning does not call attention to pregnancy as tragedy nor does her body convey this narrative. Viewers could see her almost folding her hands in the picture, a posture that is often coded and read as “small innocent girl.” Yet her hands are cut from the frame, leaving little opportunity for viewers to register her as a sympathetic subject. Her facial expression further conveys a sense of pleasure, of laughter while she gazes embarrassingly downward. Furthermore, viewers do not see her alone as she is located in a medical facility. The blurred face of a nurse or doctor with glasses and pursed lips occurs in the top corner of the frame with their arms blurring the bottom frame of the photograph, blocking the folded hands position of the teen. Her location in a medical establishment and the specter of the practitioner at the top of the frame looming near her head can send a symbolic message of the potential for pregnant African American girls to be medically treated. The photograph can send a sense of hope that African American girls can be “cured,” too.



Figure 15



Figure 16

Unwed (White) Teenage Mother as Reformed

Featured under the subheading “What could be done?” stands a young pregnant woman in a public space (figure 15). Audience can see her standing by herself and looking away from the camera while two individuals at the right edge of the frame gaze at her. The photo centers on the pregnant girl and her standing slightly to the side. Capturing her in this pose focuses attention on her pregnant body but she is not shown in a victim manner—isolated and completely turned to the side. Though the photo frames the young woman in a public space, this does not mean that it condones her presence or her state. Pregnant bodies have often been regarded with anxiety and displeasure. Rebecca Kukla vividly describes them: “...pregnant and newly maternal bodies, leak, drip, squirt, expand, contract, crave, divide, sag, dilate and expel” (283). As such, pregnant bodies create a sense of danger around them in culture. This sense of anxiety and danger resonates with teenage mothers in public spaces, particularly in school spaces where children and adolescents frequent. Until the mid 1970s, visibly married women who were pregnant, student or teacher, were institutionally banned from school grounds, “lest their swelling bellies cross that invisible boundary separating the real world (where sex and pregnancy existed) from the schools (where they did not)” (Luker 25). The treatment of the pregnant body subjected women to a public/private dichotomy which placed sex as a private matter often considered “dirty” and “hidden” and the repression of sex as a public necessity. The pregnant body in public raises fears of her “infecting” and corrupting others with sexual knowledge. “What Could be Done?” can produce the epidemic logic that pregnancy should no longer happen to girls or else it could continue

to spread to other girls such as the one gazing at the pregnant teenager in the picture. This logic maps onto the body of the young pregnant woman in this photograph.

Although the same young woman may arouse fears of spreading “infection,” or sex and pregnancy, to other girls by her presence in public spaces, she can be reformed. This same girl is shown in figure 16. In this image, viewers see her in the private sphere. She stands in a pristine kitchen, a symbolic space for women and their domestic duties. Cabinets are in order, neatly closed. One can see a refrigerator and a fixture above the stove hanging in the background. Such an orderly space can suggest to viewers a girl’s moral redemption through domestication. Viewers can see her posing with her hands behind her back and paying close attention to the lesson of learning how to change a baby’s diaper. This scene can convey that she has the capacity and a willful interest in learning to become a good nurturer as she watches alongside another pregnant teenager. Framing her in this moment can further communicate to viewers that she could be forgiven for her sexual transgression through becoming a good mother. As a result, viewers can be swayed away from sentiments of punishment or disapproval about pregnant teenage girls.



Figure 17

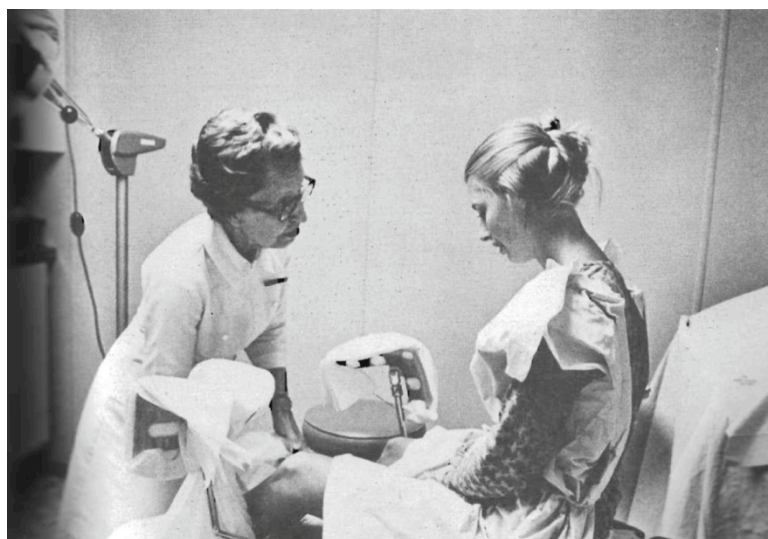


Figure 18

(White) Teenage Mother as ‘Deserving’ Service Recipient

The images seen in figures 17 and 18 frame teenage mothers, as ‘deserving’ service recipients, invoking the use of “needs talk” that Nancy Fraser terms. Needs talk constitutes a discourse utilized by institutions and governing structures that define what subjects require (149). The brochure engaged with this “needs talk” and utilized the above images. Figure 17 is found in a section of the brochure that vouches for the compassionate support for teenage mothers. It notes in the event that public assistance, such as . . .”the form of food stamps, AFDC or social or health services. . . should be available *without demeaning* requirements that keep teenage mothers from getting the care they and their offspring *need*” (32, emphasis added). This language specifically works to curtail the rhetoric of those who presumed single mothers to be lazy, hyper-sexual African American women who consistently had children out-of-wedlock and burdened taxpayers’ money. AGI’s “needs talk” called for a differential treatment of white middle-class teenage mothers (Solinger 2000; Pillow 2003). As “our girls,” the treatment should be not be stigmatized.

Figure 17 engages in this medical and social needs discourse by showing a teenage girl receiving a medical examination. Viewers can see the girl brightly smiling and enjoying the experience between her and the female medical personnel. The photo centers attention upon the gentle touch of the female doctor who smiles down onto the girl. The other medical official, another woman, looks down at the girl very endearingly, with her head slightly tilted almost in an affectionate manner. Similarly, figure 18 occurs in the context of the brochure’s advocacy for teenage girls’ rights to access abortion services. In this photograph, viewers again see the medical official as an attentive

woman. She gestures downward in an intensive listening position. The girl looks bashfully down, conveying a sense of innocence. The presentation of medical women and their kind treatment of the girls can send the message that teenage mothers need and should have positive, quality care rather than stigmatizing services that run the risk of driving away pregnant and parenting girls. As a result, seeing these images can suggest to spectators that the experiences of “our girls” should be representative of those within the photographs.



Figure 19



Figure 20

(White) Teenage Girl as an Uninformed Innocent

Figures 19 and 20 present teenage girls as an uninformed innocent. Figure 19 offers a sentimental portrait of adolescence. It is presented within the foreword of the report, which calls for the necessity to help teenagers. The photo captures two teenagers eating ice cream with one another which can invoke a kind of naiveté. The girl to the right serves the major subject of the photographs. The other girl stares at her while she exalts in her consumption of the ice cream cone, paying no attention to the camera or seemingly anyone else in the photograph. She can be coded as “innocent” through both her ice cream consumption and the holding of a bubble gum lollipop, suggesting that she thoroughly enjoys sweet candies in life just a like an immature child. Moreover, her body is marked as prepubescent. She wears thick glasses and has a flat chest, while her hair remains tied back in a ponytail. This representation of teenage girl places her outside fully developed femininity, and thus lacking sexual knowledge.

Figure 20 represents teenage girls as again sexually ignorant. Pictured are several girls in an educational setting. On the table lies a pamphlet that states “Stop VD.” A young girl with her hair neatly clipped to the side serves the focus of the picture. Viewers see her tilting her head to the side, as if intently listening to a lecture about sexuality and the dangers of venereal disease. The photo can convey to audiences the dominant notion of adolescence as a learning phase, a stage in which girls discover information. Additionally, this photograph can also situate teenage pregnancy of “our girls” as a product of larger social structures. The lack of sexual knowledge and education rather than their active pursuit of sexual activity cause their early pregnancy.

Collectively, these images allow for viewers to imagine their own children as they are given an opportunity to consider one of their own. The images could provoke readers towards a sensitive treatment towards girls. Invariably, the photographs can effectively work together to further the discourse of “protecting” white teenagers from the turmoil of adolescence. These images can also communicate the necessity for girls to be educated about the dangers of sex in order to avoid the tragedy of an unintended pregnancy. In the end, these images can impart to audiences that “our girls” must be given the tools to make their way through a safe passage towards adulthood.

Policy Implications for “Our Girls”

The sympathetic images highly circulated by the Alan Guttmacher Institute photographs had significant policy ramifications. These images of “good girls” rendered young white women’s pregnancies a mistake. A mistake that, as Wanda Pillow writes, that should not have been “held against her or ruin her whole life” (31). These images effectively garnered public support to pass legislation that allocated necessary resources to expand teenage mothers’ access to health care, birth control, and other social services. Contraceptive services were made available through public funds for the very first time during the 1970s and rights to contraception and abortion without parental consent under certain circumstances were substantiated by the U.S. Supreme Court (Nathanson 3). In 1978, the Adolescent Health, Services, and Pregnancy Prevention and Care Act established the Office of Adolescent Pregnancy Program, which monitored the development and implementation of all programs, inclusive of prevention and treatment for teenage mothers. It focused almost exclusively on services to pregnant young women and parents and ensured that girls had access to comprehensive health, education, and social services at least two years after the birth of their child (Nathanson 1991; Pillow 2003).

Additionally, Congress passed critical education legislation for pregnant and parenting teenagers. Before the 1970s discourse of “our girls” began, pregnant and parenting teenagers were formally and unofficially excluded from public schools grounds, activities, and organizations. During the 1970s’ advocacy to prevent and treat adolescent pregnancy, the white middle class pregnant girl’s access to a public education became a primary political issue for reformers. Advocates articulated that this girl was

entitled to an education that must be equal to or comparable to her non-pregnant peers and was a right that needed protection. This culminated in the landmark passage of the entitlement policy called Title IX of the Educational Amendments of 1972. Title IX specified the prohibition of discrimination based upon sex within educational institutions and also had significant provisions in guaranteeing the education of school-age mothers. Title XI ended the expelling and exclusion of pregnant and parenting teenage girls in schools that received federal funding. This legislation extended to the involvement of pregnant and parenting teenagers in school programs and extra-curricular activities. The act also specified accommodations for pregnant and parenting teenagers, such as allowing make up policies for absences. This legislation passed in response to the “our girls” images and discourse put forth by AGI alongside other humanitarian reformers. Advocates of this policy clearly had this particular population of girls in mind. Pillow observes that after the passage of Title IX, school-age mother’s access to school had a dramatic increase. Yet, this increase was only for white mothers between 1975 and 1986 while it decreased for black teenage mothers.

Ch. 2 See! They're a Burden:
Re-Defining and Punishing the "Epidemic" of Teenage Pregnancy, 1980-1996

"The cost [teenage pregnancy] to the rest of 'us' is enormous."

~Diane Sawyer, 1989

"I want to make the behavior of having a child when you aren't prepared to care for it extremely punishing again."

~Charles Murray, 1994

Beginning in the 1980s, teenage pregnancy shifted significantly in its problem definition in public and policy discourse. In the 1970s, birth control advocates defined teenage pregnancy as a public health crisis located in white middle class communities. The rise of moral and economic conservatism within political and cultural spheres re-defined teenage pregnancy as a social welfare issue, impacting low income, predominantly African American locales. This chapter traces this history and the corresponding journalistic representations of teenage mothers from the advent of the Reagan era politics to the Clinton administration. In doing so, this chapter examines visual representations of teenage mothers found in popular print news media and argues that journalistic constructions positioned teenage girls of color as undeserving welfare subjects. Because images serve as discursive tools for the transmission of dominant ideologies and political agendas, I link the implications of these visual representations to the passage of the punitive welfare policy, the Personal Responsibility Work Opportunity and Reconciliation Act (PROWRA) of 1996.

Shifting Locales: Teenage Pregnancy as a 'Brown' "Epidemic"

The cultural and political climate of the 1980s defined the “epidemic” of teenage pregnancy fundamentally different from the problem constructed by birth control advocates of the previous decade. According to Wanda Pillow, most conservative as well as many liberals, did not treat the “epidemic” as a sympathetic one, or a public health crisis. Instead, public and policy discourses situated teenage pregnancy as a social ill which was linked to “poverty, immorality, and promiscuity” (34). The social and cultural reasons to explain the “high rates” of teenage pregnancy were: “...changing societal values that make sexual activity and out-of-wedlock childbearing more acceptable, changing family structure, the portrayal of sex in the media, the earlier maturation of teenager today and the ready availability” (Pillow 35).

Although considered a crisis, demographic trends failed to indicate an alarming rise of teenage pregnancy. During the 1980s and continuing into the 1990s, teenage birthrates maintained a declining trend from its 1957 peak. In 1985, the Children’s Defense Fund cited that “birth rates for all but the very youngest teens, those younger than 15, have dropped significantly since 1970” (3). Similar to the 1970s’ problematization of teenage pregnancy, the concern extended to an increase in out-of-wedlock births. Yet, the focus on out-of-wedlock pregnancies did not center on white middle class teenagers. Out-of-wedlock births within this context became disproportionately concentrated in low income, black women and black teenagers (Pillow 36). By 1985, the birthrates for white women and white teens decreased while birthrates for black women and teenagers remained stable. Additionally, professional demographers began to monitor the fertility of Latinos who were becoming one of the largest immigrant

populations in the country (Pillow 37). As such, pregnancies to Latina girls were also on an inclining trend.

Pillow explains that the concentration of out-of-wedlock births to poor women and girls of color stemmed from racial and class barriers of women's access to contraception and abortion. The policies and programs implemented in the 1970s expanded access to contraception, abortion, and access to information about female sexuality. These efforts had a significant impact on white middle class women and teenagers. The access to these services allowed both white middle class women and teenage girls to delay child bearing. Additionally, the impacts of the Women's Movement permitted white women to pursue education and career path previously blocked to them which also contributed to them delaying childbirth (Pillow 36). As a result of these changing reproductive patterns, much of the focus in public and policy discussions of the problem of teenage pregnancy during the 1980s and later 1990s focused upon low income, minority communities.

As these demographic trends shifted, the articulations of teenage pregnancy as a problem took a significant turn. The rhetoric put forth by conservative political agendas and outlets signified the problem of these demographic trends with new meanings, linking the causes of teenage pregnancy to poverty and the debased culture of single low income, minority women.

Becoming a Moral and Economic Problem: The Rise of the New Right

In order to understand the shifting articulation of teenage pregnancy as a cultural and moral problem, one must examine the significant political and social emergence of the Moral Majority, or the New Right during the 1980s. Cultural critic George Lipsitz in *American Studies in a Moment of Danger*, observes that the Right after the Civil Rights Movement and Women's Movement, launched an impressive campaign by forming "...a powerful coalition that united executives from multinational corporations, suburban small property holders, independent entrepreneurs, and religious fundamentalists to mobilize around a broad range of economic, political, and cultural concerns" (83). Major sponsorship came from several conservative well-funded foundations such as the John M. Olin, Bradley, Scaife Foundations. Support also came from some of the nation's most politically influential families such as Coors and Mellon. This funding enabled a movement that created an influential "network of interrelated institutions" which included "research centers, direct-mail solicitation companies, public relations outlets, magazines, newspapers, prayer circles, and public interest law firms" (83). This formidable block of interest groups provided a strong political base that secured conservative economic and social agendas. This conservative moment achieved the ultimate defeat of the Democrats in 1978 and 1980 elections, which saw Ronald Reagan assume the presidency, and the rise of Republic control of the Senate and the House of Representatives by 1994.

The New Right's campaign foundations rested on conservative social and political mores. Constance Nathanson observes that the ideology of the New right grew "...out of the racial crises of the 1960s, the gradual incorporation of antifeminist and conservative

sexual issues...” (60). As such, sexual morality, or abstinence until marriage, and a return to traditional family values became the immanent basis of conservative social agendas. Conservatives girded and articulated their cultural agenda “...in terms of the loss of moral and ‘fundamental’ values” (60). Additionally, the New Right based their economic agenda upon the American political ideals of hard work and individualism. These ideological commitments led to the pursuit of conservative fiscal schemas in federal government policy which aimed to “free up capital for private investment” by pushing for “lower taxes, less government regulation, privatization of public services, and sparser social welfare benefits” (Lipsitz 85).

The New Right’s cultural and economic interests culminated into attacks on the welfare state and poor single mothers. The Reagan administration’s approach to domestic programs were guided by the political perspectives of Charles Murray, author of the *Bell Curve*, a notorious study that equated low intelligence levels among African Americans to genetic differences. The New York Times in early 1985 quoted that Murray’s *Losing Ground* was “this year’s budget cutting bible” (Nathanson 67). In *Losing Ground*, Murray argued that the government’s expanded welfare policies of the 1960 and 1970s during Johnson’s War on Poverty and the Civil Rights Movement created disincentives for people to work themselves out of poverty. By monetarily supporting single mothers and out-of-wedlock births, Murray contended that the federal government encouraged more illegitimacy and welfare dependency. Thus, welfare served as a “perverse” incentive by encouraging the poor (particularly single mothers) to not pursue the American values of hard work or the establishment of a proper, nuclear family unit (Nathanson 1991).

These public and policy discussions over welfare and family defined the problem of teenage pregnancy as one of poverty and morality during the 1980s and later 1990s. A revival of the work produced by Daniel Patrick Moynihan, Assistant Secretary of Labor under the Johnson Administration, on black family decline and poverty of the 1960s heavily influenced the problematization of teenage pregnancy during this era. Moynihan produced his work before the “discovery” of teenage pregnancy in the 1970s (Nathanson 1991). He made no mention to it in his study. Nevertheless, it had profound implications for understanding teenage pregnancy in poor minority communities.

In his influential 1965 report, *Negro Family: the Case for National Action*, Moynihan conducted a sociological study of black families, with particular attention to the disproportionate number of single female headed families relying upon welfare. Moynihan compared black families to white ones which followed the patriarchal ideal of male-headed nuclear families (Collins 1990). He stated:

But there is one truly great discontinuity in family structure in the United States at the present time: that between the white world in general and that of the Negro American...the white family has achieved a high degree of stability and its maintaining that stability. (5)

Failing to examine the impacts of political and economic systemic issues, such as discrimination and segregation, Moynihan simply attributed the instability and poverty of black families to female headed households. He continued:

In essence, the Negro community has been forced into a *matriarchal structure* which ... is so out of line with the rest of American society...[matriarchy] seriously *retards the progress* of the group as a whole, and imposes a crushing

burden on the Negro male and, in consequence, on a great many Negro women as well. There is presumably, no special reason why a society in which males are dominant in family relationships is to be preferred to a matriarchal arrangement....it is clearly a disadvantage for a minority group to be operating on one principle, while the great majority of the population, and the one with the most advantages to begin with, is operating on another. (29, emphasis added)

In criticizing the familial arraignments of black families, Moynihan put forth the matriarch image of black women. According to Patricia Hill Collins, white male elites characterize this woman as “unfeminine” and “overly aggressive” (74). She works outside the home and supposedly emasculates her men. Collins critically illuminates that the portrayal of black women as matriarchs by Moynihan and others permits “... the dominant group to blame black women for the success or failure of black children” and “[assumes] that black poverty is passed on intergenerationally via value transmission in families” (74). Simply, single black mothers diffused her bad values to her children.

While utilizing the matriarch image, Moynihan essentially characterized black women as unfit mothers. Accordingly, without prescribing to proper gender roles, black women failed to provide proper nourishment and supervision of black children in comparison to white middle class children. As a result, children under single female headed families became uncontrollable and faced detrimental outcomes: sons joined gangs and daughters became sexually active at young ages (Kaplan 1996). Under this logic, the children of black single women interminably reproduced a cycle, or a “tangle of pathologies,” that stifled the progress of black communities (Moynihan 5; Kaplan 1996).

During the 1980s and later 1990s, public discourse typically revised Moynihan's analysis of the "deterioration of the Negro family" by highlighting the role of teenage pregnancy. For example, *U.S. News & World Report* on March 17, 1986 featured an article titled "Mothers Raising Mothers." This article described a "...world where women don't have husbands and children don't have fathers" (24). The article echoed Moynihanian analysis on the subversion of gender relations and its causes of poverty of the black underclass. It stated that the underclass was mired by its distance from "mainstream America" and one of internal "sex segregation" (24). The article cited that half of all black children are born and live in "single-parent, female-headed homes" and that 80% live in inner cities and within poverty (24). The article equated the social ills of the black underclass when noting that a "matriarchal network... [of] ... grandmothers, cousins, aunts, nieces, daughters, and mothers" dominates impoverished families (24).

After recounting the dominance of females in black family structures, the article then inscribed the narrative of teenage motherhood. Under a section titled "Teen moms", the article recounted that the "...standard 30-year generation has been compressed. Daughters are the same age as their nieces and nephews, with mothers in their 30s having babies and their *children having children*—all under the same roof" (24, emphasis added). The article presented a new Moynihanian logic when it observed that "...an increasing number of mothers never marry, and in some cities, 80 to 90 percent of births to black teenagers are out-of-wedlock" (24). The reading of this article reflects a new kind of single mother in addition to the black matriarch that contributes to social ills: the black teen mother. The black teen mother was expected to reproduce the cycle of welfare dependency and single motherhood just like her mother. The article firmly observed and

predicted that single motherhood is the “past, present, and future” of all the black women and girls (24). The article’s causal analysis, thus, rendered teenage motherhood both a product of black family decline and the producer of various pathologies—poverty, welfare dependency, and crime.

Policy discourse also mimicked the revival of Moynihan as government spending was linked to teenage pregnancy. The policy rhetoric of economic costs reflected a new understanding of adult welfare mothers as once teenage mothers as opponents of welfare drew upon the newly developed identity category of teenage mothers established within the 1970s. Charles Murray advocated for “scrapping the entire federal welfare and income-support structure for working age persons” (227). Murray contested that this policy would “...drastically reduce births to single teenage girls” (227). By the late 1980s, political rhetoric and documents on teenage pregnancy proclaimed that “the nation’s major welfare program, Aid to Families with Dependent Children (AFDC), distributes more than half its payments to women who were teenagers when their first child was born” (Nathanson 66).

Collectively, public and policy discourses politicized teenage pregnancy fundamentally different from the campaign put forth by birth control advocates. Essentially, the discourses shifted the issue of teenage pregnancy as a public health crisis to a national problem that burdened taxpayers and threatened the fundamental cultural values of the country. In the end, the shift in articulations of teenage pregnancy as a social welfare issue soon altered attention from the reproductive patterns of white middle class teenage girls to the pregnancies of girls of color.

Focusing on Urban “Brown” Girls

The linkages of teenage pregnancy to welfare and cultural deficiencies led to a predominant focus upon black and, at times, Latina girls in public and policy discussions. These girls, or urban brown girls, were and are often thought of in a stereotypical fashion. In *Dilemmas of Desire*, Deborah Tolman explores the racial and ethnic stereotypes of girl identities. She identifies one of the dominant: the Urban Girl. She states that the stereotypical Urban Girl is “...assumed to be poor, of color, ‘out of control’...at risk and at fault. She embodies the problem of teenage pregnancy...she is female adolescent sexuality” (Tolman 169). The Urban Girl juxtaposes to the Perfect Girl who is white, suburban, and remains segregated from the blight and immorality of urban girls. Accordingly, the stereotype of the Urban Girl rests on “...unrealistic stick figures in the social psyche of dominant white society” (169) and presents “sexually out-of-control instigators and temptresses, ‘bad’ girls, and women who therefore can never be sexually vulnerable or protected.” (170). Latina girls, as well, are “...often eroticized as exotic, sexually alluring, and thus available; stereotypes of sexual promiscuity and fantasies of proficiency in appeasing male desires are projected onto them (170).

These stereotypes of urban brown girls played out in public discourse on teenage pregnancy. On December 9, 1985, *Time* published a cover story called “Children Having Children.” It predominantly focused upon urban brown girls. Time attributed the “epidemic” of brown girls to their sexually permissive attitudes and desires to become pregnant. It noted that there were less tangible reasons, such as lack of access to comprehensive sex education and birth control that explicates the higher rates of teenage pregnancy among low income minority communities in comparison to white

communities. The article mentioned that poor girls have a “sense of fatalism, passivity, and in some cases, even a certain *pleasure* at the prospect of motherhood” (87, emphasis added). The article attributed urban brown girls’ pregnancies to their attitudes that are described as “especially prevalent among the poor” (87). In other instances, the article quoted poor teenage mothers themselves and their desires for motherhood. Derdra Jones of Chicago who gave birth at 15, is quoted as saying, “part of me wanted to get pregnant” (87). The article further quoted her saying, “I had birth control pills in my drawer. I just didn’t take them....My life was getting boring. I wanted a baby” (87).

In comparison to the 1970s characterization of teenage pregnancy as an “unintended” mistake by “our girls,” these discursive remarks of urban brown girls constructed them as deliberate and knowledgeable agents. As knowing agents, these girls had access to sexual information and yet actively pursued their pregnancies, which implicitly connoted them as irresponsible and promiscuous. These kinds of articulations around urban brown girls and their pregnancies circulated frequently throughout news media narratives and within policy circles. Consequently, these discourses had an incredible impact upon the visual representations in journalism upon teenage motherhood as seen in the following section.

Constructing New Subjects: Innocence and Welfare in Journalistic Representations of Teenage Motherhood

The dominant discourses of morality, family, and welfare shaped the visual representations of teenage mothers during this era. Many representations of teenage motherhood predominantly focused on urban brown girls. Despite the pre-occupation with urban brown girls, news media did on rare occasion feature white teenage mothers. These are important exceptions for two reasons. First, it exemplifies the differential treatment in visual construction of teenage mothers. Second, it demonstrates a shift in the country's visual imagination of white teenage mothers in comparison to 1970s representation as analyzed in the Alan Guttmacher Institute Report in the previous chapter. The following section analyzes a few images of white teenage mothers and the various visual constructions of brown girls.

(White) Teenage Girl as Pregnant Child

According to birth control advocates of the 1970s, sex comprised an inevitable biological, force settling upon adolescents. As such, white teenage girls were inevitably going to engage in sexual activity. The New Right's commitment to sexual morality advocated for a return to traditional values. Particularly, white girls could and now should abstain from sex in order to maintain their virtue; girls were to return to childhood innocence (Nathanson 1991). This moralist construction of adolescent female sexuality contributed to a new figure representing white teenage motherhood—the lone pregnant child.

This figure dramatically differs from the visual representation of white pregnant teenagers utilized by birth control advocates in the 1970s (see figures 13, 15, and 16). Images of pregnant white teenagers within the AGI report did not emphasize their status

as juvenile, innocents—captured in moments of youthful bliss or learning about sex education as seen with non-pregnant teenage girls in portions of the report (figures 19 and 20). Instead, birth control advocates presented older, physically mature girls. Sometimes these girls were depicted in active poses or learning to become a mother, further connoting their near adult status. The 1980s representations of pregnant white teenage girls contrast significantly with those of the previous decade. Within news media, white pregnant teenage girls were often textually and visually invoked as child. As such, they served as figures of lost innocence and tradition.

In describing the function of child figures, Vivian Sobchack writes: “...the secular baby and child have held a privileged place in bourgeois and patriarchal mythology since the nineteenth century” (148). Infancy and childhood, she observes, have been designated as the “cultural site of such ‘positive’ virtues as innocence, transparency, and a ‘pure’ and wonderful curiosity not yet informed by sexuality” (148). Because of these ascribed traits, the child has become “culturally produced as a figure of unremitting sweetness—helpless, vulnerable, and dependent not only because of its physical immaturity, but also because of its lack of the ‘corrupting’ knowledge necessary for survival in the social world” (148).

The lack of “corrupting knowledge” signifies hope and promise. The child stands as a “signifier of the future and past.” The child’s “... familiar identity and family resemblance are produced as visible traces of the past’s presence in the present and ensure the past’s presence in a future safely contained and constrained by tradition and history” (148). Ideally, notes Sobchack, “the child will perpetuate the father’s name into future generations and at minimal his seed” (148). As a result, the representation of the

infant and child within bourgeois mythology constructs a sign of the future that is “sweetly traditional and safely adventurous, open yet closed” (148-149). As a symbol, the infant and child summons nostalgia within spectators. As society looks forward towards the potential future it is also simultaneously “longing backward toward the promise once possessed by the past—a longing for inexperience for potential rather than realized action, for an openness to the world based on a lack of worldliness” (149).

Significantly, Sobchack does not account for the dynamics of race in the figuring of ideologies surrounding children. The positive cultural traits attached to children have been historically ascribed to white children. More specifically, in popular literature and media, white female children have been most represented by popular figures such as Little Eva or Shirley Temple. Because the figure of the child must be innocent, untouched by experience, and untainted by sexuality, white girls are imagined in this white patriarchal ideal of sexual innocence, passivity, and ignorance.

This cultural ideology surrounding white female children manifests in the visual imaginings of the white teenage mother during this era. Coining the popular phrase “Children having children” on its December 9, 1985 front cover, *Time* presented a white teenage girl standing alone (figure 21). In the photograph, she stands at a complete side profile, or the victim pose discussed in the previous chapter (figure 13) and gazes directly towards audience in a very sullen fashion. This figure derives from the “our girl” discourse emerging in the 1970s. She is marked as “our girl” through her physical traits. She owns the traditional features of an “ideal” American female—white skin, blond hair, blue eyes, and rose-colored lips.



Figure 21

This image can assert sentiments of corrupt innocence. A number of elements link her to innocence in addition to the direct textual invocation of her as “child.” First, white lighting above her hair gives a halo effect, a sort of angelic appearance. She wears a pink ruffled shirt which links her to traditional colors of girlhood. Despite her child-likeness, her pregnant body disturbs and creates uncanny feelings. Her innocence has been tainted by sexuality, indicative of her pregnancy. The strong side lighting in the image re-emphasizes the pregnancy and her womanly body. The light falls on to her chest and her bulging belly. She is a child in a woman’s body. As she stares directly outward towards audience behind the red-orange background, the image can stir within viewers a sense of crisis surrounding white adolescent female bodies in America.



Figure 22

A similar image is pictured in the same edition of *Time* of another nameless, uncaptioned photograph of a white teenage girl sitting in a rocking chair alone (figure 22). Like the former, the photograph links her to innocence through a number of ways. First she sits with a ruffled white dress. Her hands are folded on her lap, conveying her sense of propriety. The chair is slightly larger than her body, making her seem more small and childlike. The scenery more importantly invokes childhood nostalgia. Painted behind her are rainbows, horses, chickens, and other farm animals, which can conjure up past nursery rhymes, further insinuating a loss of innocence via pregnancy. The scenery can also reinforce her child status through the natural scenes of nurturance between a mother horse and her offspring. Such scenery can suggest that the teenage girl must be mothered or nursed herself rather than assuming the forthcoming duties of motherhood as she pensively looks out the window.

Although these images emphasize the loss of childhood, multiple meanings can be fashioned from these images of teen mothers; they are highly contested. Visual imagining teenage girls as children attempts to contain white adolescent female sexuality in the body of a child during this era's emphasis on moral and sexual conservatism. The tragedy of pregnancy, as these images convey, can suggest to audiences that sex is a corrupting danger of "our children" and should be avoided all together. For liberal birth control advocates, however, the figure can be interpreted and utilized for another means. These same images can be read as innocent child as uniformed by sex. As a child, we can see this girl as "victim" and not having done anything intentionally wrong. Pregnancy happened to her. As such, audiences can read this image as an unfortunate consequence of systemic failures to properly educate girls about sexuality and ensure their access to birth control and abortion.

Nevertheless, the representational form of these photos stirs panic in the nation. As the discursive configuration of the period identifies teenage pregnancy as the key factor that "corrodes America's social fabric," these images question the nature of the nation's future (*Time* 83). Collectively, these nameless children are distressing figures for the public to confront since the public finds it difficult to imagine adult sexuality in the developing child and teenager (Tolman 2002). As such, the pregnant child confronts her audience with an unsettlingly contradiction. For a child to have sex resonates as a perversity or something "unnatural." Given that, as Sobchack notes, children are "signifiers of the future," the sexed child, or pregnant child, signifies a tainted innocence, a lost childhood, and thus a perilous present and future of America.

Seeing Brown Girls: Single Motherhood and Welfare

The pictorial forms used to depict brown girls differ dramatically from those used to portray white teenage mothers. There is only one way the teenage mother of color is visualized: not as a pregnant child, but solely as single mothers and welfare mothers. This form shows her with at least one child; she is never seen as pregnant, leaving little possibility for viewers to sympathize with her situation by identifying pregnancy as the site of tragedy, as in the case of her white counterparts. Additionally, seeing her with her multiple kids implies her sexual promiscuity to audiences.

Particularly, articulations surrounding black teenage mothers root themselves in larger racial and gender stereotypes of their sexual permissiveness and immoral behavior (Collins 1990, Roberts 1998). A similar logic is attributed to Latino girls who are also presumed to be hyper-sexual. As a result, both are excluded from the visual imagining or register of child in all instances and even when they are textually invoked as adolescent. In writing on the dominant ideologies of childhood, feminist scholar Jenny Kitzinger explores the binary opposition between sexual experience and notions of childhood innocence. She writes that “the romanticism of childhood innocence excludes those who do not conform to the ideal. A precocious child who appears flirtatious and sexually aware may forfeit her claims to protection” (80). The notion of the “innocent child” effectively stigmatizes the ‘knowing’ child. The very stereotype of sexual pursuers renders black and Latino girls as adults and situates brown girls’ pregnancies what Annette Ferguson characterizes as “...sinister, intentional...[and] stripped of any element of childish naiveté” (83). Thus, these girls are predicted and marked as “...sexual beings: [the] immanent mothers, girlfriends, and sexual partners of the boys” (84).

The visual modes of girls of color play on these racial and sexual stereotypes. The December 9, 1985 *Time* coverage of teenage pregnancy also featured images of black and Latino teenage mothers (figures 23 and 24). Though these images fell under the article titled “Children having Children”, imaginings of brown girls do not engage with notions of lost innocence. As such, urban brown girls are not visually invoked as child like the lone white teenage girl on the title page and within the cover story. Not only are they envisioned as adult, but particularly single mothers as seen in the photo of Desiree Bell and Kim Adalid. The caption does not disclose Desiree Bell’s age leaving viewers to speculate. Viewers can decide that she is another single mother and it can, but it can also allow viewers to conflate black teenage mothers as full-grown, mature women. This associates black teenage girls as “knowing” subjects which can communicate to spectators that they are culpable for their pregnancy.



Figure 23



Figure 24

Similarly, Kim Adalid, 19 is pictured with her two kids (figure 24). Viewers can see her full body which can convey her maturity. Located outside, viewers can see the

cracked sidewalks; the building has chipped paint. She sits on the step without shoes. This shows a sign of her lower class status. It can also communicate a sign of uncouth culture. Sitting on stairs without shoes can portray an image of laziness and the culture of poverty of urban brown girls.

These images in comparison to the good mother images of white adolescent girls are quite compelling (figures 11 and 12). The images of single motherhood of urban brown girls do not emphasize nurturance or “good” mothering like the white single teenage mothers seen in the Alan Guttmacher Institute. Arguably, Desiree Bell can be seen performing a motherly duty—grocery shopping with her kids who are in a basket, but the photograph does not capture a moment of tenderness between her and her children. Her facial expression only shows a half-smirk at her children and not a full happy laughter like the girl with her daughter in figure 12. Additionally, the kids are seen from the backside which does not allow viewers to connect to the subjectivity of the children. There’s a similar case to be made for the image of Kim Adalid. Although one can see her children, both are unsmilingly huddled around her. She is seen grasping her knees and not embracing either, implying a disconnection between urban brown girls and their children. As such, this representational form can assert the disapproval of single motherhood of brown girls rather than stirring sympathetic emotions within spectators.



Figure 25



Figure 26



Figure 27

Brown Girl as Generational Welfare Mother

This previous series of photographs (figures 25-27) locates teenage mothers of color within their families. These photographs should be viewed in the larger generic context of family portraits. Family portraits depict a family's collectivity and have served as a major tool for family's self-representation and identity, giving members memories and documentation of their rituals. Although family portraits have served these functions for family members, they also perpetuate social norms and ideology. Cultural critic Marianne Hirsh discusses the introduction of photograph to family life beginning in the late 19th century. Since then, she notes that "photography's social functions [have been] integrally tied to the ideology of the modern family" (7). She defines dominant ideology of the family as the "familial gaze." The familial gaze, she writes, is a "...powerful gaze of familiarity which imposes and perpetuates certain conventional images of the familial and... 'frames' the family in these sense of the term" (11). Hirsh's use of the term frames refers to the dominant cultural ideology of an acceptable family and the standards by which all families are judged. This constitutes the familial gaze which shifts over socio-political contexts. Consequently, each historic moment projects a readily identifiable image of its ideal family.

The 1980s and 1990s dominant discourse of black family decline re-framed heteronormative nuclear family (coded white-middle class) as the ideal by which proper family structure and relations must be judged. The heteronormative nuclear family, such as the First Family, served as the ideal, or the familial gaze, of this historic moment. Such images of nuclear family proliferate throughout society in reality and in popular culture, serving as archetypal cultural images of "normal" and "proper" families during these

moments and continue to do so today. In terms of family portraits, these photos typically feature, a two-parent, heterosexual marital family with two to three kids. The father typically stands above his wife while she sits with their children, her proximity to them signifying her nurturing role as mother and homemaker.

There is a fundamental difference between the family portraits that appear in *Time* and *U.S. News & World Report* and the photos that families take for themselves. The magazine images are not self-initiated portraits for family albums; they are images constructed for public consumption and scrutiny. These photographs mimic the family portrait style in order to perpetuate notions of “abnormality” and “pathology” that was assigned by governmental policy discourse to single mothers and their families. In doing so, these particular photographs are quite deceptive as they appear to depict the families as “how they are” rather than how American society views them. The photographer chooses the moment, the space, the “kind” of family to display, and the look of the subject that he or she wishes to focus upon. The normative images of nuclear families may be absent from these journalistic photos but they still structure the meaning of these images as viewers compare them to larger cultural images presented by the familial gaze.

Each of these photographs locates brown teenage girls at the center of “abnormal” families and signifies her as a “Generational Welfare Mother.” The Generational Welfare Mother embodies a cyclical process of single motherhood—a culture of welfare dependency that informs her past, her present, and future. This mode of representation typically places her in the center of the frame with her child surrounded by her mother, her grandmother, or by her mother and her other siblings. Staging and framing the teenage mother in this way emphasizes her status as both product and origin of single

motherhood and the “welfare mess” debates in the late 1980s and early 1990s. Her mother and her grandmother began in this position, as the culture of poverty transmits and reproduces detrimental cultural traits. Thus, unlike the case of her white counterpart, her pregnancy does not serve as the site of tragedy. For brown girls, there is no tragedy, only the decadent culture of single-motherhood itself.

The first image of this series is titled “Four Generations: Zuleyma, 16, with daughter, mother, and grandmother” (figure 25). This photograph places the family on a couch sitting in front of closed windows; they are presumably in their home. This photo can suggest teenage mothers of color have a supportive family structure. Yet, this photograph does not capture a moment of nurturing support the teenage mother in the center receives from her mother and grandmother. They are not seen embracing or bonding. Instead, they are depicted stoically detached from one another. The grandmother looks out towards the camera unsmilingly. Her body language is stiff; her legs are crossed and her arms are folded to herself. The mother has her arm resting on the couch behind her daughter and not resting on her daughter’s shoulder. She also looks seriously out towards the camera while the daughter sits by herself in the center with her child resting in one arm. From the photograph, viewers can potentially equate this family and home as a place of compassion, love, and happiness because these families without male authority do not meet the standards set forth by the familial gaze.

Because this portrait presents a world without male power, this portrait evokes the threatening “pathology” of single mother homes through an implied matrilineal reproduction to viewers. This matrilineal reproduction, or the cycle of single motherhood, comprises an “unnatural” subversion to proper reproductive patterns and sexual practices

by poor single women of color. This is first implied by the photo's caption. The caption connotes them in order from the teenage girl "with daughter to mother and grandmother." Second, this matrilineal order is implied through their body poses. Each woman has her legs crossed, telling viewers they are one and the same. This portrait furthermore implicates brown girls as the product of unnatural reproductive and sexual immoral practices of poor single women of color. It can also reconfirm the notion to spectators that single mothers breed more single mothers or "teenage pregnancy" in this case. Even the discourse of "Four Generations" could be seen to imply that the small infant of the teenage mother will continue this "unnatural" cycle by becoming a generational welfare mother herself.

Other images locate the teenage mother in larger families, such as that published in *Time* with the caption "The Charette family: Stephanie, 17, in striped shirt, and her mother, seated, surrounded by their children" (figure 26). The teen mom, seated in the center, sits with her mother who looks off to the side sullenly. This particular frame of the mother can perpetuate the insidious views of poor single mothers of color as un-nurturing, "bad" mothers. Viewers see this woman sitting with children on her lap, unsmiling about their existence as she is seen not giving them attention as if she is detached from her whole family. The teenage mother herself is also framed in this register. She is seen smiling which could be interpreted as nervousness or pride, but she simply holds her child in her arm. No emphasis is given to her relationship to her child, which could very well be one of nurturance or love.

This pictorial form of the teenage mother can invoke a fear of out-of-control reproduction among those deemed unfit—the poor woman of color. With a near dozen

kids surrounded her and her mother, this photo can tell tale of the brown girl as a single mother who will fashion and produce multiple offspring without male authority or support. The mass quantities of bodies in these pictures play on the stereotypes of unrestrained sexuality and excess fertility of poor women which are equated to the teen mother through her default association in the picture. The caption furthers this notion: Stephanie may have only one child, but the caption implies multiple pregnancies through the term “their children.” The brown teen mother at the center of this photo is implied to be reproducing this cycle, bringing into the world countless number of children who will only be exposed to a life of ascribed “bad” values.

Additionally this image of the family displays inherent disorder, an assumed trait of the “common sense” ideology about single mothers and their families. This is first seen through the lack of presence of an adult male authority figure, all other male presences are only of children. One son stands holding his baby sister, a position that a husband would have assumed if present in the picture. One can also see litter behind the teenage mother. In comparison to her white counterparts of the 1970s who were seen in pristine, ordered medical spaces and kitchens receiving assistance, the “epidemic” of brown girls cannot be “cured” or “reformed.” Her cause of pregnancy is not her lack of awareness or access to birth control but what *Time* tells us is a “problem” that will not have such tangible solutions as it arises from what are perceived to be inherent cultural and familial deficiencies. As such, these girls cannot recover.

Similarly the third image I analyze invokes this fear surrounding teenage pregnancy and single motherhood. “Three Generations,” presents a black single family of nine (figure 27). Unlike the previous images in the series, this family is not located in

or near the home. The “city shelter” serves as their home for this large black family. The use of caption can suggest that these families are a drain on public resources.

Additionally, the caption of the photograph specifically utilizes the word “matriarch” to describe Renee Elder, suggesting that her dominance caused the lack of male presence in this family and their poverty. Furthermore, the photograph identifies teenage motherhood as the inevitable outcome and trait of the black family’s pathology. There is not only one teenage mother, but the photo details multiple—Jackie Barnes 16, Andrea Miller, 18 and also Renee Elder if viewers deduced the age she had her first birth which would have been 17. Overall, the image can solicit fear over the excessive reproduction among poor black teenage girls and the condemnation of the economic burden of their families.



Figure 28



TEENAGE MOTHER. Eighteen-year-old Kiki Lee of Grand Rapids with her 4-year-old son, Duane, who is severely mentally impaired, and 2-year-old Shantavia. She left the Job Corps.

Figure 29



Figure 30

Brown Girl as Welfare Mother/Welfare Queen

Other news media images depict brown girls as welfare mothers or welfare queens (figures 28, 29, 30). The previous images seen arise during the height of debates on welfare reform in 1994 and 1995 under the Clinton Administration. In explaining the racist sentiments against welfare during this time, George Lipsitz notes that public opinion polls revealed that seventy percent of white Americans said that blacks “have the same opportunities to live a middle-class life as whites”, and more than 50 percent of U.S. whites viewed “blacks as innately lazy and less intelligent and less patriotic than whites” in a 1990 National Opinion Research Report (19). Additionally, more than sixty percent believed that blacks suffered from issues of housing and employment opportunities due to their “own lack of will power,” and more than fifty percent believed that “blacks preferred welfare to employment (Lipsitz 19). Such attitudes revealed the misperception of blacks as being undeserving recipients of government resources.

These sentiments manifested in the media portrayals of welfare as a system exclusively for poor women of color. Martin Gilens, Yale political scientist professor, conducted a major content analysis of news print media from 1960-1992 and TV content analysis from 1988-1994. He discovered a massive overrepresentation of African Americans represented in welfare stories (Gilens 1999). News media focus presented a significant discrepancy in fact and reality. Most families relying upon welfare were white, not black. During the peak of anti-welfare outcry in 1994, more white families overall were on welfare at 39% while African American families consisted of only 37% (Douglas and Michaels 177). Additionally, teenagers using welfare made up only 1.2 percent of all mothers receiving public assistance and only 1% of welfare mothers were

below the age of 17 (177). Despite sociological facts, media representations of welfare subjects typically portrayed them as black adult mothers and teenage mothers.

Popular media narratives circulated these racial and gender images of welfare mothers. Welfare mothers, explicates Collins, "...are portrayed as being content to sit around and collect welfare, shunning work and passing on her bad values to her offspring. The welfare mother represents a woman of low morals and uncontrolled sexuality" (101). News media focusing on welfare mothers often showed her with multiple children that she could barely support and actually nurture. Media also often talked about the cramped living spaces and squalor that she and her family lived within.

Teenage mothers constituted a crucial component of the media mythology of mothers relying upon welfare and living in a culture of dependency. The teenage mother and welfare mother were synonymous in news media accounts. Like the welfare mother, the teenage mother had a number of illegitimate children, in both cases often identified as fathered by different men (Douglas and Michaels 2004). Additionally, brown girls in media were often discussed as lazy and heavily reliant upon the state for financial assistance. For example, CBS News on February 10, 1985, a white male sociologist spoke about the belief and attitude of teen mothers. He stated that teenage mothers believe that after having a child out-of-wedlock, someone will pick up the pieces. He went on to state that they think "...not me, not the boy who got me pregnant, no my family, the state will pick up the pieces" (Douglas and Michaels 90). News network sources also equated brown girls as welfare queens—an iconic image of black womanhood put forth by Ronald Reagan. Reagan's welfare queen positioned black women as scheming reproducers of illegitimate children for cash benefits provided by

federal and state governments (Collins 1990). News media narratives circulated a similar logic about brown girls. On December 27, 1994, Betty Rollins of NBC spoke of the mentality of black teenage mothers as “have a baby, get a reward” (Douglas and Michaels 91)

The visual images in this series draw from these dominant discourses. A January 16, 1995 *U.S. News & World Report* article titled “Welfare: The Myth of Reform” featured figures 28 and 29. The black woman and teenage girl signify the “welfare mess” debates under the Clinton Administration. The article detailed the barriers of welfare reform, focusing on the narratives of welfare mothers who fail to go to work even when opportunities arise. These photographs are strikingly similar. They demonstrate how news media constructions of teenage mothers are almost synonymous with adult welfare mothers. Figure 28 photographs a sitting mother, presumably in her home with her children. The walls have chipped paint and the image frames them tightly around this space. It can conjure up other attributes often spoken about welfare mother’s squalor and tiny apartments—spaces marked as unhealthy for family rearing. The woman herself gazes away from the camera, almost in a state of shame or sadness as she holds her child who looks opposite. Framing the welfare mother in her cramped space and sitting around with her kids can solicit the notion to viewers that she fails to work and simply collects federal assistance. Additionally, this image can draw on expectations of welfare mothers as “unfit.” Besides the one child in her arm, her other children are away from her looking in different directions. They seem to be left isolated, in their own world as their mother pays no attention to them. Though a dominant reading could equate this meaning, this image can also spur a sense of hopelessness in viewers. One child looks out towards the

side lighting. Yet, any optimism about the future is hard to imagine as the family is framed in such a small space. Nevertheless, the photograph, symbolic of the failures of the welfare system, could instill in viewers the sentiment that welfare needs “reform” which later turns out to be a punitive measure.

Figure 29, “Teenage Mother” is quite similar to the adult welfare mother image discussed above. She also does not look at the camera and looks down and is seen with her two children holding them close together. Although her children are seemingly bound to her, this image does not capture a moment of bonding between woman and child as seen in the photographs of single white teenage mothers in the 1970s. Those images (figures 11 and 12) demonstrated tenderness and happiness shared between mother and child. The portrayal of teenage welfare mothers, however, has very little to do with emphasizing the bonds of motherhood. The focus of teenage motherhood in this context emphasizes the destitute reality of single motherhood and the unfortunate circumstance of improper family structure. The emphasis of destitute single motherhood can be communicated through the expression on the face of the child to the left. The camera shot is very close and the child gazes directly out towards audiences in a look of desperation, perhaps fear. It can even be seen as a call for help out of this unhappy situation.

The caption notes that one of her kids is “severely mentally impaired.” The extra detail can exaggerate the notions of black single motherhood as burdensome to the family because of the disability of the child. It can also reconstitute popular discourses about welfare and teenage mother’s children as being inferior offspring—often times pursuing a life of crime for boys and girls becoming single mothers. Furthermore, the caption names the ages of her two children, giving viewers opportunity to deduce that her first child was

at age 14. This can insinuate to viewer of her sexual promiscuity and her “bad” values for becoming pregnant twice out-of-wedlock. Finally, the caption indicates that “she left the Job Corps.” This could be read that because she is a single mother she had to evade this prospective vocational training opportunity because she had to stay at home and take care of her children full time. Yet, this minor detail can connote to spectators of the predominate stereotype of welfare mothers as lazy and fails to work despite having kids out-of-wedlock in need of economic support. As such this image could easily provoke viewers towards an antagonistic response toward brown girls who become pregnant and need assistance.

The third image I analyze is a more menacing image of welfare mothers and representations of teenage mothers (figure 30). *Time* dedicated its June 20, 1994 cover to President Clinton’s forthcoming welfare reform proposal. It invokes the language of “illegitimacy” so common to the rhetoric used to describe teenage pregnancy during this time period. Evoking the imagery and rhetoric of Reagan’s welfare queen, the magazine’s front cover announced the “War on Welfare Mothers.” This reflects the pervasive sentiment of the early 1990s about teenage mothers when Diane Sawyer stated that they were “Public Enemy No. 1” because of the economic burden posed by their pregnancies (Douglas and Michaels 92). Though Clinton did not declare an official campaign of war for welfare reform, the magazine’s cover re-invoked the previous metaphorical rhetoric of war on social ills, such as Lyndon B. Johnson’s War on Poverty and Ronald Reagan’s War on Drugs, positing welfare mothers a threatening enemy or at least an insidious social problem. Cultural critic William Elwood observes that war metaphors “...[permeate] American culture and language with its implicit tenet that a

person either wins or loses” (96). R. L. Ivie has further described the use of war metaphors as inclusive of an “...image of a threatening Other” that awaits “...a chance to destroy America’s freedom, democratic form of government, and her other sacred rights (343). The cover story’s subtitle: “Reform may put *them* to work....” suggested an us versus them dichotomy and a tangible enemy to conceptualize—an enemy that did not own up to American values of hard work. The second tag line: “but will it discourage illegitimacy” also figured this enemy as a violator of American ideals of marriage and female sexual propriety as the use of the word *discouraging* implied that these teenage mothers and women actively pursued pregnancies out-of-wedlock.

Furthermore, the painting used for the *Time* cover portrayed a welfare mother in a very stylized, artistic manner: with hues of grays, blues, and browns for her skin color; pure black eyes; a rounded face and a wide nose. Though the race of the mother is not explicitly given in this image, this amalgamation of colors and her wide nose codes the recipient as a non-white woman. As such, both black teenage girls and adult women posed a social threat to the country. Additionally, the cover equated her children to a cost to society. Each of the three children bared a subsequent increase in monetary funds, from a penny, to a nickel, and then to a dime, which can suggest that each child was worth more to the mother and/or simply poses an economic burden to the country. This conflation of children with money can affront audience by indicating that teenage mothers and their offspring are a tax burden through their deliberate and/or irresponsible bearing of children. Despite the multiple interpretations of this image as one of intentional breeder or solely as tax burden, such images of welfare mothers and teenage mothers ignited support for punitive welfare policies.

Policy Implications: Punitive Welfare Policy as Solutions for “Brown” Girls

The images of brown girls as single mothers and welfare recipients effectively equated teenage pregnancy as a problem of morality, family, and poverty. Inevitably, the solutions to solve this problem resided in the utility of modifying welfare policy. Pillow notes that the linkages of teenage pregnancy to one of poverty and morality shifted policy discussions from ensuring the needs of teenage mother’s access to pertinent health services and education. Pillow observes that the “emphasis...[on] teenage pregnancy with welfare reform led to dramatically decreasing funding and attention to educational policy and educational programs for school-age mothers” (Pillow 47). The education of teenage mothers was now “...linked with training teen mothers to be economically self-sufficient” (47).

The passage of the Personal Responsibility Work Opportunity and Reconciliation Act of 1996 (PRWORA) constituted a punitive policy to curb illegitimacy and welfare rolls. President Clinton firmly noted a major intention of welfare reform was “...to make it clear that a baby doesn’t give you a right and won’t give you the money to leave home and drop out of school” (Pillow 46). PROWRA abolished the Aid to Family With Dependent Children (AFDC), the permanent entitlement system of welfare established under the New Deal policies. It replaced it with the block grant program called Temporary Assistance to Needy Families (TANF) (Schram 32). The block grant served as large sums of money provided by the federal government with a few stipulations as to how states should allocate resources under TANF. PROWA made federal aid temporary by implementing a five year maximum for government aid and successfully tied aid to work requirements (Pierson-Balik 14).

In particular, TANF enforced a number of stipulations that constituted a punishing and controlling mechanism for brown girls' sexual and reproductive practices. First, the policy conditioned aid to young girls. It required pregnant and parenting teens to live with a parent, guardian, or approved adult. TANF also mandated states to require school or training for unmarried school age mothers. If teenage parents failed to meet these requirements they would be made ineligible for aid. It also permitted states to implement family caps. The inauguration of family caps drew from welfare queen stereotypes of teenage mothers and women as breeders for economic gain. The institution of family caps within the policy denied further monetary assistance for every additional birth to a teenage mother already receiving aid (Pillow 44). By penalizing births, TANF sought to curb the reproduction of brown girls and women. Welfare reform also allocated millions of dollars to states to establish abstinence only education programs. These programs rest on an ideological commitment to sexual chastity and marriage (Pierson-Balik 2003; Fields 2005). The allocation of resources towards the implementation of conservative sexual values reflects the policing of all adolescent female sexuality, and particularly that of brown girls, which posed a danger to the economic and moral order of the nation. In short, enforcing "good" values curriculum to all girls, traditional morality could be re-established and the morality of brown girls could be modified for the better of society.

Although TANF included provisions of teenage mothers regarding education, the policy dramatically differed from the educational entitlement policy Title IX passed in the 1970s. Title IX required schools to make accommodations to ensure the educational success of pregnant and parenting teenagers and eliminated the expulsion of teenage mothers from schools receiving federal funding. TANF's articulation of education is not

one of an entitlement, or right, but rather one of stipulation for teenage mothers to receive benefits. Additionally, TANF failed to appropriate funds to states to address necessary structural issues that may get in the way of school age mothers' continuation of education. TANF did not require states to provide necessary day care and transportation to teenage mothers, which a number of sociological studies have demonstrated as a critical component to ensuring the success of teenage mothers and their families (Broman 1981; Campbell et. al 1986). This lack of resources may lead teenage mothers to not be able to fulfill school attendance or job training requirements, which could then put her in risk of losing federal assistance. In the end, the passage of PROWRA and its punitive provisions clearly displayed how brown girls, or teenage mothers of color, were not seen as entitled subjects, but rather were construed and treated as undeserving welfare recipients.

Conclusion

This project engages in a historical study of teenage pregnancy and the visual constructions of pregnant and parenting adolescents over the past decades. It also discusses the subsequent policy implications of visual images. Today, teenage mothers of color and their children continue to face poverty and low educational attainment. Policies, however, still deny necessary economic and social resources to teenage mothers of color that could enable them to overcome these barriers as federal and state legislatures annually reauthorize punitive welfare legislation.

Present day images of teenage mothers routinely rest on racial and class differentials and persist in perpetuating damaging stereotypes. Feminist research must continue to interrogate the visual constructions of teenage mothers within various sites in order to address the inequities of teenage pregnancy. Film and television, particularly, have remained uninvestigated by feminist scholars regarding this topic. These sites are critical to how individuals come to know the world and the different groups that inhabit it. This project has demonstrated that images have critical material implications for young women. Politicians garner policies off of perceptions of subjects. If target populations are viewed and marked as “undeserving,” assistance will be denied to them. Without deconstructing old stereotypical images and reconstructing new representations, policies will continue to endanger the quality of life of teenage mothers of color and their children.

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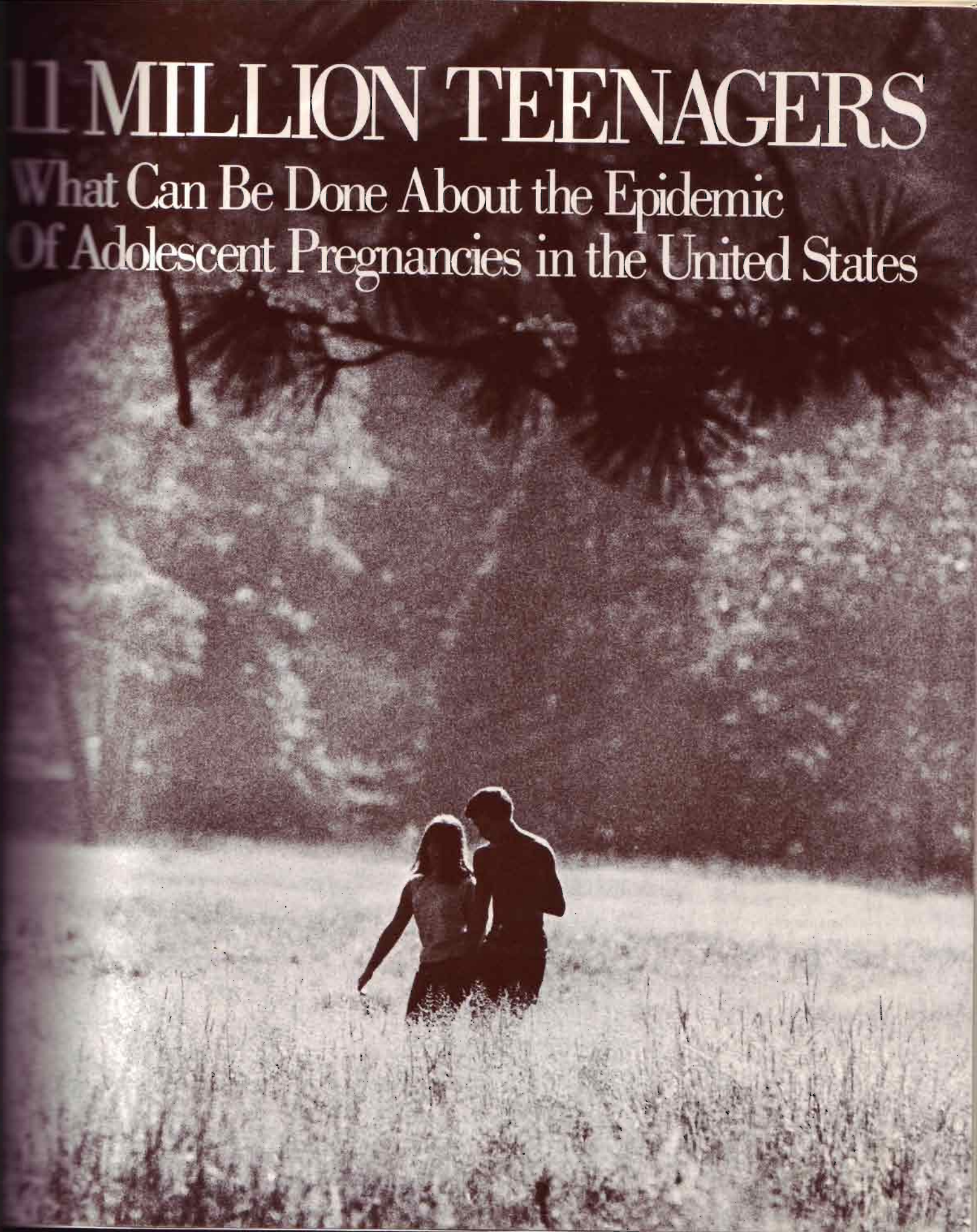
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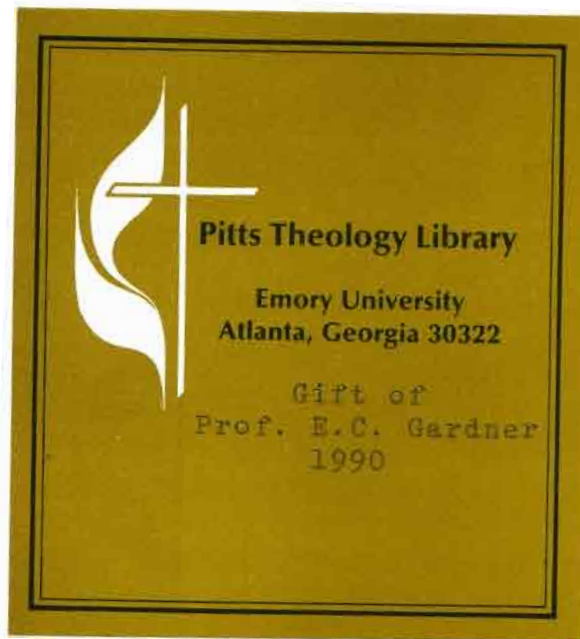
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11 MILLION TEENAGERS

What Can Be Done About the Epidemic
Of Adolescent Pregnancies in the United States





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With an afterword by Daniel Callahan



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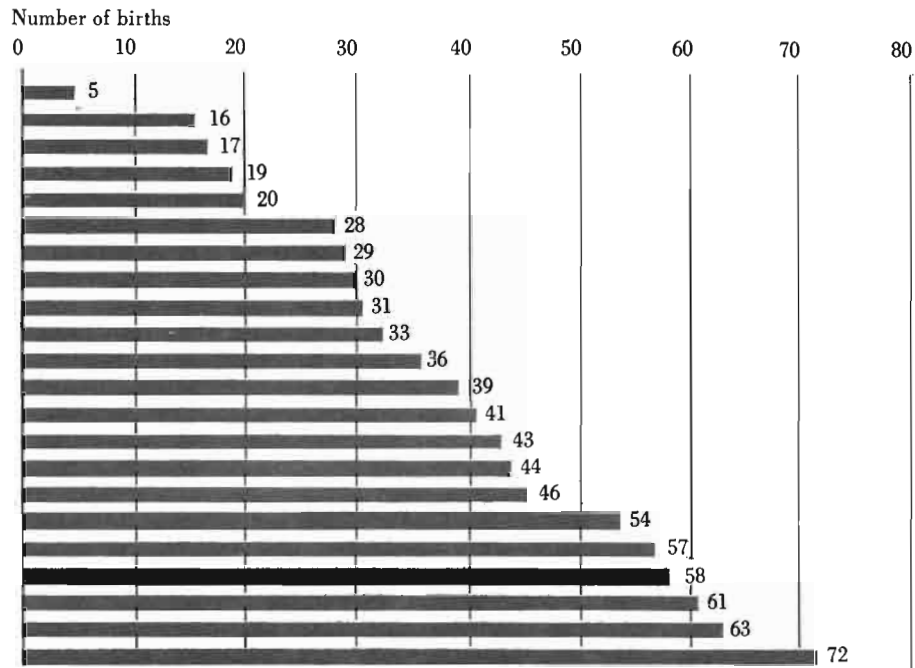
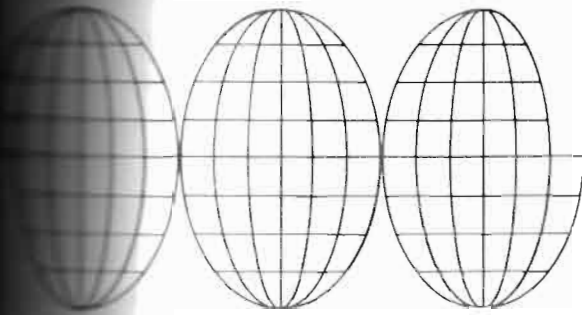
Section 1

“Close to 13 million of the 60 million women who became mothers in 1975 became parents before they became adults. . . . Early childbearing is increasing everywhere, is emerging as a serious problem in many countries, and has reached alarming levels in others [where it is associated] with serious health, socioeconomic and demographic implications for young women, young men, their off-spring, and, indeed, for the whole society. . . . Adolescent pregnancy is a serious threat to the life and health of a young woman . . . whether the birth occurs in or out of marriage.”

Findings by 160 delegates from 39 countries at the First Interhemispheric Conference on Adolescent Fertility, Airlie House, Va., 1976



Figure 1. Number of births per 1,000 females aged 15-19, selected countries, 1970s



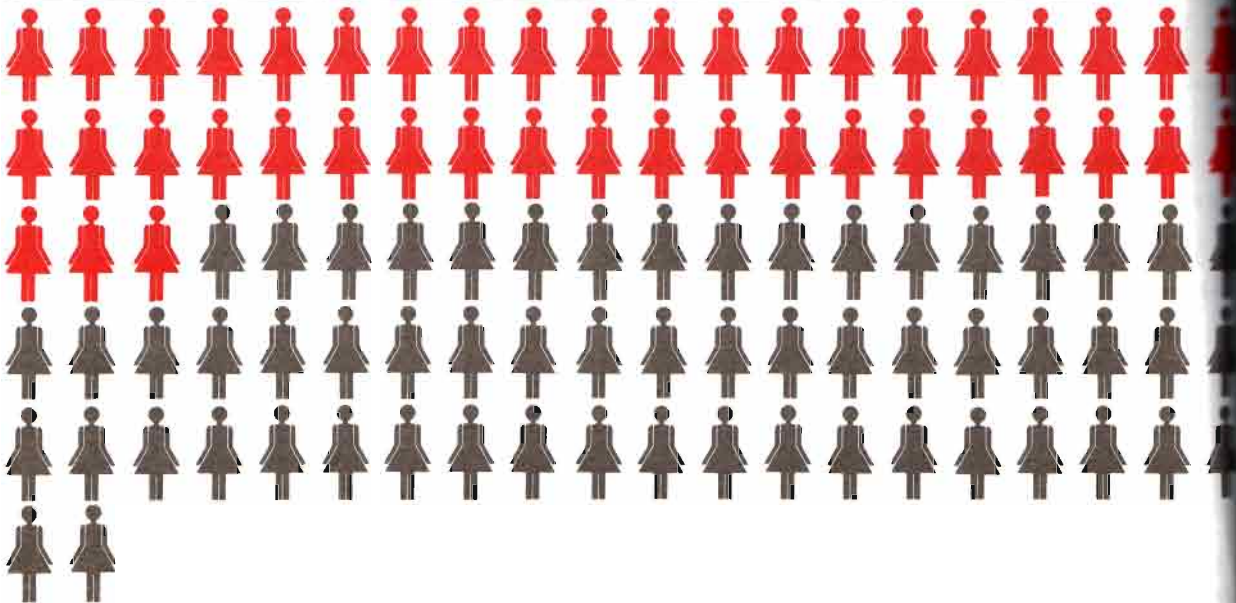
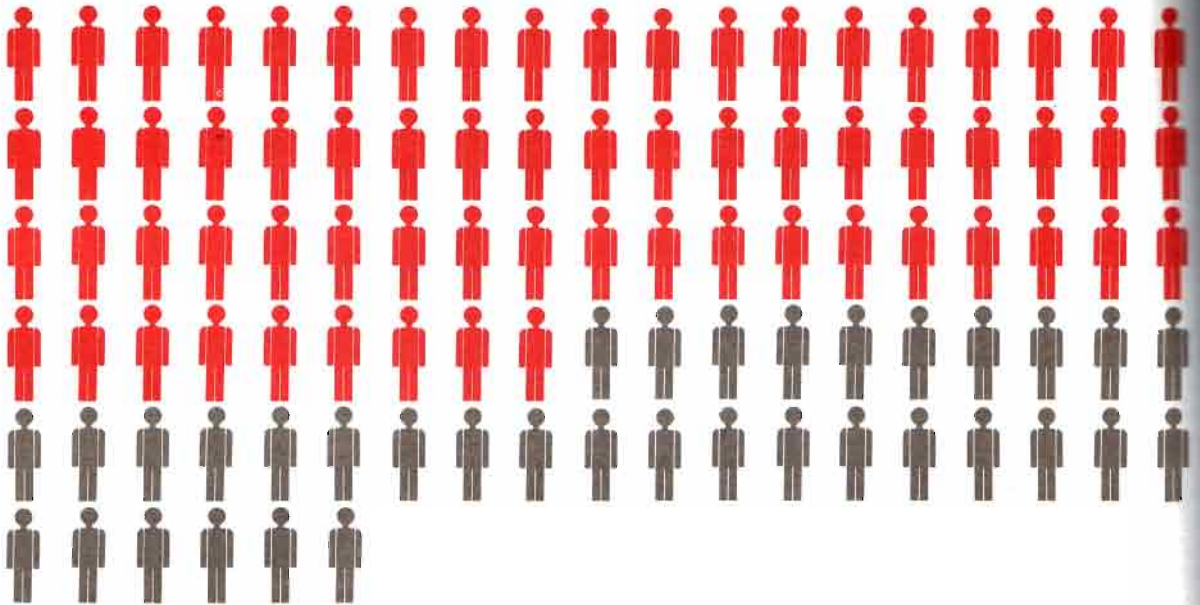
U.S. Teenage Childbearing Rates Are Among the World's Highest


Teenage childbearing is a serious—and growing—social, economic and health problem in all regions and most countries of the world. Very often, the problem is compounded because the births are out-of-wedlock. Adolescents in the United States have rates of childbearing that are among the world's highest. About 10 percent of U.S. teenagers get pregnant and six percent give birth each year. Among the world's industrialized countries, only Romania, New Zealand, Bulgaria and East Germany have high-

er teenage fertility rates. Indeed, adolescent fertility is higher in the United States than in many less developed nations such as the Philippines, Tunisia and East Malaysia.

In this booklet, we bring together information about key factors leading to high teenage birthrates in the United States, the consequences of early childbearing for the young mother, her baby and society, and the steps that are being—and remain to be—taken to help adolescents avoid pregnancies and births that they do not want, as well as to cope better with those pregnancies and births that do occur.

Figure 2. Number of 15-19-year-olds* that are sexually active, United States, 1974-1975 (hundreds of 000s)



 Sexually active

* Does not include an estimated 1,290,000 sexually active males and 420,000 sexually active females under age 15.

11 Million U.S. Teenagers Are Sexually Active

There are about 21 million young people in the United States between the ages of 15 and 19 years. Of these, more than half—some 11 million—are estimated to have had sexual intercourse—almost seven million young men, and four million young women. In addition, one-fifth of the eight million 13- and 14-year-old boys and girls are believed to have had intercourse. Adolescent sexual activity has been traditionally portrayed as principally affecting minorities and the poor; but recent evidence suggests that teenagers from higher income and nonminority groups are now beginning sexual intercourse at earlier ages, leading to higher rates of sexual activity and greater risk of unwanted pregnancy for teenagers generally. This booklet, therefore, presents information for the total adolescent population. With the exception of fragmentary survey data, pertinent information about male adolescent sexual activity is virtually nonexistent. Although the consequences of adolescent pregnancy and childbearing must be extensive and serious for males as well as females, the unavailability of data makes it necessary to concentrate in this report on young women aged 15-19, with emphasis on younger ages where data are available and specific comment is appropriate.

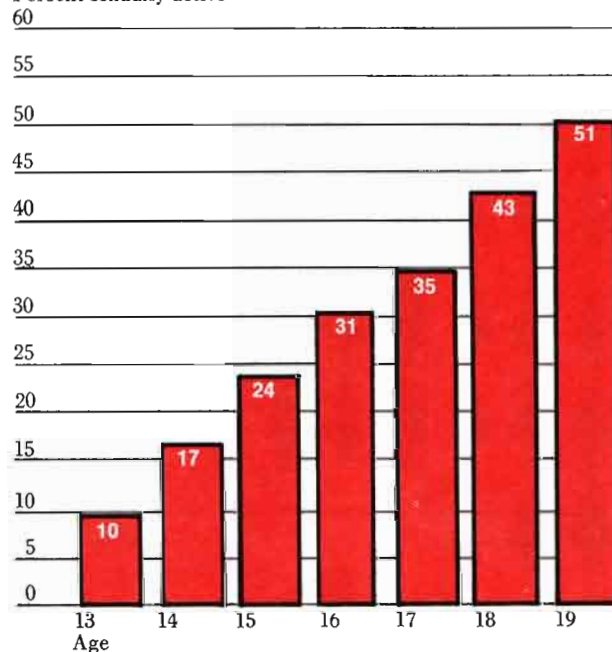
Half of Unmarried Women Have Intercourse by Age 19

As adolescents grow older, the probability that they will have premarital sexual experience increases sharply. Fewer than one-quarter of unmarried girls aged 15 have had intercourse, compared to more than half of 19-year-olds. Sexual activity also appears to be commencing at younger ages. Among the predominantly white, middle class teenagers in one midwestern city, the proportion of 14-year-olds who had experienced intercourse grew from 10 percent in 1971 to 17 percent in 1973.

Figure 3. Percent of 13-19-year-old females that are sexually active, by single years of age, United States, 1974-75



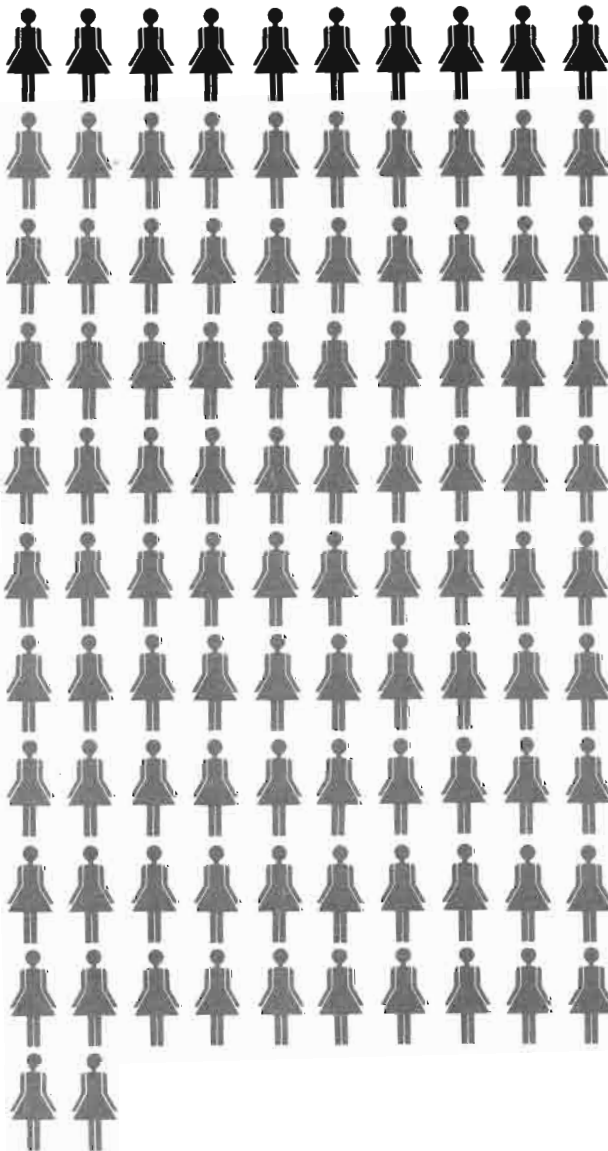
Percent sexually active



One Million Teenagers Become Pregnant Each Year

Each year, more than one million 15-19-year-olds become pregnant, one-tenth of all women in this age group. (Two-thirds of these pregnancies are conceived out of wedlock.) In addition, some 30,000 girls younger than 15 get pregnant annually.

Figure 4. Number of pregnancies* to 15-19-year-old females, United States, 1974 (hundreds of 000s)



■ Pregnant

* Plus 30,000 pregnancies to girls under age 15.

More than 600,000 Teenagers Give Birth Each Year

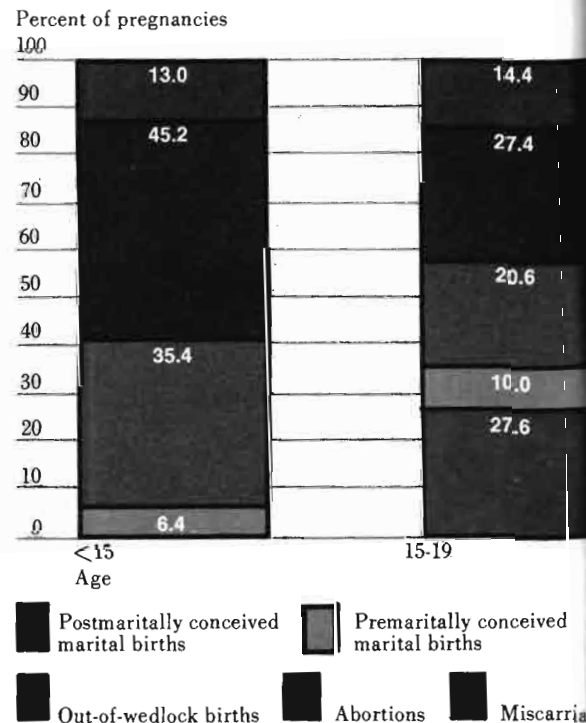
How are the million teenage pregnancies 15-19-year-olds resolved? In 1974:

- 28 percent resulted in marital births that were conceived following marriage.
- 10 percent resulted in marital births that were conceived prior to marriage.
- 21 percent resulted in out-of-wedlock births.
- 27 percent were terminated by induced abortion.

The remainder, 14 percent, resulted in miscarriages.

Of the additional 30,000 pregnancies experienced by girls younger than 15, 45 percent were terminated by abortion, and 35 percent resulted in out-of-wedlock births. Only six percent ended in marital births, and virtually all of these resulted from pregnancies conceived out of wedlock.

Figure 5. Outcome of pregnancies to teenage females, United States, 1974



Fifth of U.S. Births to Teenagers

Because of the high rate of teenage pregnancy and childbearing, 608,000—or one-fifth—of all U.S. births are to women still in their teens; 247,000 are to adolescents and younger, 13,000 to girls younger than 15.

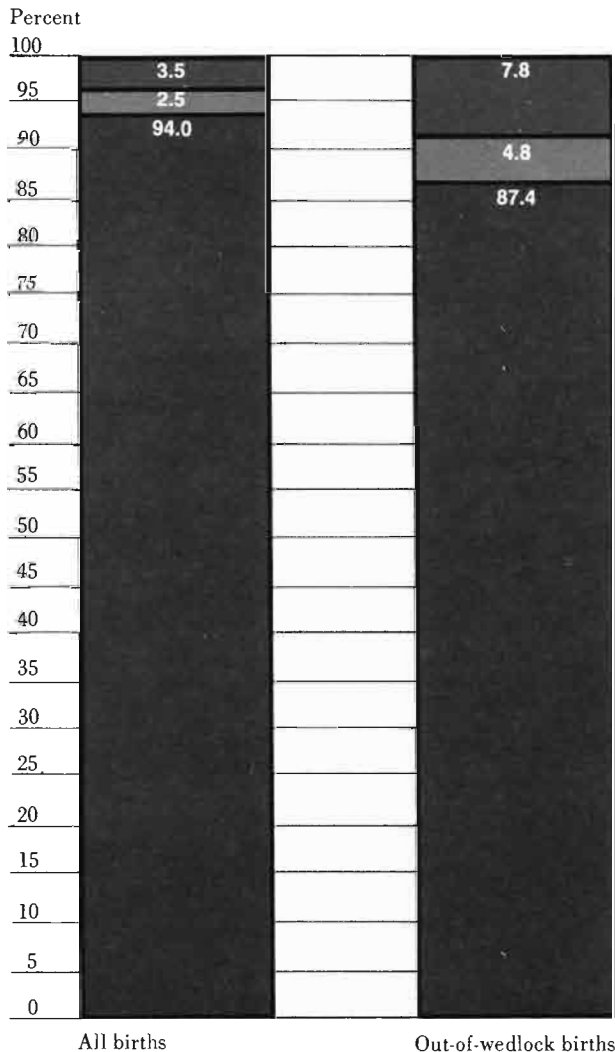
Nine in Ten Keep Baby

Ninety-four percent of teenage mothers keep their babies at home with them according to a 1971 study; 2.5 percent send the child to live with relatives or friends, and 3.5 percent give the baby up for adoption. (Among those teenagers who give birth out-of-wedlock, 87 percent keep the child, five percent send the baby to live with others, and eight percent give the infant up for adoption.)

Figure 6. Number of births, by age group, United States, 1971



Figure 7. Disposition of babies born to females aged 15-19, United States, 1971

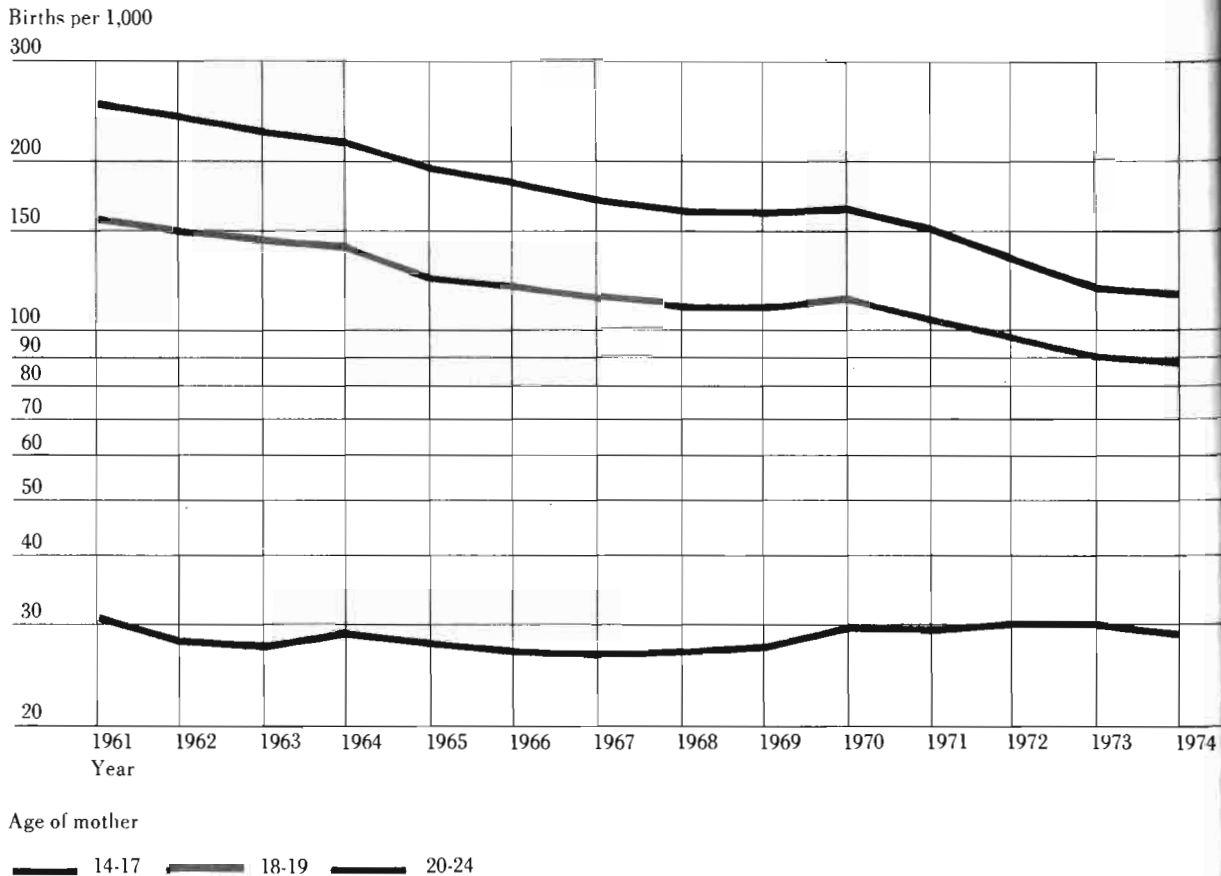


Legend:
 In household with mother
 Adopted

Younger Teens Have Not Shared in U.S. Birth Decline

Like U.S. fertility generally, teenage birthrates have declined since the beginning of the 1960s. But the decline has been restricted to older adolescents. Throughout the period, the birthrates among 18- and 19-year-olds and 20-24-year-olds have shown a parallel decline. Among girls 14-17, however, fertility did not decline. Among girls younger than 14, birthrates actually rose slightly, though still barely above the one per 1,000 mark (not shown).

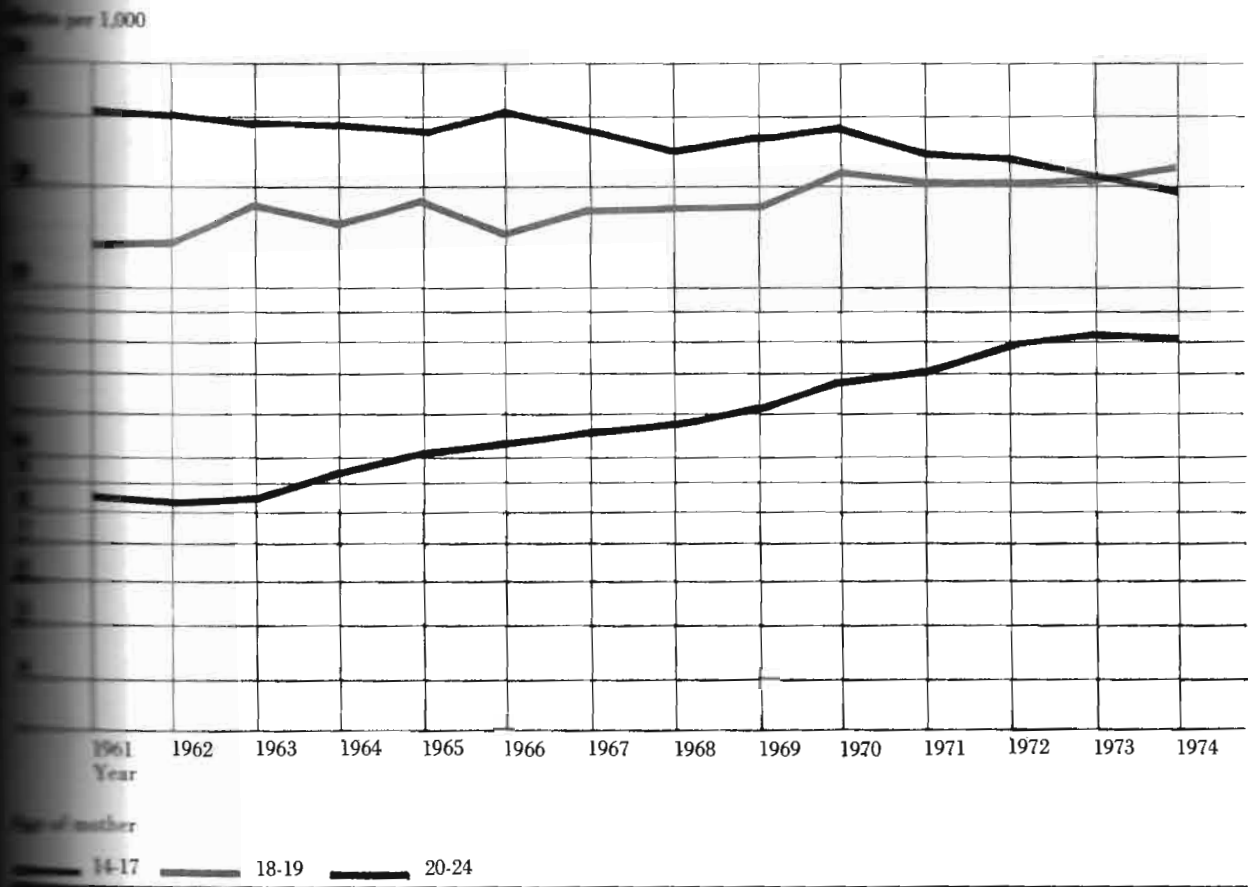
Figure 8. Number of births per 1,000 females aged 14-17, 18-19 and 20-24, United States, 1961-1974



Out-of-Wedlock Births Up 75 Percent Among Younger Teens

A substantial and growing part of adolescent childbearing occurs out-of-wedlock. Between 1961 and 1974 the rate of out-of-wedlock childbearing declined by about one-quarter among women 20-24. By contrast, it increased by about one-third among 18-19-year-olds, and by three-quarters among 14-17-year-olds. The nonmarital birthrate among 18-19-year-olds is now higher than that among women 20-24, reversing the trend that prevailed until the early 1970s.

Figure 9. Number of out-of-wedlock births per 1,000 unmarried females aged 14-17, 18-19 and 20-24, United States, 1961-1974



One-Third of Births to Teenagers Are Out-of-Wedlock

Five-sixths of the infants born to girls 14 and younger, and more than one-third of those born to all 14-19-year-olds, are born out of wedlock; the percentage decreases with each year of age. Between the early 1960s and the early 1970s, the proportion of children of adolescent mothers who were born out of wedlock doubled, and has risen at every age under 20.

Half of All Out-of-Wedlock Births Are to Teenagers

More than half of all out-of-wedlock births in the United States are to teenagers; one in four are to youngsters 17 and younger. Since the early 1960s, the proportion of all out-of-wedlock babies born to younger adolescents has risen by 18 percent and to older adolescents, by 40 percent.



Figure 10. Percent of births to females aged 14-19 who were out-of-wedlock, by single years of age, United States, 1960-1964 and 1970-1974

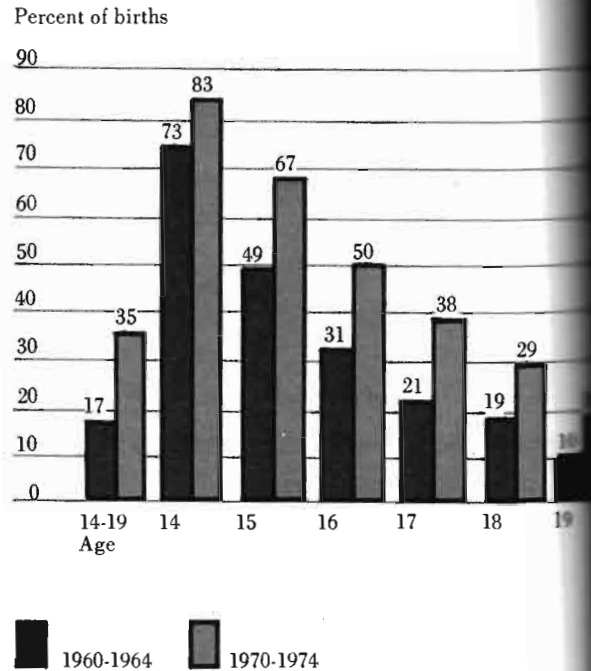


Figure 11. Percent of out-of-wedlock births that were to females aged 14-19, United States, 1961-1974

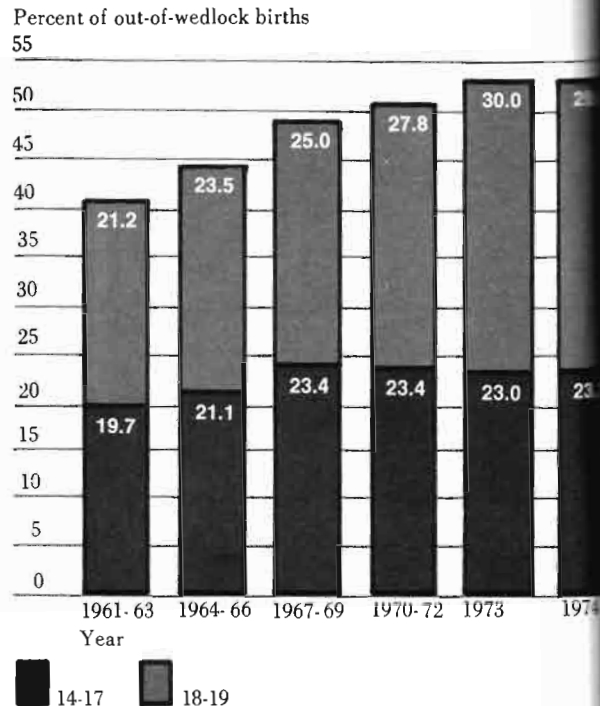
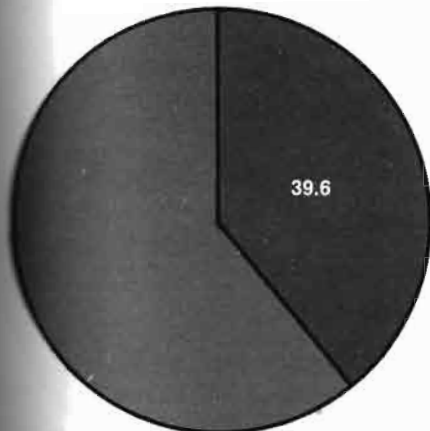
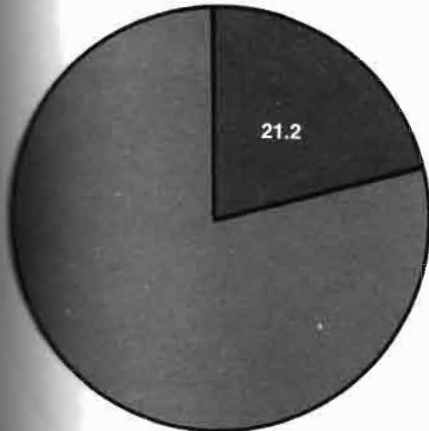


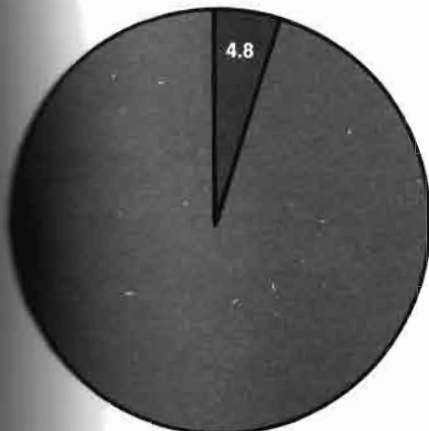
Figure 12. Percent of births to wives aged 15-17, 18-19 and 20-24 that were conceived before marriage, United States, 1972



Age 15-17



Age 18-19



Age 20-24

One-Third of Teenage Marital Births Are Conceived Prenuptially

More than 385,000 births to adolescents are to young women who are married. But nearly three in 10 births to teenage wives are premaritally conceived, occurring less than eight months after the wedding. Such births are usually legitimated by 'forced' marriages that often break up soon after the birth of the child. The proportion of births prenuptially conceived—especially those to wives under age 18—is much higher than among wives in the prime childbearing years: Forty percent of births to wives 17 and younger, and 21 percent of births to wives aged 18 and 19, are premaritally conceived, compared to only five percent among 20-24-year-olds.

Thus, a total of 326,500 births—54 percent of all births to teenagers—are conceived out of wedlock. About two-thirds are born out of wedlock, and one-third are legitimated by marriage.

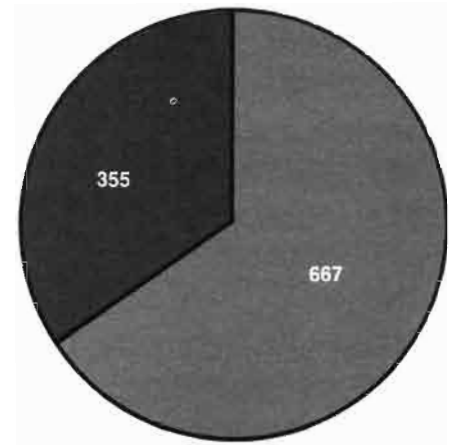


Two-Thirds of Teenage Pregnancies Are Unintended

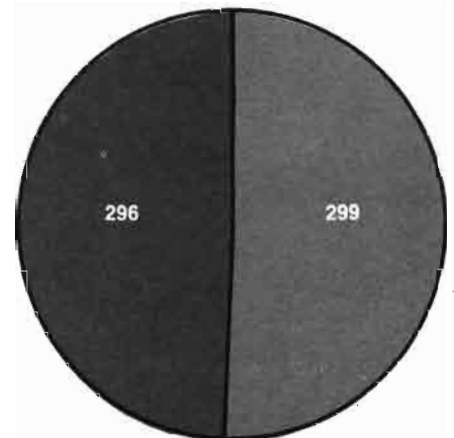
Teenage responses to national studies show that nearly two-thirds of all adolescent pregnancies and one-half of births are not intended. Of the 540,000 pregnancies each year to unmarried 15-19-year-olds, only 10 percent are intended; of the 482,000 pregnancies that occur to married adolescents, three-fifths are intended. All in all, 667,000 unintended pregnancies and 300,000 unintended births occur each year to women 15-19. Of the 30,000 pregnancies and 12,500 births to youngsters 14 and younger, the percentage that is intended is unknown, but the number must be very small indeed.



Figure 13. Number of unintended pregnancies and births to females aged 15-19, United States, 1974 (000s)



Pregnancies



Births

■ Intended

■ Unintended

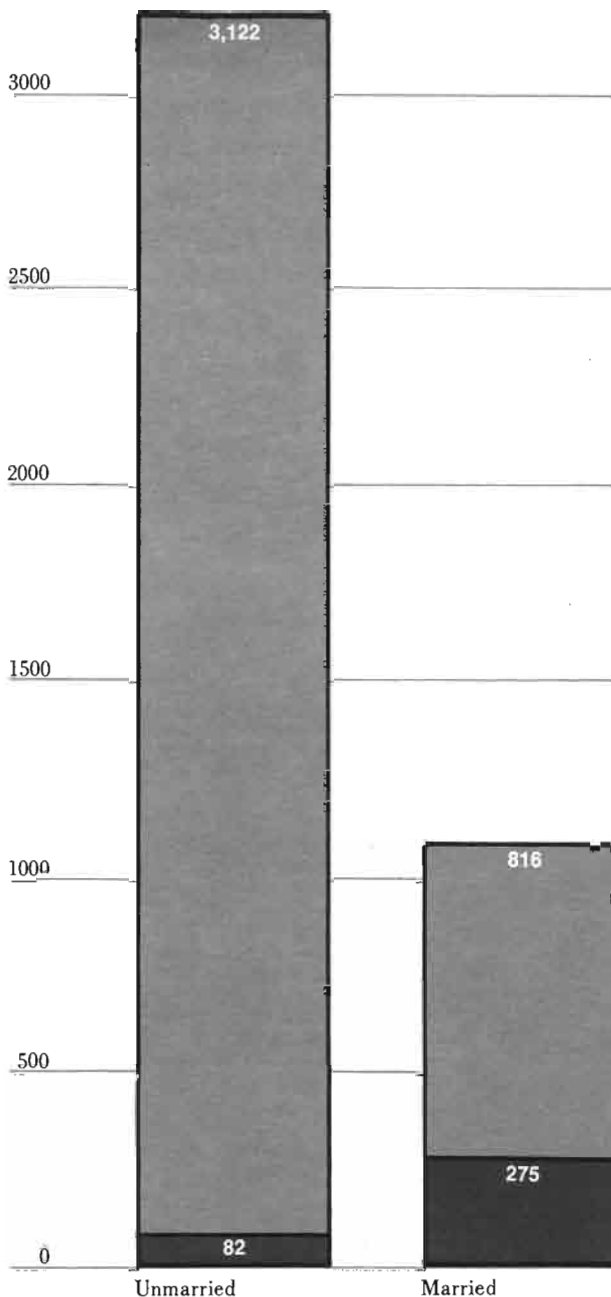
Nearly Four Million Teenagers Risk Unintended Pregnancy

More than half of the 4.3 million sexually active 15-19-year-old women want to become mothers while they are so young. Even among the 1.1 million who are married, only about 275,000 are having a wanted pregnancy or seeking one in any given year. Of the 3.2 million who are unmarried, perhaps 82,000 may want to have children out of wedlock in a single year (assuming that responses of unmarried mothers to surveys about they have had their babies accurately reflect their wishes *before* conception).

Thus, nearly four million sexually active 15-19-year-olds are at risk of having an unintended pregnancy during each year in the late 1970s, and one in six of those at risk actually do get pregnant every year. In addition to the 15-19-year-olds, 420,000 to 500,000 13- and 14-year-old girls are at risk of having unintended pregnancies, of whom 30,000 become pregnant.

Figure 14. Number of sexually active females aged 15-19 at risk annually of unintended pregnancy, by marital status, United States, 1970s

No. at risk (000s)
3500



■ Desiring pregnancy ■ At risk of unintended pregnancy

“The timing of the first birth is of crucial strategic importance in the lives of young women, because the need to take care of a baby limits severely their ability to take advantage of opportunities that might have changed their lives for the better. In this regard, the problems posed by births to unmarried women are especially serious. The girl who has an illegitimate child at the age of 16 suddenly has 90 percent of her life script written for her. She will probably drop out of school; even if someone else in her family helps to take care of the baby, she will probably not be able to find a steady job that pays enough to provide for herself and her child; she may feel impelled to marry someone she might not otherwise have chosen. Her life choices are few, and most of them are bad. Had she been able to delay the first child, her prospects might have been quite different, assuming that she would have had opportunities to continue her education, improve her vocational skills, find a job, marry someone she wanted to marry, and have a child when she and her husband were ready for it. Also, the child would have been born under quite different circumstances and might have grown up in a stable family environment.”

Arthur A. Campbell, “The Role of Family Planning in the Reduction of Poverty,” *Journal of Marriage and the Family*, 30:233, 1968

What a Difference Five Years Makes . . .

Section 2





Introduction

Most young people want to have children at some time in their lives. Few of them want to have babies while they are still teenagers themselves, but, as we have seen, 10 percent get pregnant and six percent have babies each year. Since most teenage pregnancies and births are unintended, in principle they should also be avoidable, if adolescents, whether married or not, can be helped to defer their pregnancies until they are more mature and better able to cope with the realities and responsibilities of parenthood. What difference would it make—and to whom—if most adolescents postponed childbearing until their early 20s? Section II documents some—by no means all—of the serious adverse effects on health, educational and employment opportunities, income, marital stability, and family size and spacing when young people have babies while in their teens. Unless otherwise stated, all of the comparisons are presented in terms of the added risks of childbearing during adolescence, compared to ages 20-24, the prime childbearing years. In some cases, the comparisons are to other age groups and are so indicated.

Very young women . . . are biologically too immature for effective childbearing. Prenatal care, no matter how comprehensive, seems to be unable to ensure the same mortality rates sustained by older wom-

Babies of Young Teens Two to Three Times More Likely to Die in First Year

Teenagers are much more likely to lose their babies soon after birth than women who give birth in their 20s. The younger the teenage mother, the more likely that her baby will die. About six percent of first babies born to girls under age 15 die in their first year—a rate 2.4 times higher than babies born to women who give birth in their early 20s. Babies born to 15-year-olds are two times more likely to die than babies born to mothers aged 20-24.

Low Birth Weight Is Twice as High Among Teenagers

Babies born to teenagers are much more likely to be premature and of low birth weight than infants born to mothers in their 20s. Sixteen percent of babies born to mothers under 15 are of low birth weight (less than 2,500 grams or 5.5 pounds), 2.2 times the proportion of babies born to 20-24-year-olds (seven percent). Mothers aged 15-17 are 1.5 times, and 18- and 19-year-old mothers are 1.3 times more likely to give birth to a low-birth-weight baby than are mothers in their early 20s. As a result of these higher risks, adolescent mothers, who bear 19 percent of all U.S. infants, have 26 percent of all low-birth-weight babies. Low birth weight is not only a major cause of infant mortality, but of a host of other childhood illnesses and birth injuries, such as neurological defects which may involve lifelong mental retardation. (A seven-year U.S. study found that white children born to mothers 15 and younger are 2.4 times more likely to be born with neurological defects than infants born to mothers in their early 20s.)

Figure 15. Risk of death in first year of life, per 1,000 infants of mothers aged 19 and younger and mothers aged 20-24, United States, 1960 birth cohort (Risk to babies of mothers 20-24 = 100)

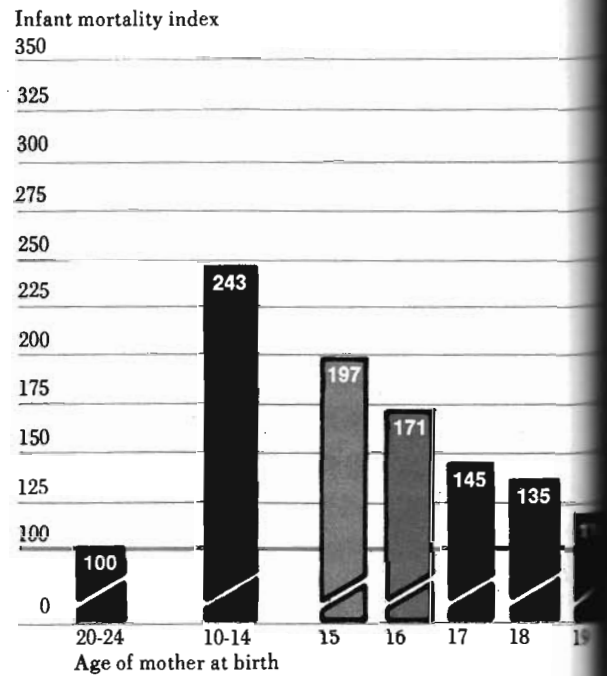
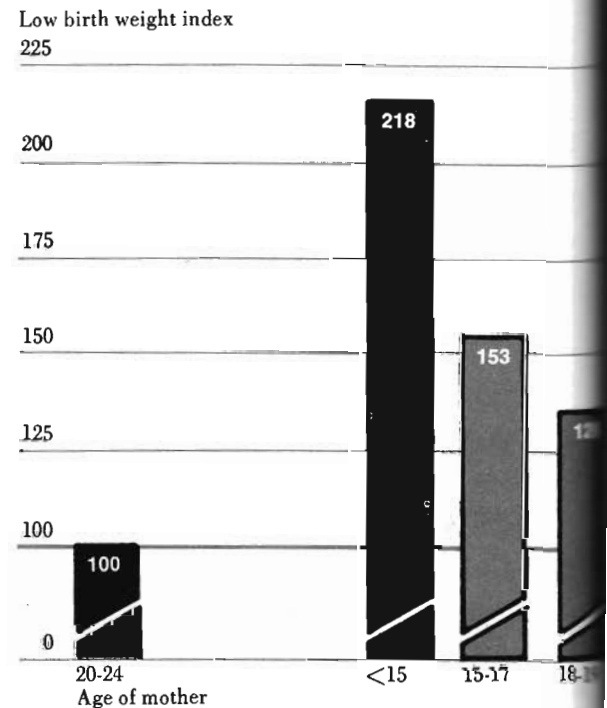


Figure 16. Risk of low birth weight ($\leq 2,500$ g) among babies born to teenage mothers and mothers aged 20-24, U.S., 1973 (Risk to babies of mothers 20-24 = 100)



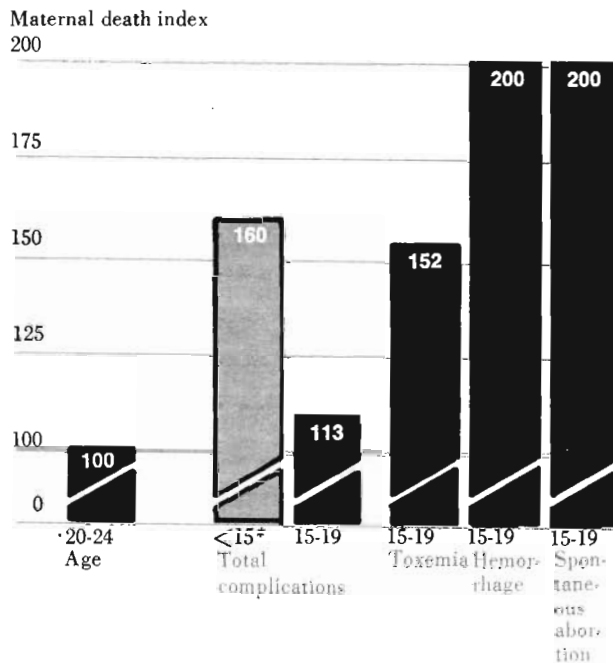
Maternal Death Risk 60 Percent Higher for Young Teenagers

Not only is the infant of a teenage mother at greater risk of death, defect and illness than the infant born to a mother in her 20s, but the teenage mother herself is more likely to die or suffer illness or injury. The death rate from complications of pregnancy, birth and delivery is 60 percent higher for women who become pregnant before they are 15 (16 per 100,000 live births); while the rate for 15-19-year-olds is 13 percent higher than for mothers in their early 20s. In some causes of maternal mortality the difference by age is especially striking: Mothers 15-19 are twice as likely to die from hemorrhage and miscarriage, and 1.5 times more likely to die from toxemia, while mothers under 15 are 3.5 times more likely to die from toxemia. Toxemia has been cited as a "special hazard" of pregnancy among the very young because of lack of development of the endocrine system, emotional stress of such early pregnancies, poor diet and inadequate prenatal care.

Toxemia, Anemia Worst Hazards

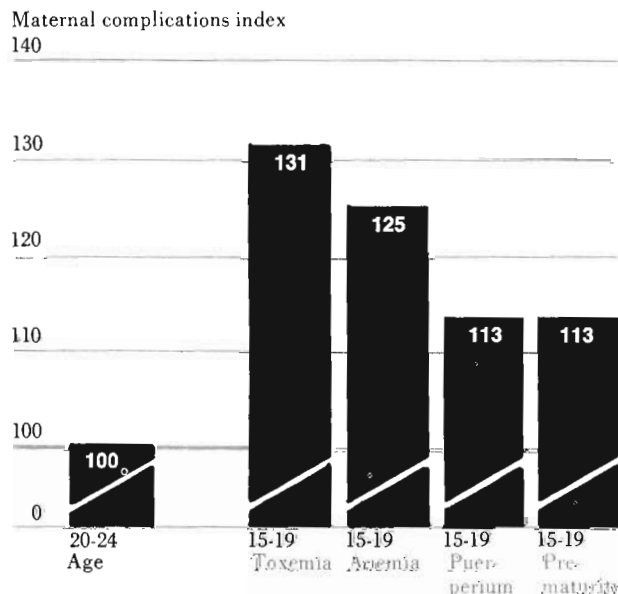
Adolescent mothers are 1.3 times more likely to suffer from nonfatal anemia (11 percent) or toxemia (nine percent) as the result of pregnancy or birth than women 20-24 (8.3 and 6.9 percent), and are also somewhat more likely to have complications during labor or as a result of a premature birth. Among other risk factors, pregnancy among very young teenagers depletes nutritional reserves needed for their own growth, and places them at higher risk for a variety

Figure 17. Risk of fatal complications during pregnancy, labor and childbirth to teenage mothers and mothers 20-24, United States, 1974 (Risk to mothers 20-24 = 100)



* Numbers too small to calculate ratios for individual complications.

Figure 18. Risk of nonfatal complications of pregnancy, labor and childbirth to previously nulliparous 15-19-year-old mothers and 20-24-year-old mothers, United States, 1960s (Risk of complications to mothers 20-24 = 100)



Teen Mothers Lack Key Skills

Teenage mothers—especially those under age 18—are likely to begin childbearing without having had the opportunity to acquire the necessary skills to compete successfully with their contemporaries who postponed having a child until their early 20s. Thus, one New York City study of mothers of first-borns found that 85 percent of those who first became mothers at ages 15-17 did not complete high school—six and one-half times the proportion of non-graduates among women who became mothers in their early 20s. Seventy-nine percent of the 15-17-year-old mothers had no job experience at the time of birth—six times the proportion among women who did not have their first child until they were 20-24. Eight out of 10 of the very young mothers were unmarried at the time of birth—a rate six times higher than among mothers 20-24. Those who first gave birth at ages 18 and 19 also were disadvantaged compared to the older mothers.

Figure 19. Risk of not completing high school, working or marrying before first birth, by age at which first birth occurs, New York City, 1973 (Risk in each category among women who become mothers 20-24 = 100)

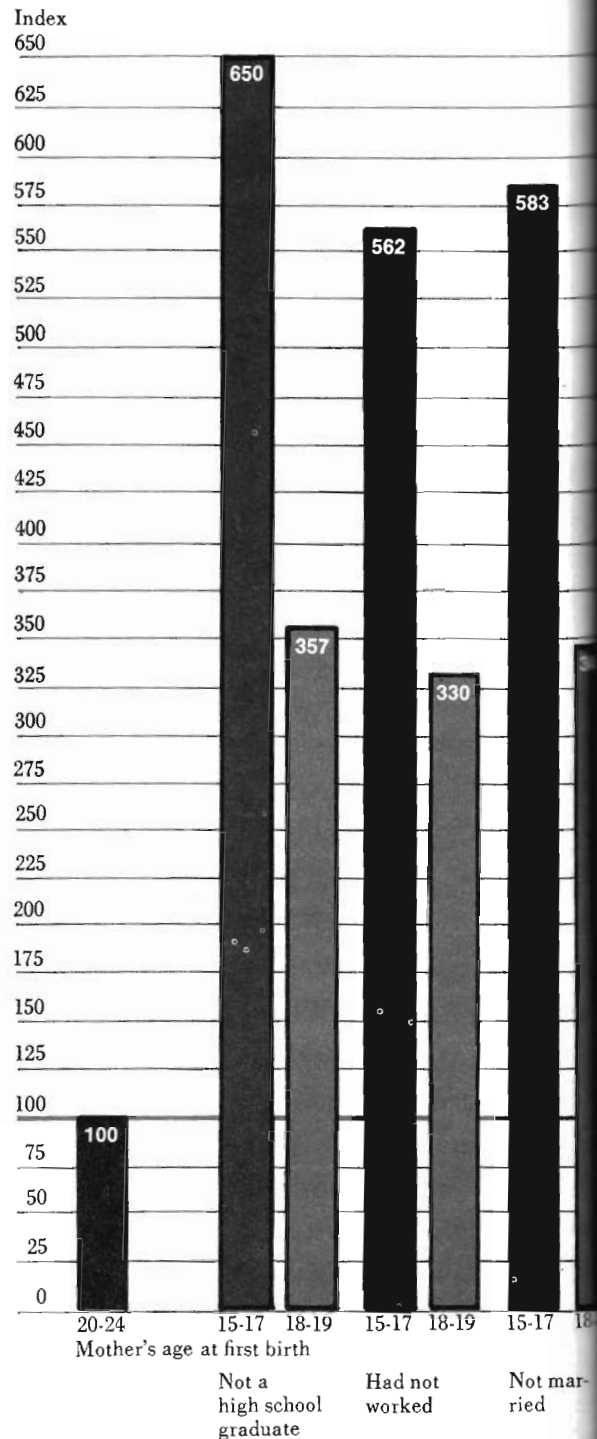
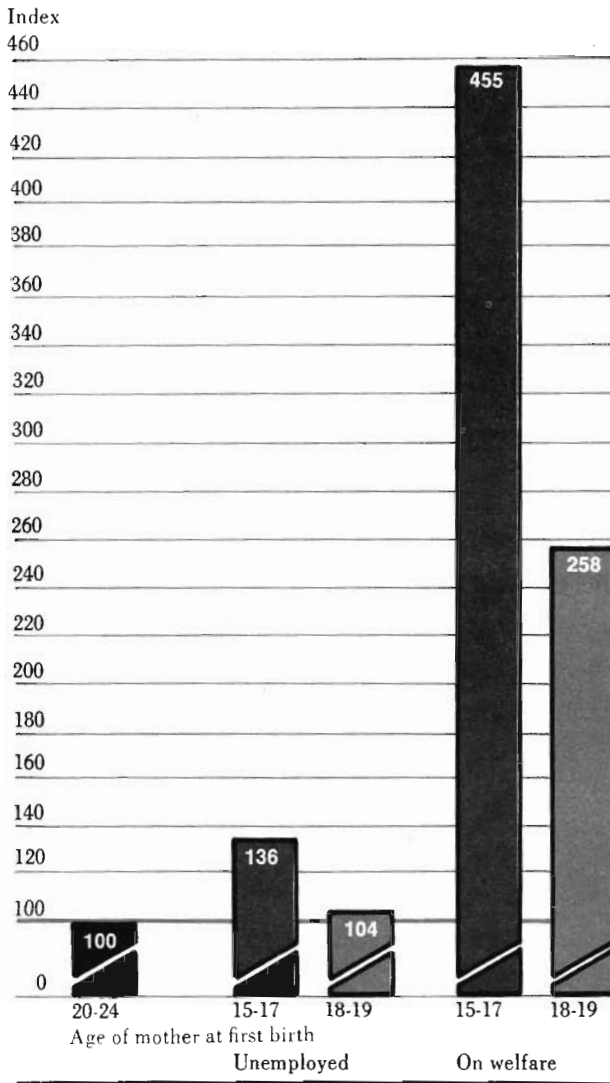


Figure 22. Risk of unemployment when first child is 19 months old, and dependence on welfare after first birth, by age of mother at birth of child, New York City, 1973-1974 (Risk in each category among women who became mothers at age 20-24 = 100)



Teen Mothers Face Greater Risk of Unemployment, Welfare Dependency

Teenage mothers are less likely to work and more likely to be on welfare than mothers who first give birth in their 20s. Nineteen months after the birth, the New York City study showed that 91 percent of women who first had babies at ages 15-17 had neither full or part-time employment—1.4 times the proportion unemployed of those who first gave birth at ages 20-24. Mothers who gave birth at ages 18 and 19 were also slightly more likely to be unemployed than the older mothers. Seventy-two percent of mothers who first gave birth at ages 15-17 were receiving welfare, 4.6 times the proportion of those who gave birth at ages 20-24; while 41 percent of those who gave birth at ages 18-19 were on welfare—2.6 times the proportion of mothers who began childbearing in their early 20s.

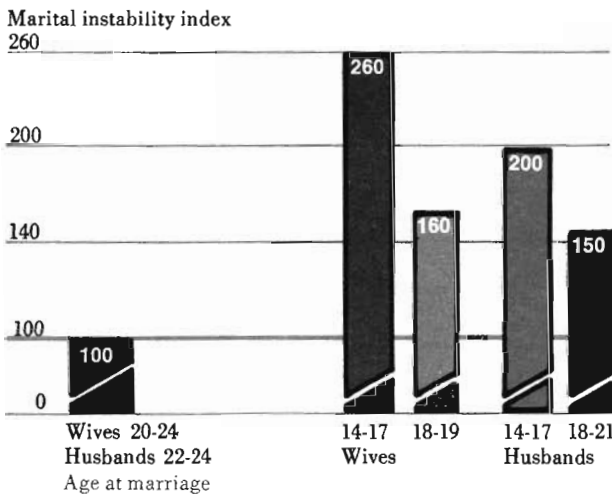
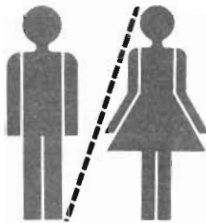
“Services responsive to health and welfare needs, most critically in the area of sexual and fertility, continue to be denied to minors on the basis of their age alone. We believe that this denial constitutes an infringement of their rights as individuals. We believe that all medical services should be rendered according to individual needs and ability to comprehend and cope with the type of care requested and indicated, and on this basis only. Services to minors should be provided on the basis of their need and request for such services, and on their own consent alone.”

Planned Parenthood Federation of America, 1972

Teen Marriages Two to Three Times More Likely to Break Up

Brides aged 17 and younger are three times more likely, and husbands twice as likely, to split up with their spouses than those who marry in their early 20s, surveys of U.S. ever-married couples show. More than one-quarter of first marriages where the bride is 14-17 end in divorce or separation, compared to 10 percent where the bride is 20-24. Marriages in which the husbands are adolescents show a similar trend of instability (12 percent of teens, vs. six percent who married at 22-24).

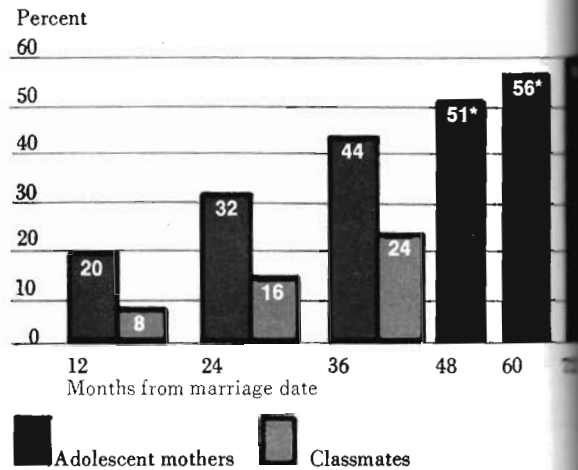
Figure 25. Risk of first marriage ending in divorce or separation where partners married as teenagers and at age 20-24, United States, 1968-1972. (Risk of separation to women married at 20-24, and men married at 22-24 = 100)



Three in Five Pregnant Teen Brides Divorced Within Six Years

A Baltimore study found that three out of five premaritally pregnant mothers aged 17 and younger were separated or divorced within six years of the marriage. One out of five of the marriages were dissolved within 12 months, two and one-half times the proportion of broken marriages among classmates of the adolescent mothers who were not pregnant premaritally. Even at the end of 60 months, the premaritally pregnant teen brides were nearly twice as likely to be separated as their classmates. Those teen mothers who married the father prior to their child's delivery were more likely to be separated than those who did not marry until after the birth.

Figure 26. Percent of marriages to premaritally pregnant adolescent mothers ending in separation or divorce within 12, 24, 36, 48, and 60 months from marriage date, compared to marriages of classmates who married later and were not premaritally pregnant, Baltimore, 1966-1972

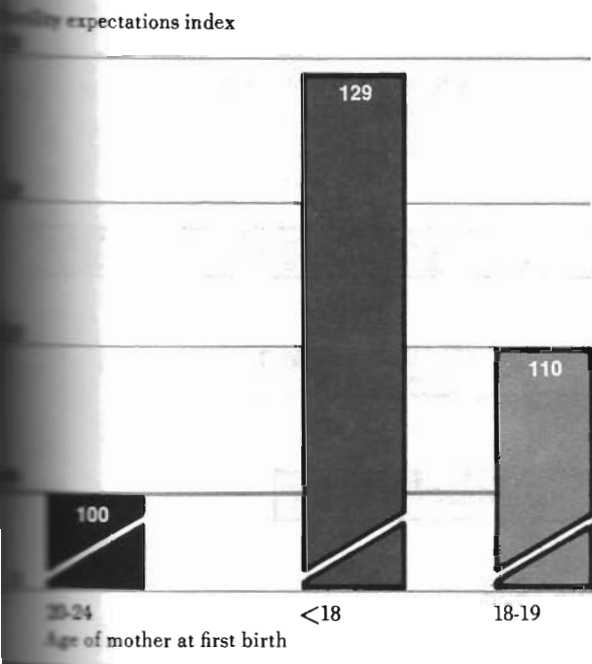


* Classmates married later than adolescent mothers so insufficient numbers were married 48 months and longer at 1972 survey date for analysis.

Young Mothers Will Have 1.3 Times More Children

Married women who begin childbearing before they are 18 expect a completed family of nearly four children, while those who wait until their first birth until they are 20-24 expect fewer than three children. These very young adolescents will have families 1.3 times larger, and even women who begin childbearing at 18 or 19 will have families 10 percent larger, than women who begin to have children at ages 20-24.

Figure 27. Comparison of total children expected by women who gave birth as teenagers and at age 20-24, United States, 1973 (Number of children expected by women 20-24 = 100)





Ignorance, Inaccessibility Main Reasons for Nonuse of Contraception

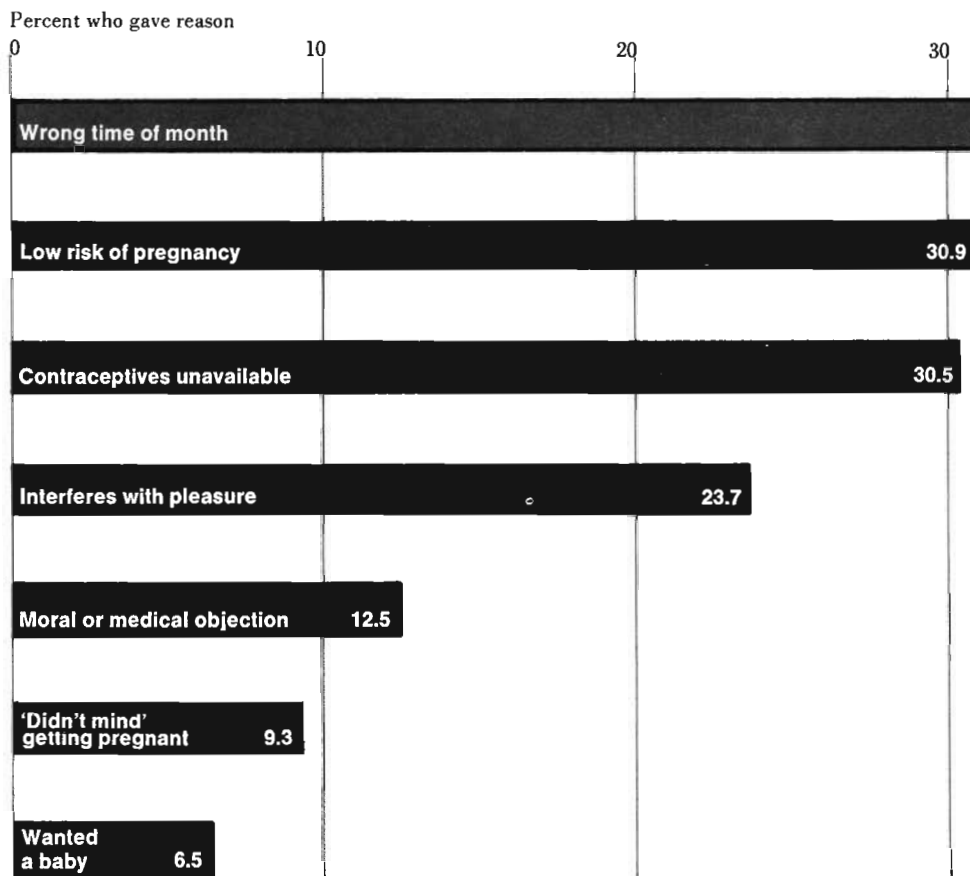
The two most significant factors in determining whether a teenager will become premaritally pregnant, according to a 1971 nationwide study, are the number of years she has been sexually active, and whether she uses contraception. About half of sexually active, never-married teenagers said that they did not use a contraceptive the last time they had intercourse, and four out of five said that they had had sexual relations without using contraception at some time. Even those who used contraception relied primarily on the least effective methods.

The major reasons for not using contraception were that the teenagers (usually mis-

takenly) thought that they could not become pregnant because of time of month, age, infrequency of intercourse, or because of contraceptives were not available when they needed them. Three in 10 teens said access to contraceptives was a "major problem" (The first set of reasons could be remedied with better education, the second with more adequate service programs.)

Contrary to some conventional wisdom on the subject, only one in 15 said that they did not use contraception because they were trying to have a baby, and only one in 10 indicated that they wouldn't mind getting pregnant.

Figure 28. Reasons given by females aged 15-19 for not using contraception, United States, 1971



What is Being Done?

Section 3

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Introduction

About two-thirds of the one million pregnancies that occur to teenagers each year are unintended, and about half of teen pregnancies result in the births of unplanned children. Many of the health, social and economic consequences of adolescent childbearing—especially of births to the youngest teenagers—are adverse and serious, whether or not the birth is wanted by the young person at the time, or whether or not she is married. The great majority of adolescents, especially those who are younger, do not want to become pregnant or to have babies while in their teens. For most teenagers, and for American society, the principal issue is prevention.

There are two types of services that can be made available to help avoid early unscheduled parenthood. Schools, churches, the media and parents can provide relevant sex education that includes realistic information about the risks of unprotected intercourse, about contraception and abortion, and about facilities where teenagers may obtain the help they need. In addition, health institutions can make available modern, effective fertility control services, without high cost, humiliation or invasion of the privacy of adolescents by requiring that they inform their parents. Should the young woman be pregnant, she can be offered understanding pregnancy counseling, and unbiased information about *all* of the options available, including referral to an abortion service if she wants to terminate the pregnancy.

If a teenager wishes to continue the pregnancy to term, health, educational and social service institutions can do much to improve the chances of both the mother and her child

by providing good prenatal and delivery care, adequate nutrition during pregnancy, continuing education or, where appropriate, job counseling and placement for the parent and day care for the child. If public assistance is needed in the form of food stamps, AFDC or social or health services, it should be available without demeaning requirements that keep teenage mothers from getting the care they and their offspring need.

To what extent is society meeting the needs of adolescents who seek to avoid becoming parents as well as the needs of those who have become or are about to become parents? In this section we assemble available information—often quite sparse

“Every child . . . shall have the right to receive appropriate medical care and treatment . . . [including] the right to receive medically prescribed contraceptive devices . . . adequate and objective counseling relating to pregnancy and abortion . . . [and] medically accepted treatment which will result in abortion . . .”

The National Association of Children's Hospitals and Related Institutions, “Pediatric Bill of Rights,” 1974

Only One-Fifth of States Requiring Health Education Mandate Sex Education in the Schools

Given current patterns of maturation among U.S. teenagers, family life and sex education courses that include relevant facts about human reproduction and fertility control need to be taught no later than the junior high school years. This is necessary if teenagers are to be prepared to understand realistically the development of their own sexual feelings and to cope effectively with the experiences of their adolescent years. It is also a first line of defense against unwanted pregnancy, and basic preparation for the problems and responsibilities of parenthood. Louisiana is the only state that by law prohibits sex education instruction in the pub-

lic schools; and only Michigan (which, however, mandates "sex education") and Louisiana forbid teaching about birth control.

Only 29 states and the District of Columbia require teaching health education courses in public schools; and of these, six states and the District mandate the teaching of some form of family life or sex education. Other states "encourage" such courses or specify that they are a local option. Often state policy is hedged with restrictions (such as demanding written parental approval for attendance at such courses). In any rate, hundreds of localities have opted to forbid sex education and/or birth control education altogether, or to restrict it severely.

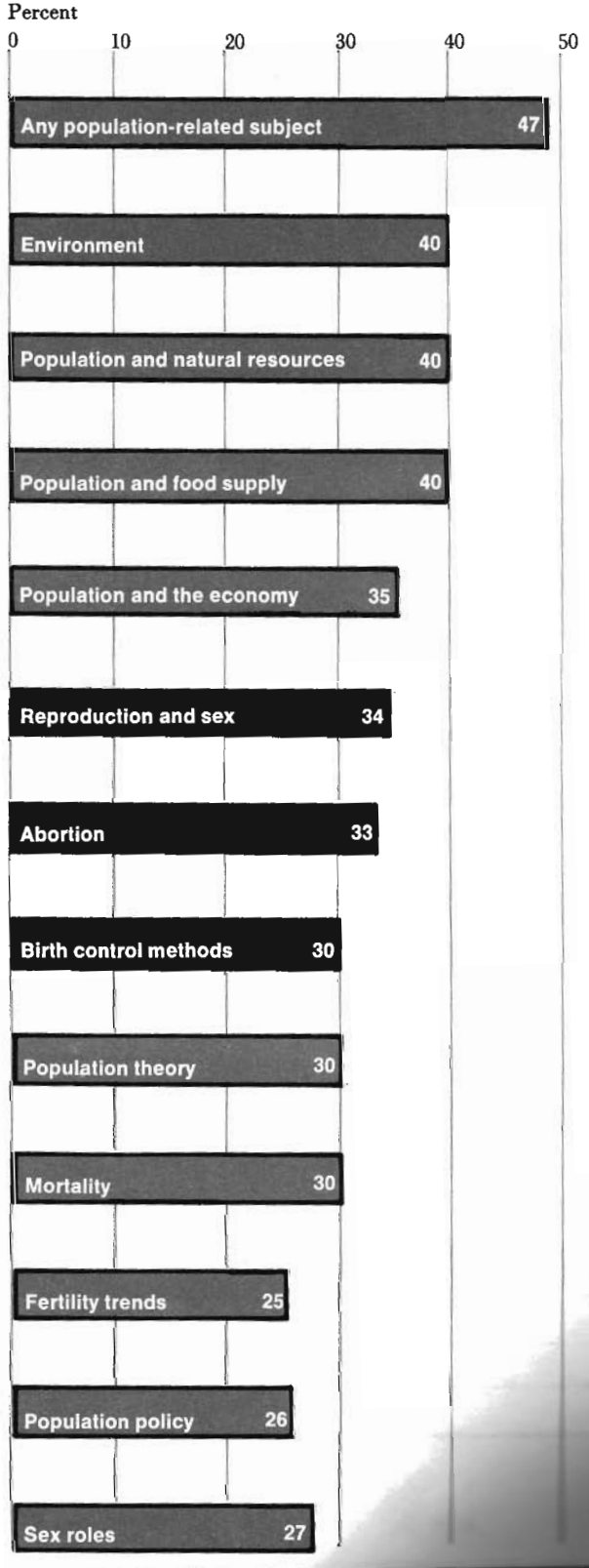
Figure 29. States that mandate health education programs, by whether they require sex education programs in the United States, 1975



Only Three in Ten Teach About Birth Control Methods in High Schools

Information about the extent to which U.S. schools provide family life or sex education is scarce. In a recent nationwide study of high school teachers from appropriate disciplines, nearly half said they taught about population-related topics. However, only about one-third said that they taught anything about human reproduction and sexuality or about abortion. Even fewer taught anything about birth control methods. Three-quarters of those who taught any population-related topic thought that human reproduction and sexuality are "controversial" subjects, and more than nine out of 10 taught birth control methods or abortion are "controversial." (Most considered these topics to be "very controversial".)

Figure 30. Percent of high school teachers who teach any population-related subject, by topic taught, United States, 1976

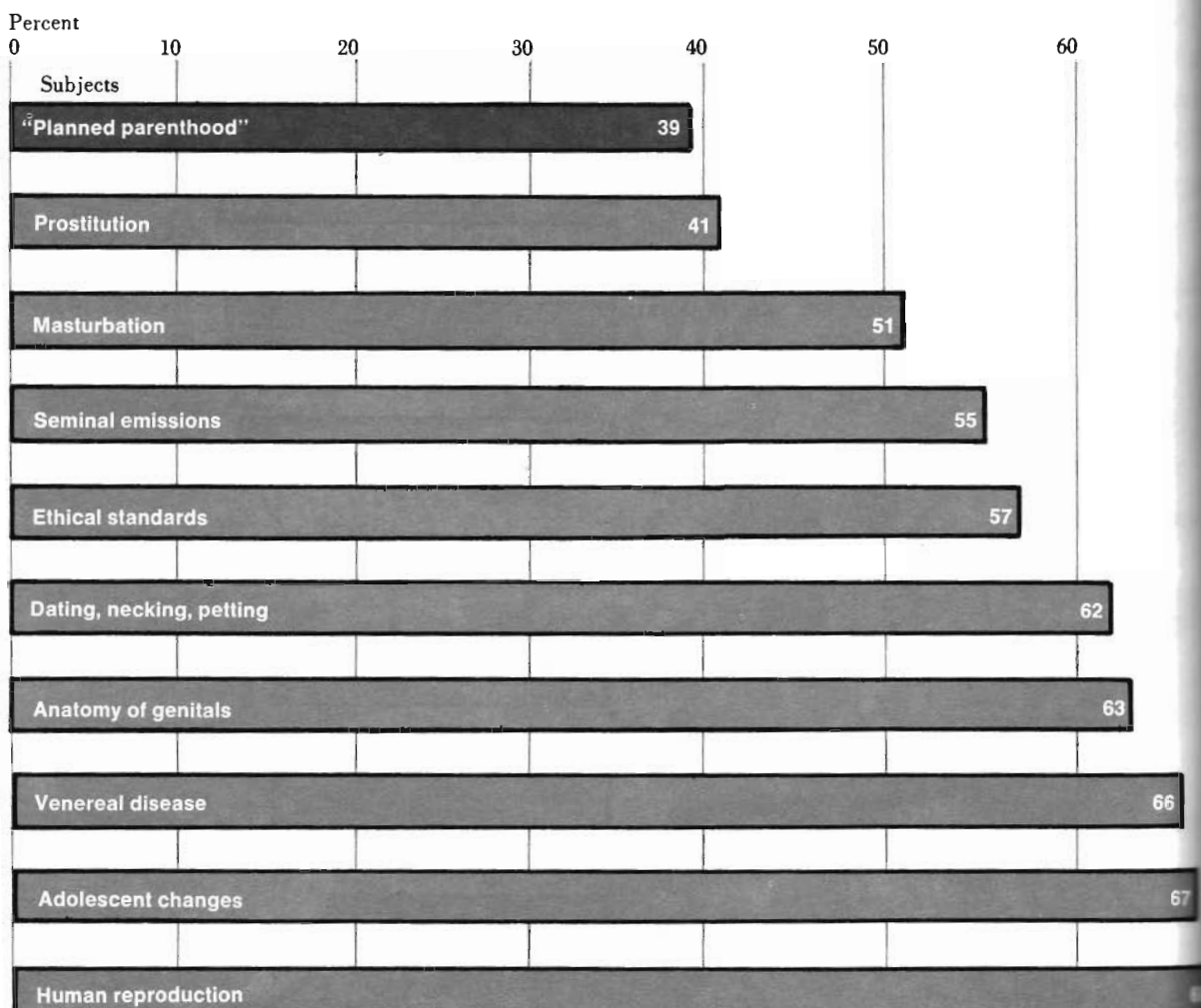


Six in Ten Sex Education Programs Exclude Birth Control

A survey of U.S. school districts found that even where sex education programs are offered, family planning is the least likely topic to be covered. Only 39 percent of districts with sex education programs taught anything about birth control (even prostitution was better covered—by 41 percent of programs). Venereal disease, “changes in

adolescence,” and human reproduction were the most popular topics—each offered in about two-thirds of the sex education programs. There is little evidence that such limited sex education programs have had any effect on prevention of early pregnancy. One study of young mothers found that whether or not they had this type of “sex education” course in school had no effect on subsequent use or nonuse of contraception.

Figure 31. Percent of school districts with sex education programs teaching selected subjects, United States.



Most in Ten Support Sex Education and Birth Control Services for Teens

The failure of the schools to provide adequate birth control and sex education programs contrasts sharply with overwhelming support by the community generally, including parents of teenagers, for such programs. Six out of 10 Americans old enough to be children of junior high or high school favor the teaching of sex education in the schools—as well as of the provision of contraceptives to unmarried teenagers.

One-Fourths of Mothers 17 and Younger Have No Health Insurance

Though most teenage pregnancies and births are unintended, some are wanted and it is likely that some young men and women will continue to choose to become parents even if they learned a good deal in their teens about the consequences of early childbearing. Because of the higher health risks in early pregnancies, adolescents need more medical attention during pregnancy than older women. But this high-risk group is not likely to be able to afford adequate prenatal care. More than three-quarters of mothers who give birth at age 17 or younger have no health insurance at all. Only one-fifth are covered for prenatal care; fewer than one-fifth for payment of their hospital and doctor bill. These young teenagers are more than twice as likely as 20-24-year-olds to be without coverage. Even 18- and 19-year-olds are nearly twice as likely as mothers in their early 20s to be without health insurance for these vital services. These gaps in health insurance coverage are compounded by the lack of resources of many pregnant adolescents.

Figure 32. Percent of U.S. men and women favoring the teaching of sex education in the schools and the availability of birth control methods to unmarried teenagers, by age, 1972

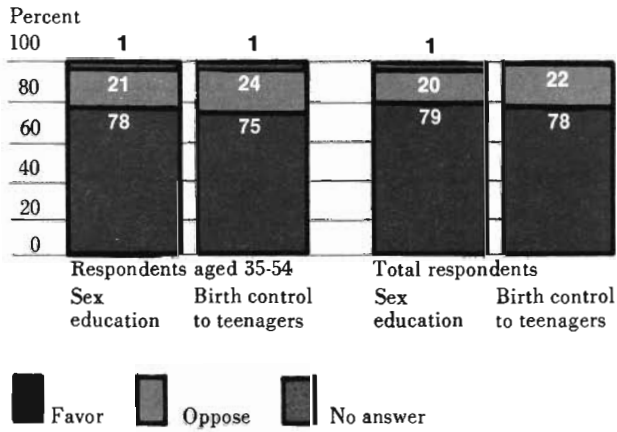
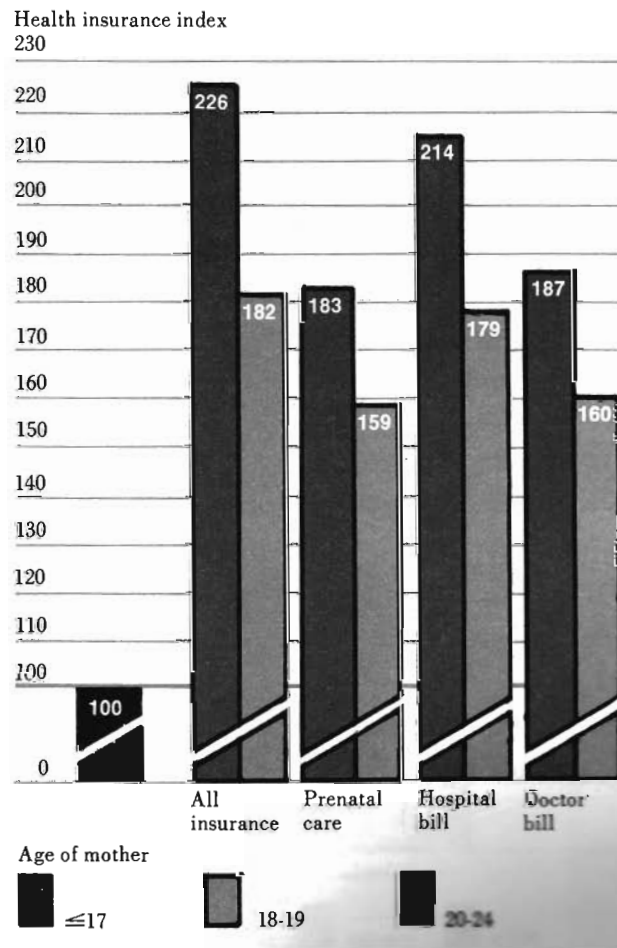


Figure 33. Risk of not being covered by health insurance for prenatal and maternity care, teenage mothers and mothers 20-24, United States, 1972 (Risk among mothers 20-24 = 100)

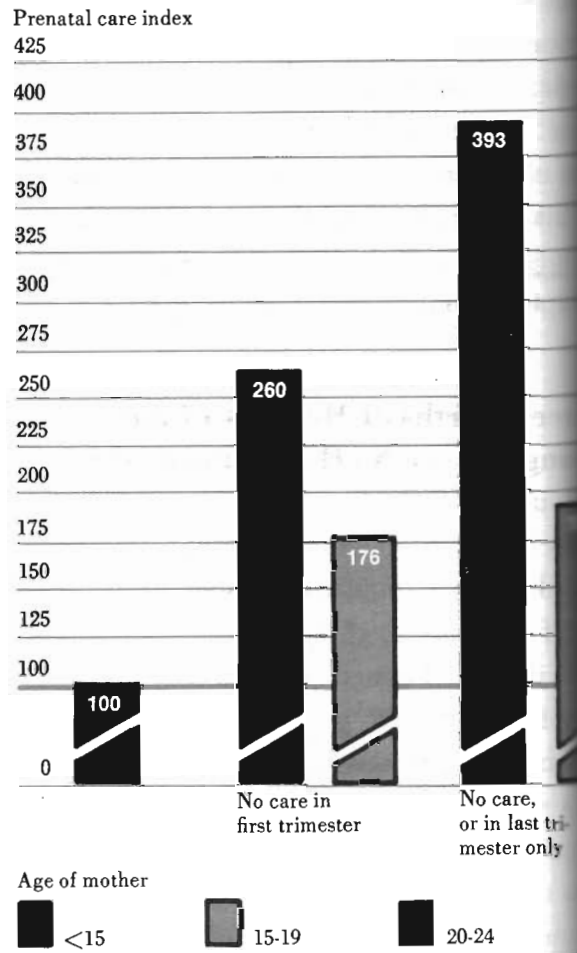


Seven in Ten Young Teens Get No Prenatal Care in First Trimester

Because 22 states do not consider a low-income pregnant woman eligible for public assistance until after she has delivered her baby, many pregnant adolescents are unable to secure a Medicaid card to obtain prenatal care, or to get cash assistance to maintain minimal nutritional standards during pregnancy. The requirement that the young applicant must name and help locate the father of the baby also deters many adolescent mothers from seeking public aid. In addition, the inadequacy of public maternal and child health and of children and youth programs contributes to the ironic result: Women at highest health risk from pregnancy get the least medical attention.

Seven out of 10 mothers under age 15 do not get *any* prenatal care through the first trimester of pregnancy, nearly three times the proportion of 20-24-year-olds. Older teenagers, too, are nearly twice as likely not to get prenatal care during the first trimester. Indeed, nearly one-quarter of mothers under 15 get no prenatal care at all or delay it until near the end of the pregnancy, four times the proportion of mothers 20-24. Teenagers generally are twice as likely as those in their early 20s to give birth without prenatal care through the first six months.

Figure 34. Risk of not receiving prenatal care by first trimester, and receiving no prenatal care or delay until last trimester, teenage mothers and mothers 20-24 United States, 1974 (Risk among mothers aged 20-24 = 100)

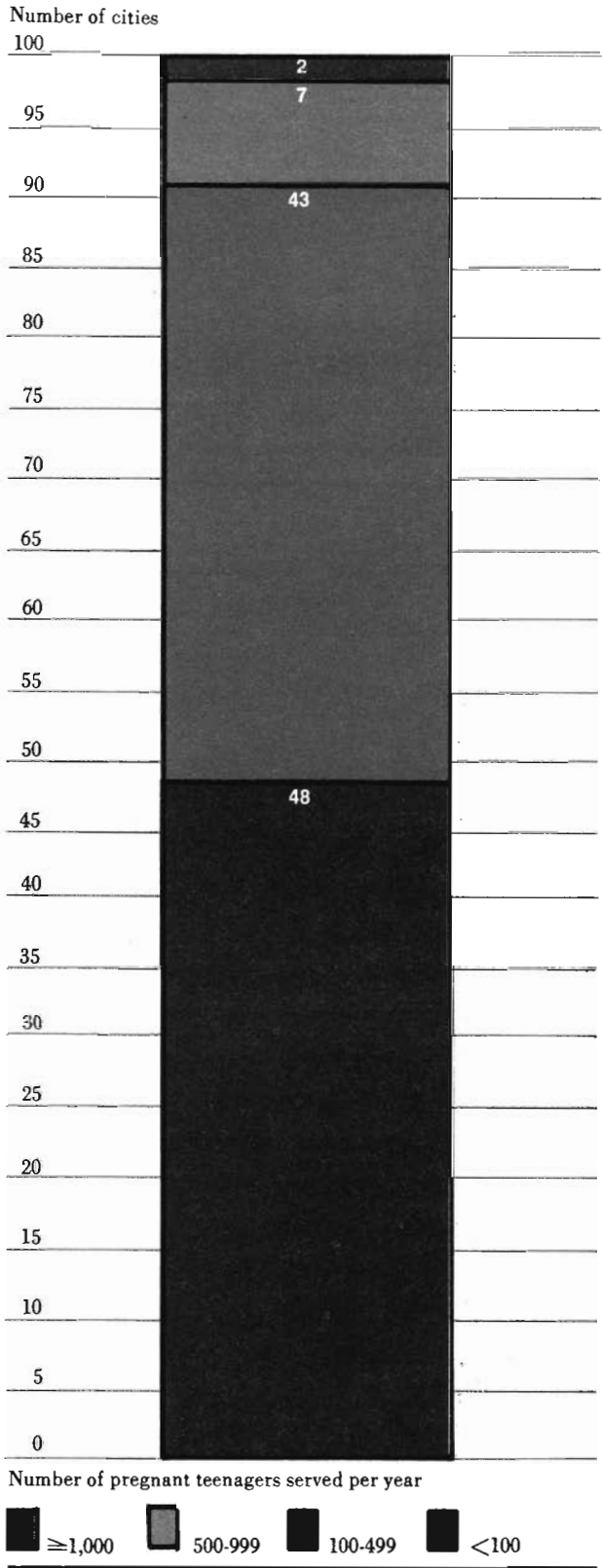


Programs for Pregnant Teens Serve Few Patients in Most Cities

The inadequacy of public prenatal care and delivery services, and the fact that pregnant teenagers need social and educational as well as health services, led in the last decade to the establishment of more comprehensive special programs for pregnant adolescents. Of 150 cities with populations of 100,000 or more surveyed in 1970, 111 replied that they had some kind of special program for pregnant adolescents. But only nine of the 111 cities that provided data reported that their programs could care for 500 or more teenagers a year. Nor are many programs very comprehensive. Day care of infants, nutrition and special work with fathers were services least frequently provided and, although half of the programs said that they provided contraceptives to teenagers, the vast majority of these required parental consent.

The number of programs for pregnant adolescents and school-age mothers has grown. It is estimated that there were about 100 programs by 1974. Most of the programs continued to be designed, however, to supply emergency aid to help the young mother get through the prenatal or early postpartum period. Once she becomes a parent, she is often left to her own resources. Typically, these programs do not offer many essential services, including family plan-

Figure 35. Number of special programs for pregnant teenagers, by number of patients served per year, United States, 1970 (data for 100 cities)



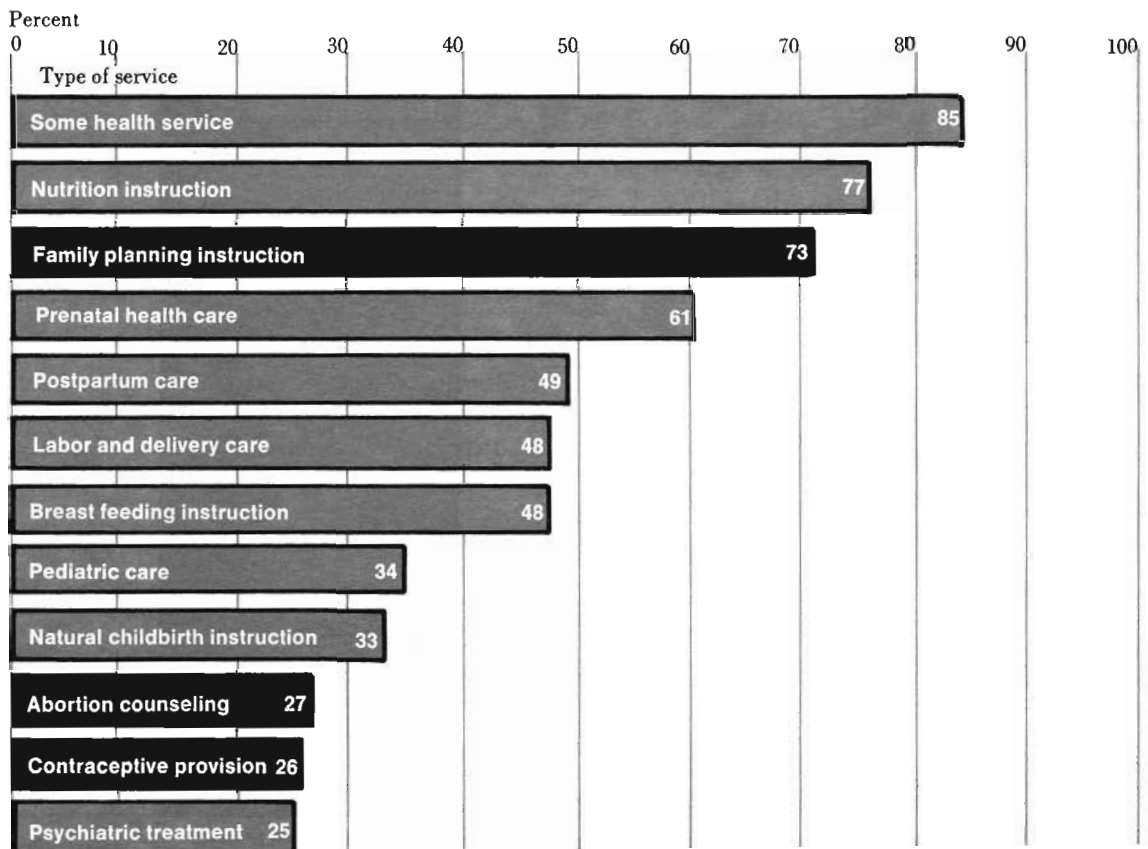
Three Fourths of 'Comprehensive' Teen Programs Do Not Offer Birth Control Services

In another study in 1972 of 128 "comprehensive" multiservice programs for pregnant teenagers, 15 percent offered no health services at all; three-quarters did not offer contraceptive services or abortion counseling (although seven in 10 did offer "instruction" about family planning); two-thirds did not offer pediatric care; half did not offer medical care at delivery; and 40 percent offered no prenatal care. The most frequently offered health service (by 77 percent of the programs) was instruction in nutrition.

"Organizations concerned with adolescent reproduction should develop programs to provide pregnant adolescents who elect to continue their pregnancy with prenatal, delivery, and postpartum care to improve pregnancy outcome . . . Adolescent parents should receive individualized information concerning safe and reliable contraception."

Recommendations, First Interhemispheric Conference on Adolescent Fertility, 1976

Figure 36. Percent of 'comprehensive' multiservice programs for pregnant teenagers offering various health services in the United States, 1972 (128 cities)

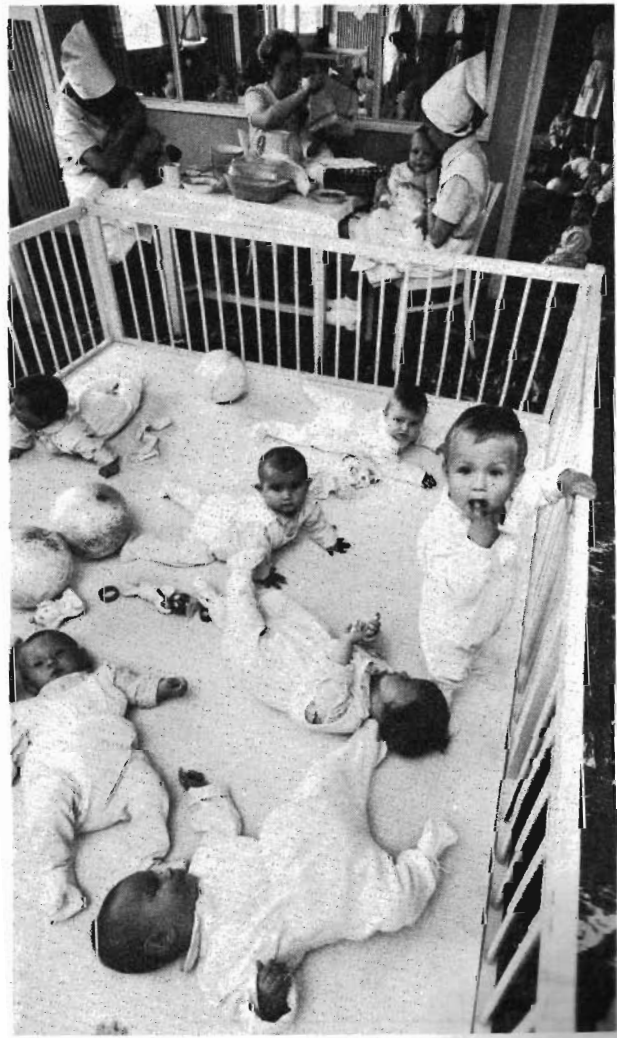
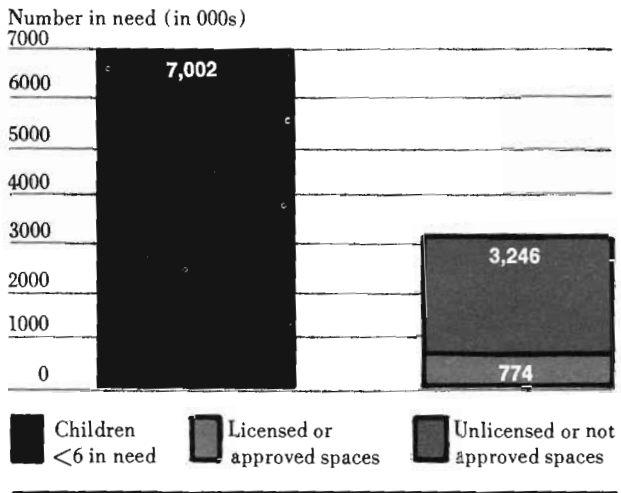


Light in Ten Day Care Centers Can't Care for Children Under Two

Adolescent mothers cannot complete their educations or get jobs without access to day care for their babies. Subsidized day care services are needed for at least seven million children under six, but there are only spaces for only four million children of all ages. The overwhelming majority of these children are being taken care of by 'sitters'—relatives in the child's home or in other licensed private family homes, many of which, according to the National Council of Organizations of Children and Youth, "are not custodial and at worst destructive." About three-quarters of a million children of all ages are being cared for in licensed or approved facilities that meet minimum standards of acceptability.

The teenage mother's greatest need is for day care, since, if she must wait until her child is three—or even two—to place the child in day care, the likelihood of completing her own interrupted education becomes remote. Yet, many states have laws prohibiting licensed day care centers from accepting infants. In the country as a whole, 85 percent of voluntary day care centers and 74 percent of for-profit centers will not accept children under the age of two. Even for older, more experienced mothers, it is increasingly difficult to find adequate day care spaces. For the teenage mother, the likelihood of finding a space is at best minute.

Figure 37. Children under six years old in need of day care, and existing services for children of all ages, United States, 1972



Laws Change to Affirm Right of Teens To Birth Control Services

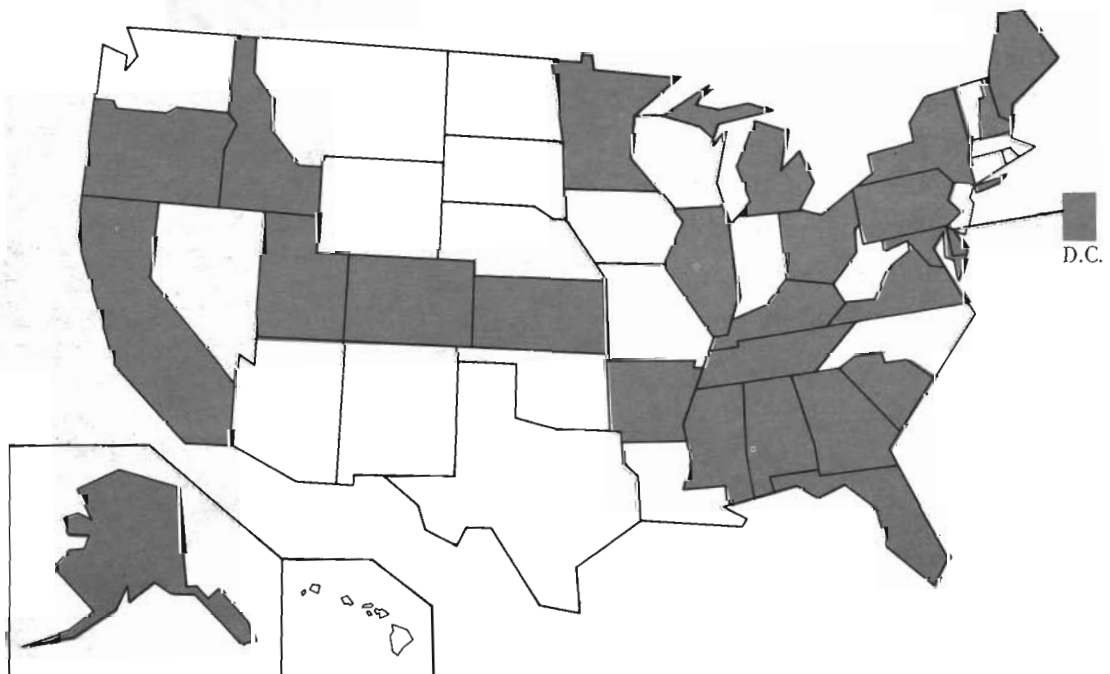
Most adolescents would avoid pregnancy and childbirth if they could. Given current sexual patterns, the only way to achieve this goal is through the effective practice of fertility control. In 1971, fewer than one-fifth of sexually active unwed teenagers used any method of contraception consistently, and fewer than half had tried to protect themselves the last time they had intercourse; of these, only one-quarter had used highly effective methods. One reason for this was that until very recently, laws, policies and practices combined to deny adolescents access to effective services to prevent or terminate unwanted pregnancies.

Changes in public laws and policies during the 1970s have helped to break down the barriers. Numerous court decisions have upheld the right of minors to consent for contraceptive care; and laws in 26 states

and the District of Columbia specifically affirm that right. In addition, the Supreme Court has ruled that federally funded programs providing family planning to teenagers may not require parental permission as a condition of service. In 1976, the Supreme Court declared unconstitutional Missouri's law giving parents the right to veto abortion services to their minor children (26 states had earlier passed laws allowing parents to veto abortions for unmarried minors).

However, large numbers of hospital health agencies and individual physicians still refuse to provide fertility control services to teenagers without written parental permission. Many apparently fear being sued for damages, although the law seems to state that there can be no successful suit against a physician or health agency for providing contraceptive or abortion services to a sexually active minor on her own consent.

Figure 38. States that affirm the right of minors to consent for their own contraceptive care, 1976

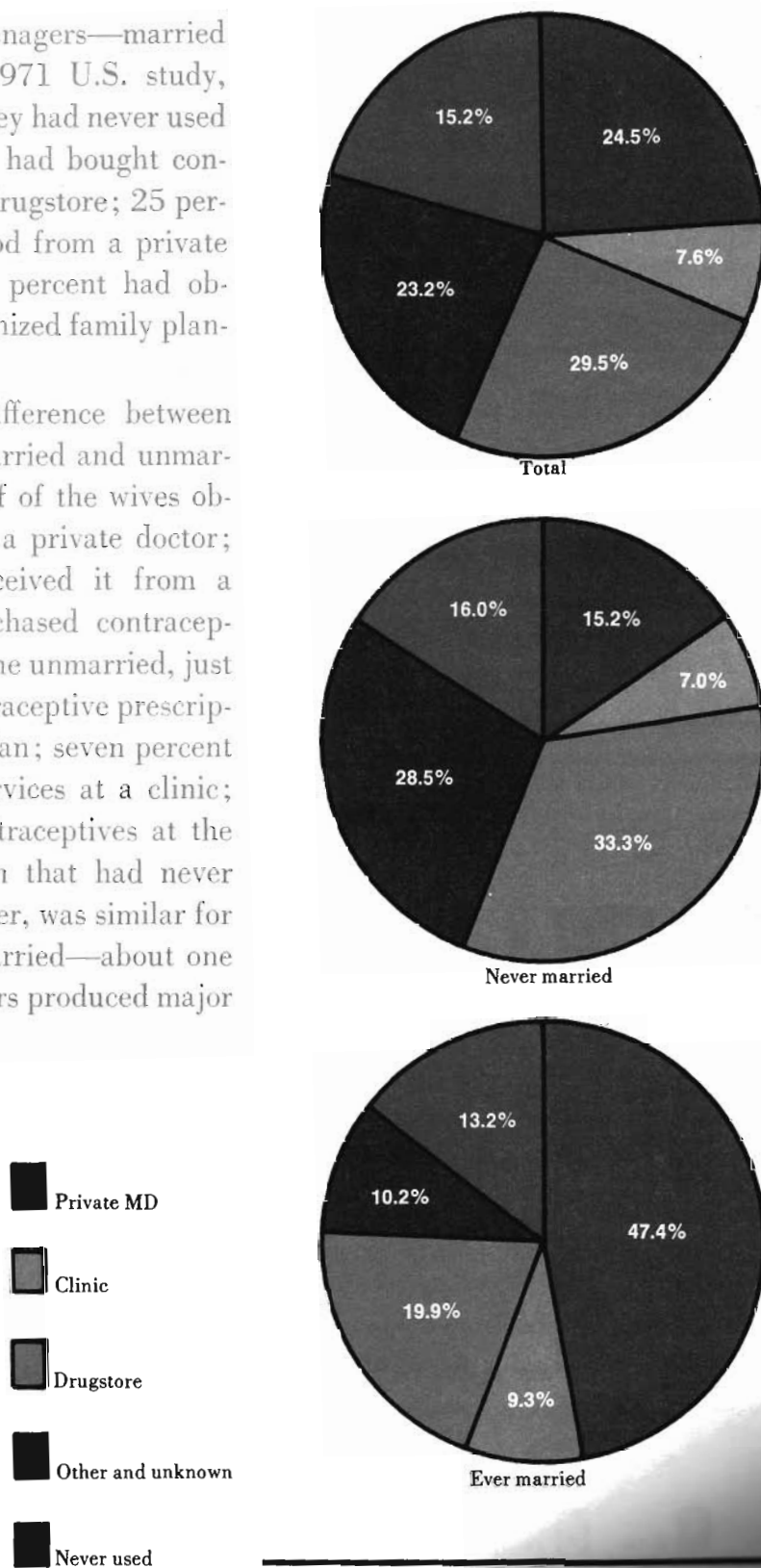


1971: Only One-Third of Teens Had Obtained a Birth Control Method from a Clinic or MD

All sexually active teenagers—married and unmarried—in the 1971 U.S. study, 67 percent reported that they had never used contraception; 30 percent had bought contraceptives, foam or gels at the drugstore; 25 percent had obtained a method from a private physician; and just eight percent had obtained a method at an organized family planning clinic.

There was a major difference between sources of care for the married and unmarried teenagers. Nearly half of the wives obtained their method from a private doctor; whereas nine percent received it from a clinic; and one-fifth purchased contraceptives at the drugstore. Of the unmarried, just 16 percent received a contraceptive prescription from a private physician; seven percent obtained contraceptive services at a clinic; one-third bought contraceptives at the drugstore. The proportion that had never used contraception, however, was similar for married and the unmarried—about one in two. The next five years produced major changes in these patterns.

Figure 39. Source of contraception among sexually active teenagers, United States, 1971



1971: Only One-Third of Teens Had Obtained a Birth Control Method from a Clinic or MD

All sexually active teenagers—married and unmarried—in the 1971 U.S. study, 30 percent reported that they had never used contraception; 30 percent had bought condoms, foam or gels at the drugstore; 25 percent had obtained a method from a private physician; and just eight percent had obtained a method at an organized family planning clinic.

There was a major difference between the source of care for the married and unmarried teenagers. Nearly half of the wives obtained their method from a private doctor; the same percent received it from a clinic and one-fifth purchased contraceptives at the drugstore. Of the unmarried, just 16 percent received a contraceptive prescription from a private physician; seven percent obtained contraceptive services at a clinic; and 29 percent bought contraceptives at the drugstore. The proportion that had never used contraception, however, was similar for the married and the unmarried—about one-third. The next five years produced major changes in these patterns.

Figure 39. Source of contraception among sexually active teenagers, United States, 1971

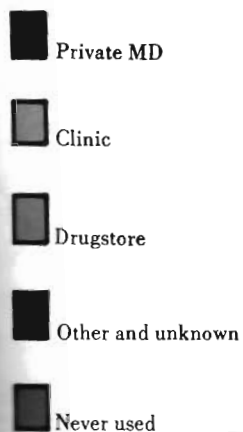
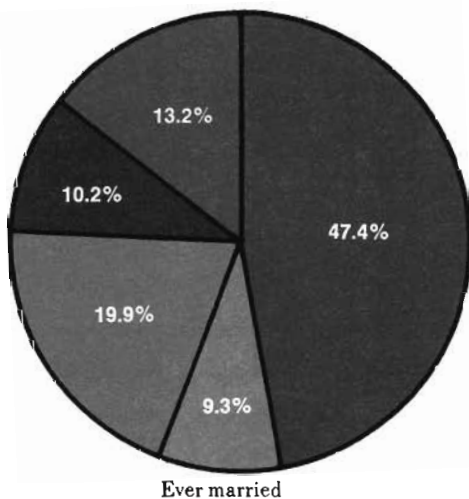
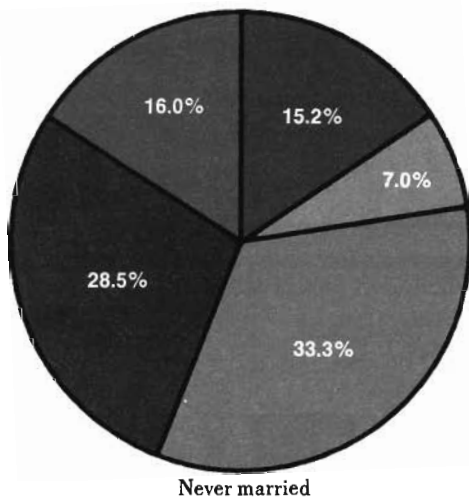
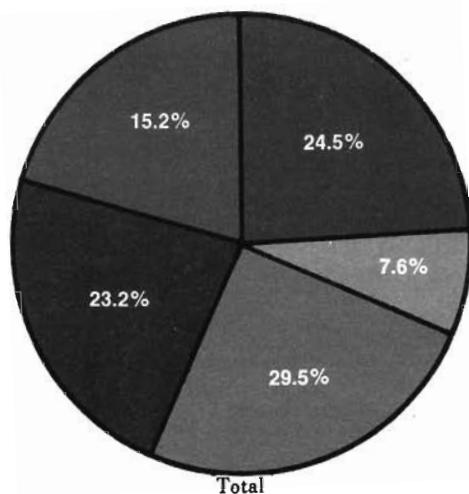


Figure 40. Number of women under 20 enrolled in family planning clinic programs, United States, FY 1971-1975

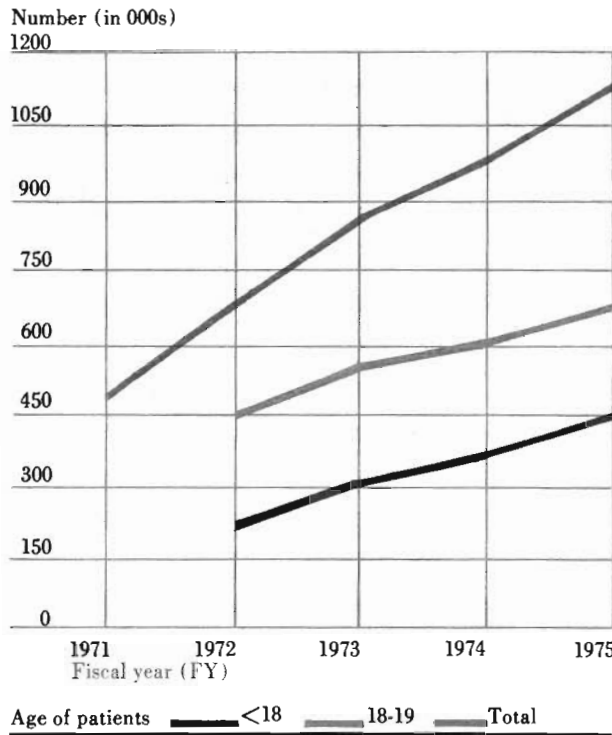
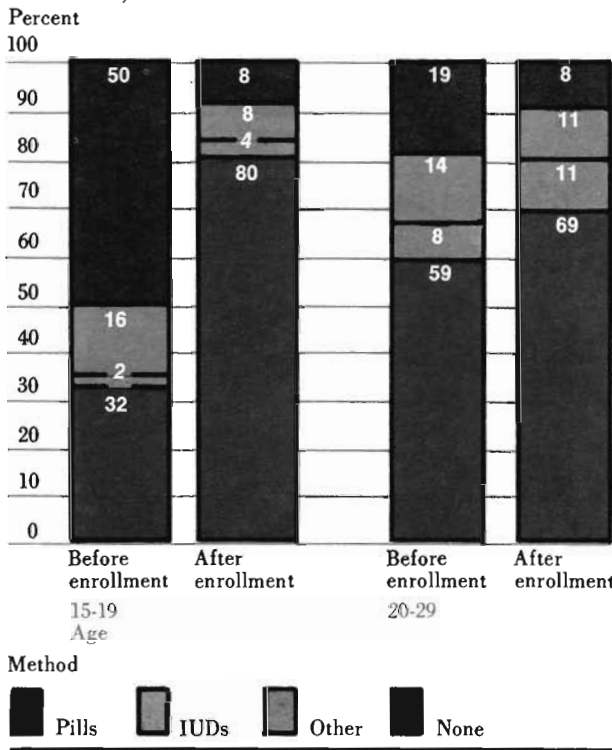


Figure 41. Contraceptive methods used by family planning patients aged 15-19 and 20-29, before and after enrollment, FY 1975



In 1975: One Million Teens in Family Planning Clinics

The major factor in this change has been the rapid increase in adolescent patients served by organized family planning clinics. The number of teenagers enrolled in such clinics increased more than two-fold between 1971 and 1975 when 1.1 million adolescents were enrolled, two-fifths of them 17 or younger. With 30 percent of the family planning clinic caseload now composed of teenagers, family planning clinic programs have become the nation's largest provider of health services to adolescents.

84 Percent of Clinic Patients Use Pills or IUDs

Before they enrolled in a clinic, two-thirds of the adolescent patients (compared to one-third of 20-29-year-old patients) had never used any contraceptive method or had used only the less effective over-the-counter folk methods. After enrollment, 84 percent used the most effective methods—the pill or IUD. A major function of the family planning clinic clearly is to introduce effective contraception to many adolescents and to upgrade the contraceptive practices of others who use less effective methods.

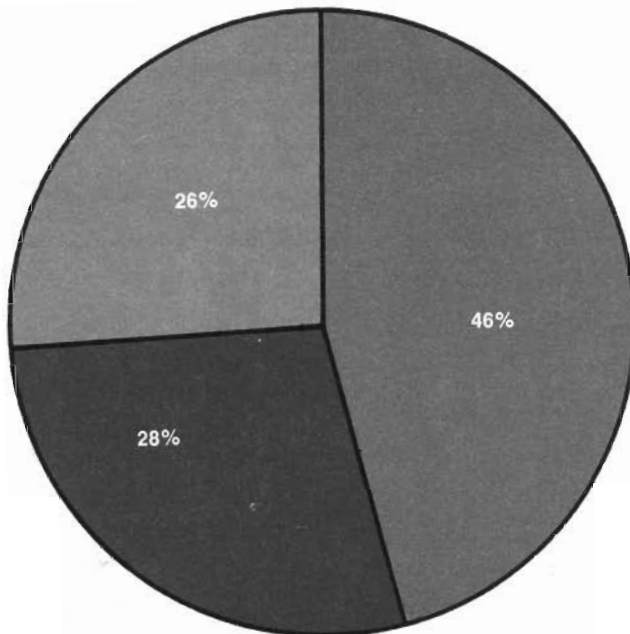
Contrary to some "conventional wisdom," there has been no evidence that provision of family planning services promotes premarital sexual activity. Indeed, studies in California and Michigan indicate that the overwhelming majority of teenage patients had been sexually active for a year or more before ever seeking professional help for contraception.

Two Million Teens Still Without Effective Birth Control Services

In addition to the 1.1 million teenage patients in organized family planning clinics, another 850,000-1,000,000 are estimated to be receiving contraceptive services from private physicians. Thus, 1.8-2.0 million, or 50-55% of the 3.7 million 15-19-year-olds at risk of unintended pregnancy, are *not* receiving family planning help from either organized clinics or private physicians. Only 30,000 or seven percent of sexually active girls 14 or younger are receiving services from organized programs, and it is doubtful if more than a minimum number are getting help from private physicians. It is highly likely that the majority of the 700,000 unintended teenage pregnancies annually occur among these unserved young women.



FIGURE 2. Percent of females aged 15-19 at risk of unintended pregnancy receiving family planning services from organized clinic programs and private physicians, United States, 1975



Private MDs



Not served

Teen Clinic Enrollment Rose with Increased Federal Funding

The increase in enrollment in organized family planning clinic programs among adolescents as well as older women was made possible by significantly increased federal funding. Following adoption of the Family Planning Services and Population Research Act of 1970, federal funding more than doubled, from \$80 million in 1971 to an estimated \$197 million in 1975. Since 1973, the rate of growth of federal funds invested in family planning has slowed down substantially, reducing sharply the family planning program's capacity to increase rapidly the number of patients—including adolescents—that are served. This is probably the main reason that the annual rate of increase in enrollment of teenage patients has slowed down (from a high of 52 percent in 1972 to 20 percent in 1975) despite liberalization of public laws and policies affecting access of teenagers to birth control services.

“Towards the goal of reducing unwanted pregnancies and childbearing among the young, the Commission recommends that birth control information and services be made available to teenagers in appropriate facilities sensitive to their needs and concerns . . . We recommend that states adopt affirmative legislation which will permit minors to receive contraceptive and prophylactic information and services . . . [and] that sex education be available to all . . . through community organizations, the media, and especially the schools.”

The Commission on Population Growth and the American Future, 1972

Figure 43. Estimated federal expenditures for family planning services, United States, FY 1971-1975

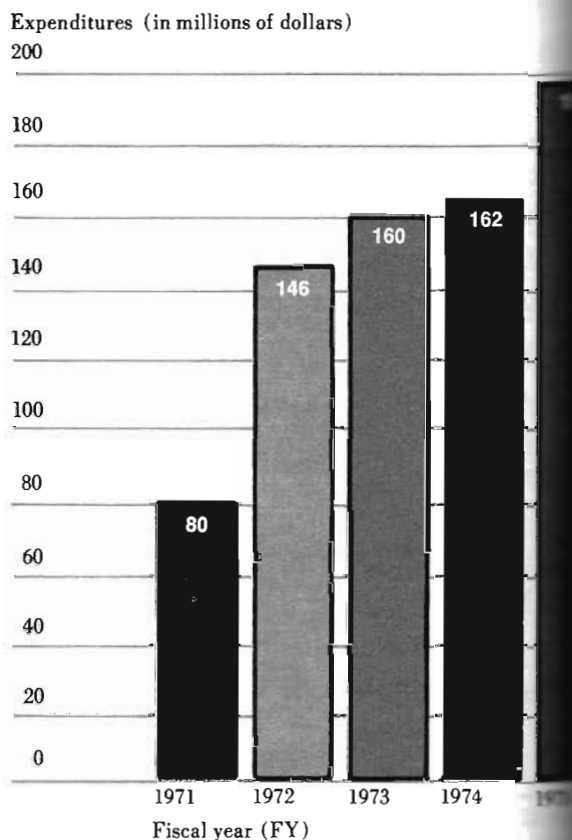
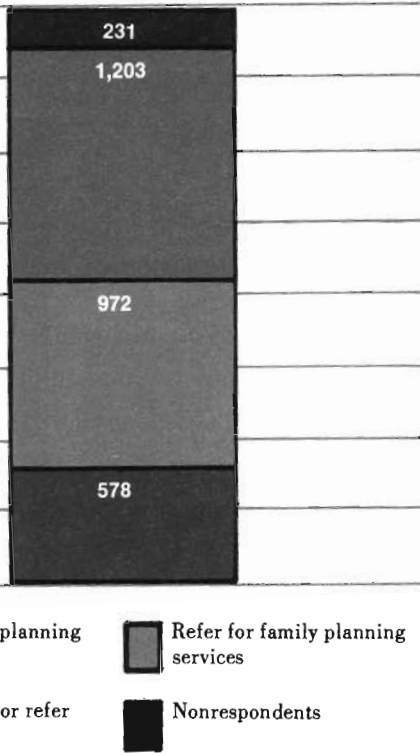


Figure 44. Number of colleges and universities providing or referring for family planning services, United States,



One-Fifth of Colleges and Universities Offer Birth Control Services

In addition to patients served by traditional organized clinic facilities (hospitals, health departments, Planned Parenthood and other voluntary health agencies), an increasing number of higher educational institutions have begun to offer family planning services to their students. A 1973 study showed that 578 colleges and universities—about one-fifth of the total of 2,984—were offering family planning services; and an additional 972 were referring their students elsewhere for contraceptive help. At least one public high school—in Washington, D.C.—has begun to provide contraception through the school health services (with no community opposition); and some other secondary schools have begun to refer students to community facilities.

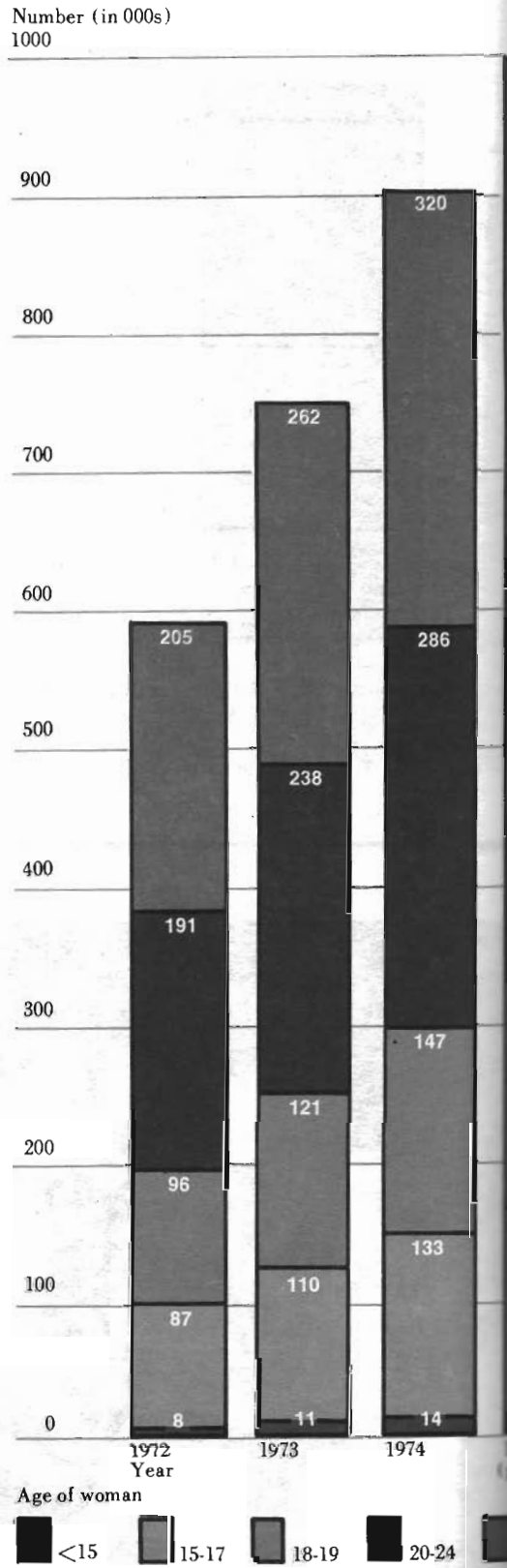


One-Third of Abortions Obtained By Teenagers

Even if family planning programs could expand so that services were available and accessible to all who needed and wanted them, some teenagers would still become pregnant unintentionally, because all current contraceptive methods have some risk of failure. Thus, the availability of legal abortion will remain critically important if adolescents are to be enabled to avoid unwanted early births.

About one-third of all U.S. abortions each year are obtained by teenagers—about half of these by 18- and 19-year-olds; 45 percent by 15-17-year-olds; and five percent by youngsters 14 and younger. The total number of teenage abortions has risen from about 191,400 in 1972, the year before the Supreme Court abortion decisions, to a projected 325,000 in 1975. Legalization has clearly enabled more young women to avoid the serious adverse consequences of early motherhood or recourse to unsafe illegal abortions. Legal abortion has also been a major factor in blunting the precipitous increase in rates of out-of-wedlock childbirth and, among some groups, in reducing non-marital birthrates.

Figure 45. Number of legal abortions obtained by women, by age, 1972-1975

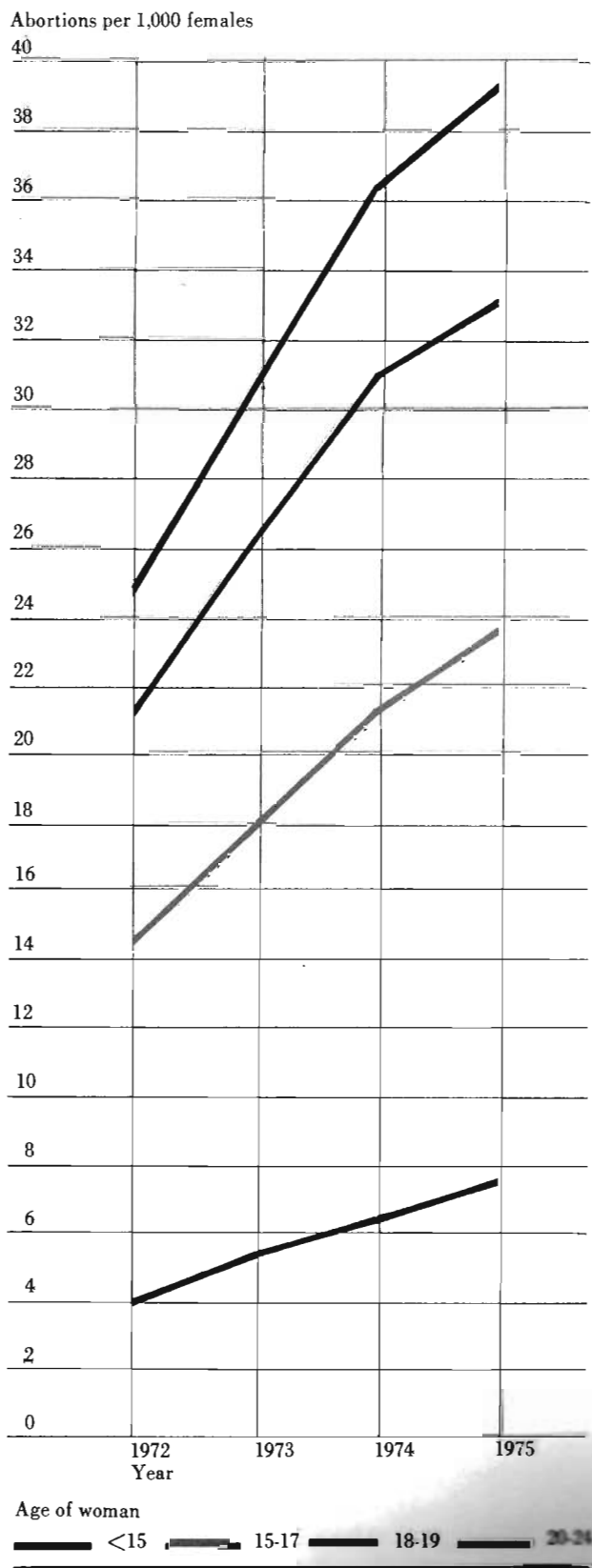


Since 1973, Teen Abortion Rate Has Risen by 60 Percent

Between 1972 and 1975, the rate of legal abortions rose from 19 to 31 procedures per 1,000 women under age 20. The abortion rate among all teenagers increased by more than three-fifths; and the abortion rate of youngsters under 15 nearly doubled over the four-year period. The rate among 18- and 19-year-olds is higher than the rate for women 20-24. The ratio of abortions per 1,000 live births increased in similar fashion. By 1974, the abortion ratio for teenagers (389) was one and one-half times higher than the ratio for 20-24-year-olds (260).

As legal abortion has become available in different parts of the nation in the years following the 1973 Supreme Court decisions, it is clear that a greater number of adolescents have chosen to terminate their pregnancies, confirming their stated wishes to avoid early parenthood.

Figure 46. Number of legal abortions per 1,000 females aged 14-24, by age group, United States, 1972-1975



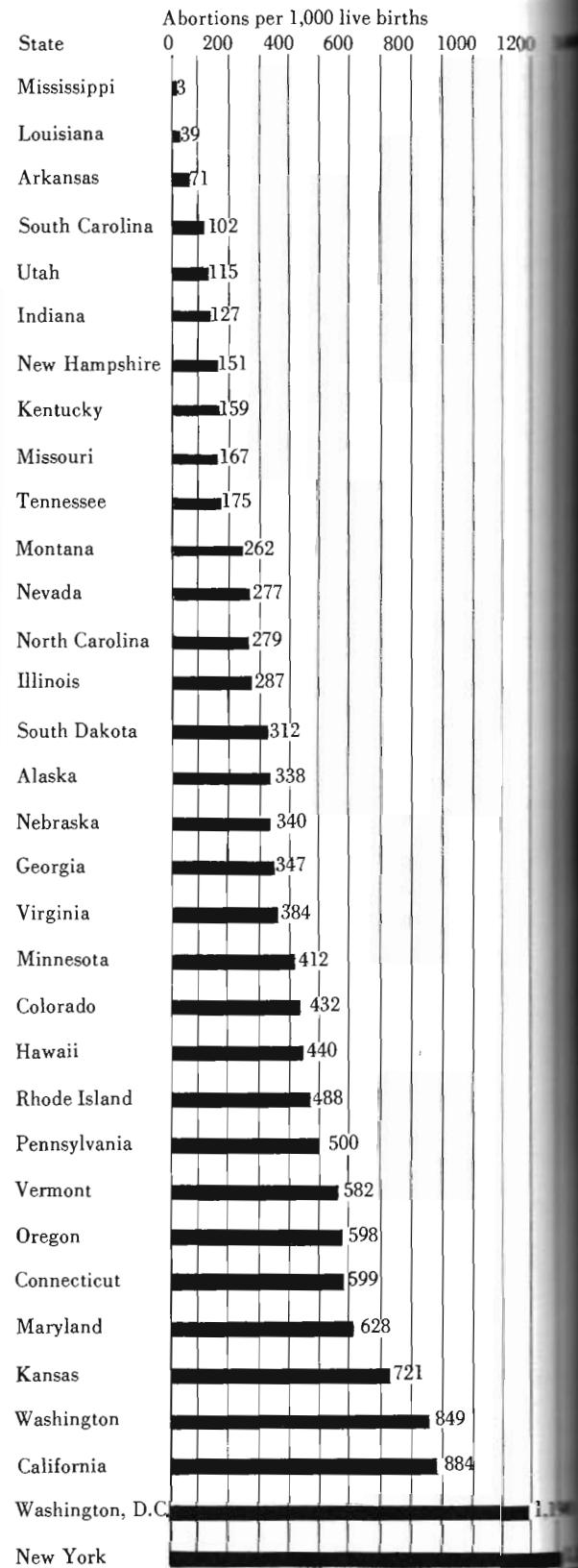
Need to Travel Reduces Abortion Use

Legal abortion is still not equally available in all parts of the country. The consequences for adolescents are indicated by the very different teenage abortion ratios in the different states, ranging from three abortions per 1,000 live births in Mississippi to 1,300 abortions per 1,000 in New York. There is no reason to believe that adolescents in Mississippi, Utah and Indiana are so different from their peers in New York, Washington and Kansas as to account for these disparities. The more direct explanation is also more logical; health agencies in the former states have made abortion considerably less available to their residents than in the latter, at costs borne principally by the adolescents, but also by others in the community.

Abortion rates are not available by age for small areas, but for all women 15-44 in 1974, the abortion rates in the 250 metropolitan areas ranged from 67 abortions per 1,000 in Madison, Wisconsin to 0.7 in Gary, Indiana (and zero in 59 metropolitan areas in which no abortions at all were provided). As a result, 300,000-400,000 U.S. women had to travel outside their home communities to obtain abortions. These patterns made it difficult for some women who need and want abortions—particularly the very young and the very poor—to obtain them.

Thus, by any measure, the need to travel to obtain abortions reduces utilization by those who need and want abortion services—with the impact felt most by the poor and the young.

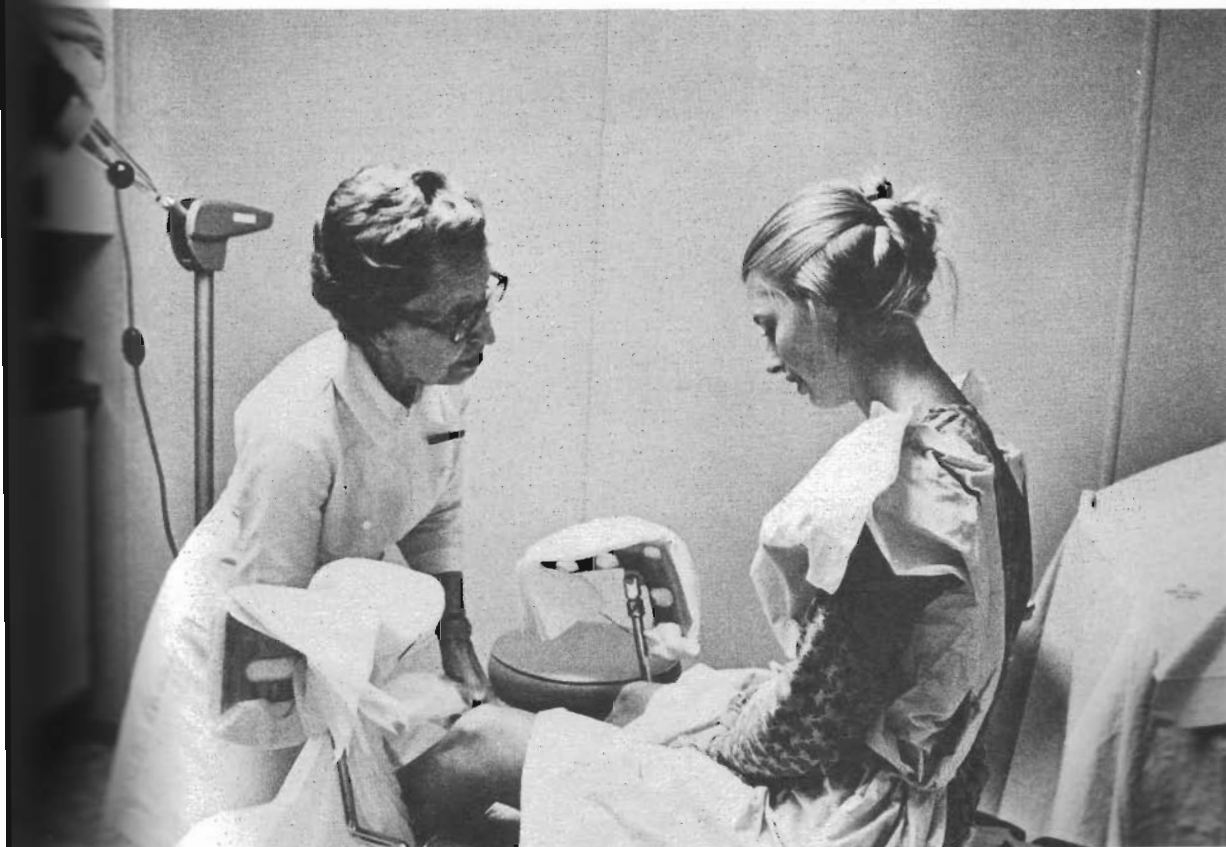
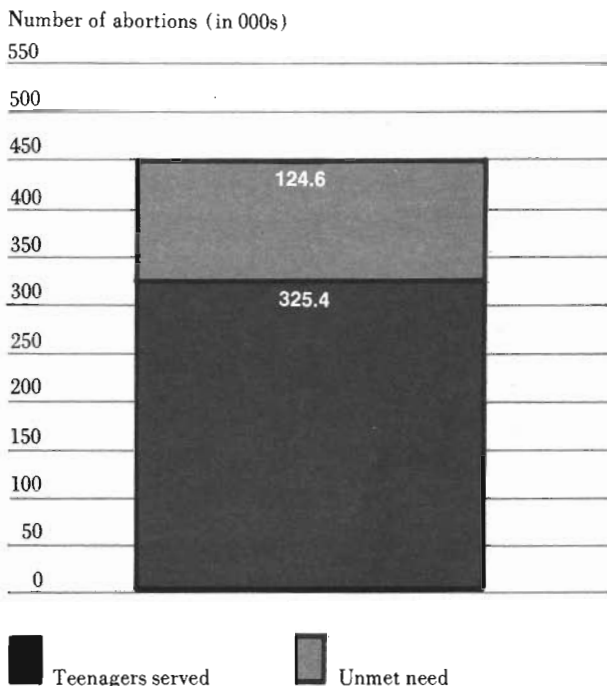
Figure 47. Number of legal abortions per 1,000 live births to females aged 15-19, selected states, 1974



At Least 125,000 Teenagers Still Lack Access to Abortion Services

Based on observed rates of utilization of legal abortion services by adolescents in New York City in 1971, and California in 1973, about 450,000 teenagers are estimated to need and want abortion services. Since utilization has increased in these two areas (as well as in many others) in subsequent years, it is quite possible that this represents an underestimate of the number of abortions that adolescents would choose if the services were equally available and accessible throughout the nation. Even this estimate, however, indicates that at least 125,000 teenagers could not obtain needed abortion services in 1975. Most of them delivered unwanted, and often out-of-wedlock, births. Some resorted to self-induced or illegal abortions.

Figure 48. Estimated number of legal abortions obtained by women under age 20 and minimum unmet need for abortion services, United States, 1975



Research Spending Needs to Be Tripled

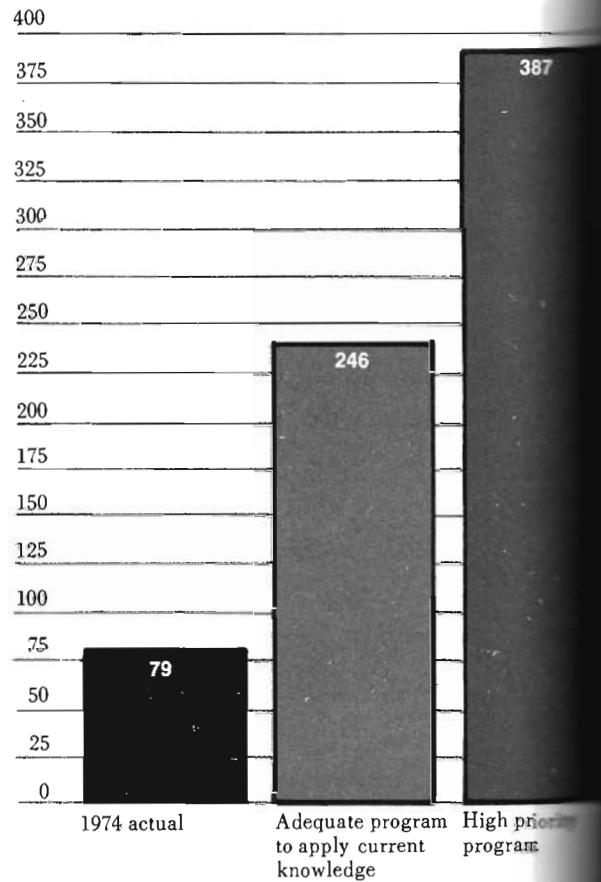
Adequate and humane public policies, and the expansion of service delivery systems, could go a long way toward reducing the annual high toll of unintended teenage pregnancies and births. However, adolescent sex, especially among younger teenagers, is frequently episodic and the most effective current contraceptive methods are better suited to more regular sexual patterns. Moreover, many adolescents find coitally-related methods such as the condom and the diaphragm unsuitable. While the current fertility control techniques are being used by many adolescents, and could be used by many more, there is clearly a need for new, safe and effective contraceptive methods better suited to adolescent needs, for example, methods that do not have to be taken continuously during periods of sexual inactivity but can be used after intercourse.

Yet, current biomedical research to find and develop new methods is grossly underfunded. At present, only \$79 million is being spent in the United States by government, industry and private philanthropy combined for research in this field; and the U.S. National Institutes of Health allocate for such research one-seventeenth as much as for cancer research and one-seventh as much as for heart and lung disease research. All told, NIH devotes less than two percent of its total expenditures to this field.

To exploit adequately current scientific knowledge in human reproduction and contraceptive development would require tripling current expenditures. To assign real high priority to such a research program would mean increasing current funding by five times.

Figure 49. Funding of reproductive and contraceptive research compared to needs, United States, 1974

(in millions of dollars)



“The sequelae of unplanned conception and venereal disease can be extremely serious for the immature girl and her baby. Therefore, the opportunity for health education, birth control, and prenatal care should be primary goals in any program for adolescents. The option for abortion counseling and services should be available within the limits of the law.”

U.S. Department of Health, Education, and Welfare
“Approaches to Adolescent Health Care in the 1970s”
1975





What Could Be Done

This booklet is assembled information documenting the epidemic of adolescent pregnancy and childbearing in the United States, evidence that the consequences are serious and far-reaching, and descriptions of some of the programs designed to prevent teenage pregnancy or to cope with it.

Certainly, the problems of U.S. teenagers and the solutions to those problems are more diverse and complex than can be fully explored in a publication such as this. Yet, simplification is justified if it serves to highlight the central issues that are often obscured in more detailed observations and analyses. The information presented here illustrates clearly that teenage pregnancy and childbearing is a major unsolved problem in the United States, and that, although we have most of the knowledge and resources needed to solve it, we have failed to do so.

The main outlines of a national program to cope with this epidemic are not difficult to formulate. Such a program would offer:

Realistic sex education, through schools, churches, youth agencies and the media, that offers youngsters honest and pertinent information about fertility regulation and where they can get it, as well as about sexuality and human reproduction. Educational programs are needed also for parents so that they can better understand their children's needs, and how they can help them.

An expanded network of preventive family planning programs, with particular emphasis on programs to reach adolescents with information and services suited to their requirements. The progress of the last five years makes evident that this could be accomplished rapidly and at low cost, given adequate public support for expanded clinic programs and a priority emphasis by health providers that already serve adolescent populations (such as school health services and free clinics). Family physicians could also be helped better to understand the fertility control needs of their teenage patients.

Adequate pregnancy counseling services, so that teenagers have access to a means of determining early on if they are pregnant, and to even-handed unbiased information on all the options open to them if they are. These should include referral to high quality medical services either to terminate the pregnancy or to carry it safely to term, whatever is decided.

Equal availability and accessibility of legal abortion in all parts of the nation—large cities and small, metropolitan and rural areas, the midcontinent as well as the East and West coasts—so that adolescents who need and want abortions have an equal opportunity to exercise their constitutional right to end an unwanted pregnancy.

Adequate prenatal, obstetrical and pediatric care for those who choose to carry their pregnancies to term, so



that both the adolescents and their babies have an opportunity to overcome some of the high health hazards of early pregnancy. The care available to many pregnant adolescents remains scandalously poor, in spite of the efforts in the last decade to improve the situation.

Educational, employment and social services, for adolescent parents and day care for their infants, so as to reinforce their demonstrated motivation to finish their education, to train for and obtain jobs. Where appropriate, adequate income support must be made available so that the young mothers can give their babies a decent start in life.

Coverage in national health insurance of all health services related to adolescent pregnancy and childbearing—contraception, pregnancy counseling, abortion, prenatal and obstetric care, nutrition, pediatric care—with particular emphasis on mechanisms to insure that the program protects the privacy of teenagers.

Expansion of biomedical research to discover new, safe and effective techniques of fertility regulation better suited to the needs of young men and women.

The remarkable thing about this program is that we already know how to develop most of it, and its costs

would not be high, particularly when compared with the huge costs individual adolescents—and our society—are already paying for the epidemic of teenage births. It is difficult to believe that a nation with a federal budget of \$430 billion a year does not move ahead with such a program mainly because of lack of resources. There must be other reasons to explain why we choose to act in ways which seem to be so clearly opposed to our best interests.

One likely reason is that many Americans either do not know about, or choose to ignore, the extent of the problem of adolescent pregnancy and childbearing, or what it is already costing us as a nation, in health, economic, social and human terms. This publication addresses that issue. It is to be hoped that the information assembled here will help governmental officials, decision-makers, civic leaders and ordinary citizens to understand that adolescent pregnancy is a problem our nation can no longer afford to ignore.

Another reason is that many adults are so disturbed by the notion of adolescent sexuality that they prefer to avoid facing it; alternatively, they advocate 'punishing'

adolescents for their sexual activity in the hope that having borne an out-of-wedlock child, faced educational disruption, and/or having undergone a painful premature pregnancy, the teenager will be persuaded to stop having sexual relations. Typically, traditional moral, ethical or religious values are called on to justify opposition to programs designed to prevent or cope with adolescent pregnancy. Clearly, however, there are ethical implications associated with any course of action—inaction—to deal with these problems.

Daniel Callahan, Director of the Institute of Society, Ethics and the Life Sciences, has probed deeply and often uncomfortably into many of the seldom-answered (or even asked) questions about the ethical implications underlying the increasingly complex, but often life-and-death, decisions made each day in modern society. Dr. Callahan was invited to explore briefly the ethical issues involved in providing or withholding vital health, educational and social services needed by sexually active adolescents that are here described. His essay, which follows, provides a fitting conclusion to this publication.





Daniel Callahan

facts reported in this booklet cannot fail to be troubling—to those of us who have or will have teenage children, to those of us who as citizens have responsibility for the next generation of adults, and to those of us who have some special professional obligation to do what we can to make ours a more humane society. Nor is it difficult for us as individuals to recapture (if we try) what it was like to be a teenager: easier for some and harder for others, but for everyone a difficult and troubling time of life. Surely the problem of being a teenager will never be solved—the only known antidote is time, which probably explains why our most common piece of advice to young people—“Why don’t you grow up!”—is the most useful. One of the main difficulties of being a teenager is that it is at once a great discovery, a great mess, a great pleasure, a great frustration, and an all around great muddle. We can’t do much about that either, short of changing the laws of human biology, which for some people or other choose to introduce us to the subject matter we have had a chance to figure out much about by living through it.

Even if we are never likely to solve for teenagers the problems of being a teenager, much less provide a perfect antidote to the turmoil of teenage sex, we can certainly do something to make adolescence a bit easier, a bit better, and a bit less troublesome. And clearly, it seems to me, we must do something about teenage pregnancy. Whatever the value judgments one may come to about the information assembled here, I doubt that anyone would want to say that it is a good thing that teenagers get pregnant. At least some agreement can be assumed.

That is the end of agreement on the subject. Which is a surprise. People differ notoriously on the way children should be raised, on sexual morality, on the role of government should play in the lives of the young—in fact on just about everything connected with the subject. While it is perhaps too much to hope that perfect agreement could ever be reached, it is surely in this case

worth the effort to see if the problem can at least be sorted out in some rational way.

The way I think it most fruitful to pose the ethical question is this: What obligations do we have toward those teenagers at risk of pregnancy, those who are pregnant, and those who have already given birth to children? Naturally, other obligations come into play also: our obligations toward the moral climate of the country, toward other pressing social needs, with their claims for money and attention, and toward other distressed groups in our population. Those are important obligations as well, but before we can turn attention toward them, we should first ask what, if anything, we owe to the teenagers themselves?

What, to begin at the beginning, is a teenager? A teenager is a person somewhere between a child and an adult, one who has passed some years ago what has been called the “age of reason,” but one who is still growing and maturing, still finding his or her way around the world, not altogether in possession of that self he or she will eventually develop with maturity. Most teenagers are minors and dependents. While some leave home early, and some are remarkably self-directing for their age, it is the fact of dependency which looms large. Dependent upon whom? Dependent first upon their families, then upon the institutions which profess to educate them outside of the home or which control the services they might require, then upon the society at large, which provides them with the moral and social culture within which they must make their way. None of these things do they choose. They have no choice about the parents who gave birth to them, no choice about the schools which their parents and the state decide are good for them, and no choice about the nature of the society in which they live. It is strictly a one-way street. Whether teenagers like it or not—and I have yet to find one who is enthused about that state of affairs—it is simply the way things are and probably will always be.

Yet as adults we have to pay a high price for the kind

“One of the main difficulties of being a teenager is sex, at once a great discovery, a great mess, a great pleasure, a great frustration, and an all around great muddle.”

of power we have. For we are thereby morally obliged to seek not our welfare but theirs. They are dependents, and they depend upon *us*. To be sure, they have some freedom. They can and do make choices and, despite what parents or society might like, they can make sexual choices—no way has ever been found to prevent them from so doing. Unfortunately, they do not always make very responsible choices, especially when it comes to as powerful a force as sex. Why should we expect them to? It is hard enough for us as adults to do so, and only after a much longer course of experience than they have had. The most we can do—because we are responsible for the world they live in—is to help them avoid those things we know will hurt them, help to reduce the impact of those acts (even of folly) which they have already done, help them in a word to make it through the teenage years with as little lasting harm as possible.

The facts reported in this brochure make eminently clear that teenage pregnancy is damaging, to the teenagers themselves, to many of those children they give birth to, and to the nation as a whole. What are our moral options?

We can ignore the problem, saying it is theirs and not ours. That course is open only if we are prepared to deny the self-evident reality of their dependency in every other sphere of life. And what about the children some teenagers bear? Are we lightly to dismiss their fate? Speak of dependency!

Or we might want to argue that, even though the problem is grave and sad, we have to think of the moral climate of the country as a whole. If we make sex education and contraceptives and abortion available to teenagers, and if we help those teenagers who decide to give birth to a child, will we not simply create a casual tolerance and permissiveness toward teenage sexual activities which in the long run will only make things worse? While I personally believe our society is too sexually casual, it became that way before we even thought of providing services and sex education and I have seen no evidence that providing education and help *does* make the problem worse.

But let us imagine that might be so. Would we thereby be relieved of our obligation to help those who here and now are damaging or may soon damage themselves? I do not see how we could be. For one thing, we could hardly have any certainty that the situation would not get worse in the future if we simply did nothing, much less that it would improve. We have already tried ignoring the problem, and what has that brought us? More teenage pregnancies. Nor can I see any justification for letting those presently suffering be ignored in the name of some higher good, at some unspecified date in the future, and by means which no one has yet devised. We are very good at victimizing children in the name of either our own private interests or the so-called higher interests of society, but it is not one of our more edifying traits. There are also those who contend that if adequate help is given to those teenagers who decide to bear a child, we will simply be aiding and abetting the prob-



“Teenage pregnancy can, through better education and preventive services, be, if not altogether avoided, at least reduced, and through better maternity, abortion and social services, be reduced in its personal impact on the teenager who does get pregnant.”

lem of world population growth. There is no evidence for that either but, in any case, why should teenagers be sacrificed for the sake of what is the whole world's problem?

I do not think anyone, surely not a parent, could be overjoyed at the prospect of immature teenagers leading an active sexual life, becoming adept users of contraceptives and, contraceptives failing, be knowingly wise about how to get a quick abortion. Many teenagers simply are not emotionally ready for an active sexual life, even where there is no danger of pregnancy. But we have been saying that to teenagers for years, just as our parents said it to us. However wise and correct a perception, some teenagers have always ignored it, and more seem to be doing so all the time. That may be unfortunate, but it would simply be compounding the problem to walk away from teenagers when they most need us. Some teenagers will get pregnant, no matter what the attitude of parents or society and no matter how much we try to educate them about the hazards of running that kind of risk.

What we are facing now, however, is an epidemic. Worse still, it is an epidemic about which something can be done but isn't being done. Teenage pregnancy can, through better education and preventive services, be, if not altogether avoided, at least reduced, and through better maternity, abortion and social services, be re-

in its personal impact on the teenager who does
guant. Some may find one or more of the possible
morally repugnant. Life rarely presents us with
choices. If we do not provide teenagers with
on and services, we surely now know that many
great harm to themselves—that is both a present
and a future prospect which cannot also fail to
ally repugnant. The difference between the two
s this: the full moral question does not simply
down to the moral convictions and feelings of
in power, whether as parents, medical profes-
teachers or legislators. That is by no means an
ant consideration, for surely adults also have an
ion to live by their own moral standards. But I
ne central question is what do we do for our teen-
n need, our dependent, often still-immature teen-
At that point it is the value of *their* lives, not
hich is critically at stake. Our greater obligation
rd their welfare; our other, and competing, con-
s should give way at that point. At the very least,
ers should have as much knowledge of sex, as
and as good services available, and as many
open to them, as do adults. Adults hardly have all
nowledge they should have, or all the services they
ut whatever they have at least should be shared
with teenagers. Like adults, teenage girls can
gnant, and like adults, teenage boys can impreg-
rls. Why then should they remain ignorant, un-
and uncared for?

“At the very least, teenagers should have as
much knowledge of sex, as many and as good
services available, and as many choices open
to them, as do adults. Adults hardly have all
the knowledge they should have, or all the
services they need. But whatever they have
at least should be shared equally with teen-
agers.”





Sources and Detailed Notes

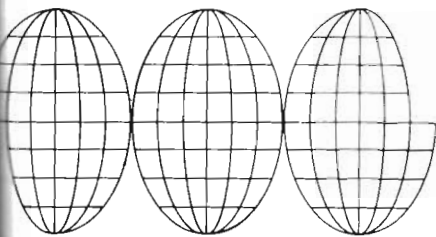


Figure 1. **Adolescent fertility rates for all countries but the United States:** UN Department of Economic and Social Affairs, *Demographic Yearbook, 1974*, United Nations, New York, 1975. **For United States:** National Center for Health Statistics, DHEW (NCHS), *Vital Statistics of the United States, 1974*, "Nativity," U.S. Government Printing Office, Washington, D.C. (GPO), 1976 (in press).

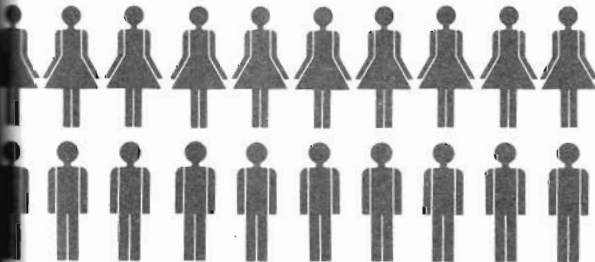


Figure 2. **Number of women 15-19:** Unpublished tabulations of 1975 *Current Population Survey*, U.S. Bureau of the Census. **Number of women 15-19 sexually active:** J. G. Dryfoos, "Women Who Need and Receive Family Planning Services: Estimates at Mid-Decade," *Family Planning Perspectives*, 7, 1975. **Number of men 15-19:** U.S. Bureau of the Census, *Current Population Reports (CPR)*, Series P-25, No. 614, 1975, estimate for July 1, 1975. **Sexually active men:** estimated to be 65 percent of total in age group, extrapolated from several studies, including: R. Sorensen, *Adolescent Sexuality in Contemporary America*, World, New York, 1973, and Dryfoos, "Estimating Potential Market for Male Involvement Program in South Carolina," unpublished manuscript. **Number of males and females aged 13 and 14:** from: *CPR*, (cited above). **Number of 13- and 14-year-olds sexually active:** estimated from: A. M. Vener and C. S. Stewart, "Adolescent Sexual Behavior in Middle America Revisited: 1973," *Journal of Marriage and the Family*, 36:728, 1974.



Figure 3. **Percent of 15-19-year-olds sexually active:** from: J. G. Dryfoos, 1975 (see Figure 2). **Percent of 13- and 14-year-olds sexually active:** from: A. M. Vener and C. S. Stewart, 1974 (see Figure 2).

Figure 4. Computed from births, abortions and estimated miscarriages in 1974. Sources—**Births:** NCHS, 1974 vital statistics (see Figure 1). **Abortions:** Percent to women under 15 and 19 from: National Center for Disease Control, DHEW (CDC), *Abortion Incidence, 1974*, Atlanta, 1976, Table 6, applied to total U.S. population reported in The Alan Guttmacher Institute (AGI), *1974-1975: Need & Services in the United States, Each Metropolitan Area*, New York, 1976. **Miscarriages:** estimated as 20 percent of births and 10 percent of abortions) by J. Bongaarts, The Population Council, personal communication.

Figure 5. **Percent of marital births to women aged 15-19 premaritally and premaritally conceived:** Unpublished data from NCHS, 1972 National Natality Survey. All births to women under 15 presumed to have been premaritally conceived.

Out-of-wedlock births from: NCHS vital statistics 1974 (see Figure 1). **Abortions** from: CDC, 1976 (see Figure 1).

Figure 6. NCHS vital statistics 1974, "Nativity" (see Figure 1).

Figure 7. M. Zelnik and J. F. Kantner, "The Resolution of Teenage First Pregnancies," *Family Planning Perspectives*, 6:74, 1974.



Figure 8. **Births:** NCHS vital statistics, "Nativity," 1961-1974, GPO, various years. **Population, by age, 1961-1969:** U.S. Bureau of the Census, "Estimates of the Population of the United States by Age, Sex and Race, April 1, 1960 to July 1, 1973," *CPR*, Series P-25, No. 519, GPO, 1974. **Population 1970-1974:** U.S. Bureau of the Census, "Estimates of the Population of the United States by Age, Sex and Race: 1970 to 1975," *CPR*, Series P-25, No. 614, GPO, 1975.



Figure 9. **Births and population:** See Figure 8. **Proportions married and unmarried:** calculations by C. Gibson, U.S. Bureau of the Census.



Figure 10. **Out-of-wedlock births, 1960-1964, 1970-1974, by age:** Calculations by A. A. Campbell, Center for Population Research, National Institute of Child Health and Human Development (CPR), cited at CPR meeting on Determinants of Adolescent Pregnancy and Childbearing, Belmont, Md., May 3-5, 1976.

Figure 11. NCHS vital statistics, "Nativity," 1961-1974, GPO, various years.

Figure 12. NCHS, unpublished data from 1972 National Natality Survey.

Figure 13. **Number of pregnancies and births:** See Figure 4. **Percent of pregnancies and births not intended:** M. Zelnik and J. F. Kantner, 1974 (see Figure 7), Tables 4, 7 and 8, adjusted for nonresponse; and NCHS, unpublished data from 1972 National Natality Survey.

Figure 14. J. G. Dryfoos, 1975 (see Figure 2). Risk of unintended pregnancy among unwed adjusted to account for the small number of intended births reported by Zelnik and Kantner (see Figure 13) applied to 1974 natality data from NCHS vital statistics. This results in a total of 45,000 intended births to never-married women. The number of women who would have had to be seeking these births was derived from a computer model created by J. Bongaarts and C. Tietze, The Population Council, producing a ratio of approximately 550 births per 1,000 women seeking pregnancy.

Figure 15. The following data on **infant deaths** are from: NCHS, *A Study of Infant Mortality from Linked Records, by Age of Mother, Total Birth Order and Other Variables, United States*, GPO, 1973, Table 1, p. 19; and unpublished data from the same study for single years of age from D. Nortman, The Population Council.

Infant mortality rates per 1,000 live births, United States 1960 live birth cohort

Age of mother at birth	Birth order		
	All	1	2
10-14	58.7	56.8	97.7
15-19	32.8	26.1	42.7
15	47.6	u	u
16	41.3	u	u
17	35.2	u	u
18	32.6	u	u
19	28.6	u	u
20-24	24.2	17.2	21.8

u = unavailable.



Figure 16. The following data on **low-birth-weight babies** are from: NCHS, vital statistics, 1973 and 1974, "Nativity" (see Figure 1); and NCHS, unpublished 1973 natality data for 38 states and the District of Columbia reporting legitimacy status.

Number and percent of live births $\leq 2,500$ g, by age of mother, United States, 1973 and 1974

Age of mother at birth	1973		1974	
	No.	%	No.	%
<15	1,479	15.7	1,969	15.7
15-17	18,830	11.0	59,196	9.9
18-19	23,720	9.2		
20-24	54,084	7.2	78,008	7.0

The following data on **neurological defects** are from: National Institutes of Health, DHEW, *The Women and Their Pregnancies: The Collaborative Perinatal Study of the National Institute of Neurological Diseases and Stroke*, GPO, 1972, DHEW No. (NIH) 73-379:

Rate per 1,000 white children at one year with neurological abnormalities by age of mother at birth, 1959-1965 (N = 14,662)

Age of mother at birth	% with abnormalities
10-15	35.40
16-17	19.71
18-19	10.95
20-24	14.87

Figure 17. The following data on **fatal maternal complications** are from: NCHS, 1974 vital statistics, "Mortality," GPO (in press):

Fatal complications of pregnancy per 100,000 live births, 1974

Age	Total	Toxemia	Hemorrhage	Spontaneous abortion
<15	16.0	8.0	0.0	0.0
15-19	11.3	3.5	1.0	0.2
20-24	10.0	2.3	0.5	0.1

Data on **nutrition** from: W. J. McGanity et al., "Relation of Nutrition to Pregnancy in Adolescence," *Clinical Obstetrics and Gynecology*, 14:307, 1971.

Figure 18. The following data on **nonfatal maternal complications** are from: unpublished tabulation of data from over 460,000 pregnancies and deliveries, 1961-1969, in U.S. hospitals participating in the U.S. Obstetrical Statistical Cooperative, as reported by D. Nortman in "Parental Age as a Factor in Pregnancy Outcome and Child Development," *Reports on Population/Family Planning*, No. 16, 1974, Figure 10:

Nonfatal complications per 100 nulliparous women, 1961-1969

Complication and age	Percent with complications
Toxemia	
15-19	9.0
20-24	6.9
Anemia	
15-19	11.0
20-24	8.0
Complications of the puerperium	
15-19	16.0
20-24	15.0
Prematurity	
15-19	12.0
20-24	11.0



Figure 19. The following data are from: H. B. Presser, University of Maryland, unpublished tabulations from study of live births in New York City, 1973:

Age at first birth	% not high school graduate	% had not worked in last 6 mo.	% un-married
15-17	84.5	79.3	70.0
18-19	53.5	46.5	40.0
20-24	13.0	14.1	10.0

Figure 20. The following data are from: L. A. Bacon, "Teen Motherhood, Accelerated Role Transition and Social Pathology," *Social Forces*, Mar. 1974, Table 3:

Age at first birth	Percent not completing high school
13-15	47.0
16-17	30.0
18-19	18.0
≥ 20	10.0

Figure 21. The data from New York City are from: H. B. Presser, "Social Consequences of Teenage Childbearing," in W. Presser and L. Day, eds., *Social Demography: The State of the Art*, Harvard University Press, Cambridge, Mass., 1977 (in press). See for other areas: J. Coombs and W. W. Cooley, "Dropouts: High School and After High School," *American Educational Research Journal*, 5:343, 1968; and O. C. Stine et al., "Not Leaving Due to Pregnancy in an Urban Adolescent," *Population American Journal of Public Health*, 54:1, 1964. Federal legislation in Title IX, Educational Amendments of 1972, *Federal Register*, 40:24142, 1975.

Figure 22. The following data are from: H. B. Presser, unpublished tabulations, 1973 (see Figure 19):

Age at first birth	Percent unemployed 19 mo. after birth	Percent with children after 19 mo.
15-17	90.9	70.0
18-19	69.4	40.0
20-24	66.7	10.0

Figure 23. The following data on **poverty** are from: L. A. Bacon, 1974 (see Figure 20):

Age at first birth	Percent in poverty
15-17	30.9
18-19	23.2
20-24	15.8
25+	11.7

Figure 24. The following data on **poverty** are from: U.S. Bureau of the Census, "Characteristics of the Population Below the Poverty Level, 1974," *CPR*, Series P-60, No. 102, GPO, 1976, Table 23; and "Money Income and Poverty Status of Families and Persons in the United States, 1974," *CPR*, Series 60, No. 99, GPO, 1975, Table 20:

Age of family head	Percent in poverty		
	Total	With children ≥ 6	With children < 6
25-34	17.3	41.1	23.9
35-44	9.9	10.2	7.3

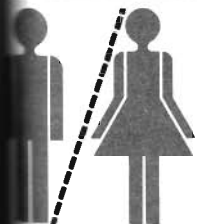


Figure 25. The following data on **marital stability** are from: L. Ross and I. V. Sawhill, *Time of Transition: The Growth of Families Headed by Women*, The Urban Institute, Washington, D.C., 1975, Table 6, p. 41:

Woman's age at marriage	% white ever-married women <45 in 1970 whose 1st marriage ended in divorce or separation (N = 5,366)	Husband's age at marriage	% of white husband-wife families in 1968 whose 1st marriage ended in separation or divorce 1968-1972 (N = 1,306)
17-19	26	14-17	12
20-24	16	18-21	9
25+	10	22-24	6

Figure 26. F. F. Furstenberg, Jr., *Unplanned Parenthood: The Social and Consequences of Teenage Childbearing*, The Free Press, New York, 1976, Table 5:1, p. 83.



Figure 27. The following data on **births expected** are from: G. B. Plummer and P. J. Placek, "The Impact of Social and Demographic Maternal Health and Infant Health Factors on Expected Birth Size: Preliminary Findings from the 1973 National Survey of Family Growth and the 1972 National Natality Survey," presented at the annual meeting of the Population Association of America, Seattle, Apr. 17-19, 1975, Table 12:

Average no. of births expected per woman, 1973 NSFG
3.8
3.2
2.9

Figure 28. J. F. Kantner, "Sex, Pregnancy and Childbirth Among U.S. Teenagers," paper delivered at NICHD Conference on Determinants of Adolescent Pregnancy and Childbearing, Belmont, Md., May 3-5, 1976; and F. Shah, M. Zelnik and J. F. Kantner, "Unprotected Intercourse Among Unwed Teenagers," *Family Planning Perspectives*, 7:32, 1975.



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Figure 31. J. Hottois and N. A. Milner, *The Sex Education Controversy*, Lexington Books, Lexington, Mass., 1975, Table 5.2, p. 51; H. B. Presser, unpublished data, see Figure 19.

Figure 32. Better Homes and Gardens, *A Report on the American Family*, Meredith Corp., 1972 (a survey of 340,374 respondents), pp. 64, 75, 78 and 84; Also see: J. Blake, "The Teenage Birth Control Dilemma and Public Opinion," *Science*, 180:708, 1973; and R. Pomeroy and L. C. Landman, "Public Opinion Trends: Elective Abortion and Birth Control Services to Teenagers," *Family Planning Perspectives*, Vol. 4, No. 4, Oct. 1972, Table 7.

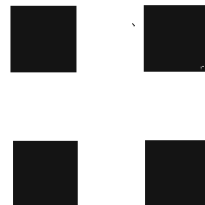


Figure 33. The following table on **health insurance** is derived from unpublished data from the 1972 National Natality Survey: Percent of mothers not covered by health insurance for maternity and prenatal care, by age, 1972

Age of mother at birth	Type of coverage			
	Any	Pre-natal	Hospital bill	Doctor bill
<20	63.7	74.5	71.3	74.0
<18	75.7	82.0	80.5	82.1
18-19	58.5	71.3	67.3	70.5
20-24	30.4	44.8	37.7	44.0

Other information on health insurance, by age and income, 1974, from: NCHS, "Health Interview Survey Data," *Monthly Vital Statistics Report*, Vol. 25, No. 2, Supp. (3), 1976, Table 2.

Figure 34. The following table on **prenatal care** is from: NCHS, 1974 vital statistics, "Natality" (see Figure 1):

Percent of mothers who did not obtain prenatal care, 1974		
Age	In first trimester	At all (or not until last trimester)
<15	68.8	22.8
15-19	46.6	11.2
20-24	26.5	5.8

Data on **state provision of welfare payments to pregnant women on behalf of the unborn child** from: DHEW, State Plan and Program Characteristics Branch, Assistance Payments Administration, Social and Rehabilitation Service, "State Plan Provisions with Respect to AFDC Payments to an Expectant Mother in Behalf of her Unborn Child, as of January, 1976" (mimeo).

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Figure 36. M. Baizerman, H. Ko and D. L. Ellison, "National Study of Comprehensive Programs for Pregnant Adolescents," paper presented at the annual meeting of the American Public Health Association, Atlantic City, N.J., Nov. 13, 1972, Table 1.

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Figure 38. E. W. Paul, H. F. Pilpel and N. F. Wechsler, "Pregnancy, Teenagers and the Law, 1976," *Family Planning Perspectives*, 8:16, 1976, Table 1.

Figure 39. J. F. Kantner and M. Zelnik, special tabulations from the 1971 Johns Hopkins Study of Adolescent Sexuality, Contraception and Pregnancy.



Figure 40. AGI, *Data and Analyses for 1976 Revision of DHEW Five-Year Plan for Family Planning Services*, New York, 1976 (in press); and NCHS, National Reporting System for Family Planning Services, unpublished data for 1971-1975.

Figure 41. For **methods of contraception used before and after clinic enrollment**: See Figure 40; California and Michigan studies: D. S. F. Settlege, S. Baroff and D. Cooper, "Sexual Experience of Younger Teenage Girls Seeking Contraceptive Assistance for the First Time," *Family Planning Perspectives*, 5:223, 1973; C. A. Akpom, K. L. Akpom and M. Davis, "Prior Sexual Behavior of Teenagers Attending Rap Sessions for the First Time," *Family Planning Perspectives*, 8:203, 1976.

Figure 42. F. S. Jaffe and J. G. Dryfoos, "Fertility Control Services for Adolescents: Access and Utilization," *Family Planning Perspectives*, 8:167, 1976.

Figure 43. Estimates by AGI derived from: summaries of federal support for family planning services contained in each year's official federal budget; DHEW lists of project grant awards; and AGI surveys of state health, welfare and Medicaid agencies.

Figure 44. G. Hollis and K. Lashman, "Family Planning Services in U.S. Colleges and Universities," *Family Planning Perspectives*, 6:173, 1974.

Figure 45. **Number of Abortions—1972**: CDC, *Abortion Surveillance 1972*, Atlanta, 1974; **1973**: AGI, *Provisional Estimates of Abortion Need & Services in the Year Following the 1973 Supreme Court Decisions: United States, Each State & Metropolitan Area*, New York, 1975; **1974 and 1975**: AGI, *Abortion 1974-1975: Need & Services in the United States: Each State & Metropolitan Area*, New York, 1976. **Proportion of abortions to teenagers under 15 and 15-19**: CDC, *Abortion Surveillance 1972, 1973 and 1974*, Atlanta, 1974, 1975 and 1976. **Proportion of abortions to teenagers 15-17 and 18-19**: estimated from unpublished CDC and state health department data from 11 states.

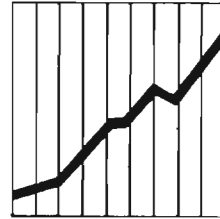


Figure 46. For **number of abortions to teenagers**: See Figure 45. **Population estimates**: U.S. Bureau of Census, *Current Population Reports*, Series P-25, No. 614 (see Figure 8). **Abortion ratios**: calculated by C. Tietze, The Population Council, to update C. Tietze and M. C. Murstein, "Induced Abortion: 1975 Facts," *Reports on Population/Family Planning*, No. 14, 1975, Table 10.



Figure 47. **Abortion ratios**: CDC, *Abortion Surveillance 1972*, Atlanta, 1976, Table 7. Differences in rates by metropolitan area from: AGI, *Abortion 1974-1975* . . . (see Figure 45).

Figure 48. AGI, *Abortion 1974-1975* . . . (see Figure 45).

Figure 49. M. Koblinsky, F. S. Jaffe and R. O. Greep, "Family for Reproductive Research: The Status and the Needs," *Family Planning Perspectives*, Vol. 8, No. 5, 1976. Derived from Chapters 11, 12 and 13 of R. O. Greep, M. Koblinsky and F. S. Jaffe, *Reproduction and Human Welfare: A Challenge to Research*, MIT Press, Cambridge, Mass., 1976.



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