

Sexuality and Fertility

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We have been asked to talk about sexuality and fertility among adolescents. Most of our comments will be based on findings from two national probability sample surveys of young women 15-19 years of age; the first survey was conducted in 1971, the second in 1976. First, however, we would like to put our findings in the context of national registration data on childbearing among young women. In so doing we are of course reversing the natural and logical ordering between sexuality and fertility.

If we go back to 1967 there were slightly more than 600,000 live births to women under the age of 20, giving an age specific birth rate (for the age group 15-19 years) of 68. Approximately 150,000 of these births, or 25 percent, were illegitimate. Ten years later, in 1976, there were about 570,000 births to women under the age of 20 and the age specific birth rate (for 15-19 years of age) was 54. 235,000 of these births, or 41 percent, were illegitimate. Thus, over this span of time there was a small decline in the absolute number of births to young women and a somewhat larger decline, proportionately, in the birth rate for this age group; at the same time there was a substantial increase in the number of illegitimate births, in the proportion they represented of all births to young women and in the age specific illegitimacy rate

for young women.

We have used data from these two years to illustrate what the ^{recent} trend of fertility among young women has been; 1976 was selected as one end-point because it corresponds to the year in which our second survey was conducted while 1967 was chosen arbitrarily to give a span of 10 years. Although use of data from only two years generally may be inadvisable in discussing long term trends because of random or temporary fluctuations, a more sophisticated approach here would have led to quite similar results.

These national figures refer only to live births and reveal nothing about the total number of pregnancies to young women. By 1976 abortion had been legal for several years; approximately 375,000 legal abortions were performed that year on young women under the age of 20. In 1967 abortion was, for the most part, still illegal and while there were some illegal abortions performed on young women the number was probably considerably fewer than 375,000.

Underlying these national figures on live births and abortions are some important changes in social behavior. In recent years there has been a change in marital patterns; young women today are deferring marriage to a greater extent than their predecessors. Whether the deferrment will result in a reduction in the proportion eventually marrying is still uncertain but what

is not uncertain is that fewer women in their teens and early twenties are married today than was the case in 1967. The young, unmarried pregnant woman in 1967 was more likely than her counterpart in 1976 to marry while pregnant and thereby legitimate the birth. Thus, what was a blessed event in 1967 becomes an illegitimate birth in 1976. Which has the more negative long term consequences either personally or socially is difficult to say. In both instances there was sexual activity and pregnancy prior to marriage.

A second significant and recent change in behavior affecting fertility is the increasing level of premarital sexual activity among young women. If more young women are having intercourse, more pregnancies and more illegitimate births can be expected provided the risk of becoming pregnant or of having a live birth among those who are sexually active doesn't change.

Official figures on illegitimacy reflect changing levels of sexual activity but since they do not take account of this change directly, they can convey a misleading impression of what is happening. For example, official figures show an increase between 1971 and 1975 in the illegitimate birth rate for white females 15-19 years of age, from 10 to 12. However, the denominators used in computing those rates represent all unmarried women in the age group. While it may be reasonable to equate unmarried with sexually active for some

age groups of women, it is not valid to do so for adolescent women, especially when comparisons over time are involved. Therefore we should properly adjust the denominators of these rates to represent only sexually active unmarried women, since only they are at risk of pregnancy. When we do that, we find that the risk of an unmarried white woman having an illegitimate live birth actually declined between 1971 and 1975 rather than increased.

Little is known about the level of sexual activity among young women in this country prior to our 1971 study. Anecdotal evidence and personal impressions can be marshalled to support two widely divergent views, one arguing that there had been little change in the level of adolescent sexual activity since early in the century, the popular impression to the contrary merely reflecting a greater willingness to talk about it openly; the other that a sexual revolution had started during the '60's so that by 1971 it was no longer necessary to be virginal until marriage to be a "nice girl." The 1971 study indicated that 30 percent of all women 15-19 years of age had engaged in premarital sexual intercourse. This is an average which reflects 27 percent of the never married and 58 percent of the ever married. By 1976, the proportion of young women 15-19 years of age who had premarital intercourse had risen to 41 percent, a proportionate increase of one-third over

the 1971 figure. The component figures are 36 percent for the never married and 80 percent for the ever married.

As might be expected, the proportion sexually experienced increases with age. Analysis of the 1976 data indicates that the likelihood of having premarital intercourse by exact age 19 was 59 percent or about $6\frac{1}{2}$ times greater than the chance by age 15; in 1971 the probability by age 19 was 47 percent or about 9 times the chance by age 15.

Whether one sees evidence of promiscuity or changes in promiscuity in the data depends less on the data itself than on one's views and interpretations of the data. What is clear is that while a substantial fraction of young women experience premarital intercourse, they do not seem to be having it with any great regularity. Slightly over 10 percent of the sexually active in the 1976 survey reported they had had intercourse only once -- comparable data are not available from the 1971 survey. In addition, among the sexually active never married women in both surveys the modal frequency of intercourse in the four weeks preceding the survey was zero; that is, although sexually initiated, 49 percent in 1976 and 40 percent in 1971 reported they had not had intercourse during that period. This irregularity of sexual encounters among young women has obvious and important implications for contraceptive

use. At the same time the proportion of never married women who had two or more sexual partners did increase between 1971 and 1976, from 38 percent to 50 percent. It may be that these two observations, on slightly lower frequency in 1976 but more partners, are intimately related and represent two sides of one coin.

We are now examining the data from the two surveys in an attempt to determine some of the sociological factors that account for premarital intercourse. Race is one of the most important of such factors, and remains so even after controlling for a number of other variables. But in addition to race, several other variables are important in distinguishing between those young women who have premarital intercourse and those who do not.

Among those young women who had premarital intercourse there was very little change in the proportion who experienced a premarital pregnancy -- 30 percent in 1971 and 28 percent in 1976. The lack of a substantial decline is surprising in view of the changes that occurred between the two dates in contraceptive practices. We will return to those practices later.

Although little or no change occurred in the prevalence of premarital pregnancy among the sexually active, change did occur in the manner of resolving those pregnancies. Consistent with the available national data,

proportionately fewer of those in 1976 who experienced a premarital pregnancy married before the outcome of the pregnancy -- 28 percent in 1976 in contrast to 35 percent in 1971. Equally consistent with the national data are changes in the proportion who elected to have an abortion among those women who became premaritally pregnant and chose not to marry. In 1971, about 1 in 5 of all (first) premarital pregnancies of known outcome to unmarried women ended in abortion whereas in 1976, 1 in 3 did. If we focus briefly on whites, since our reports on abortion to blacks are somewhat deficient, the change was from 39 percent to 51 percent. We might also note in passing that in 1976 more unwed mothers kept their babies than was the case in 1971. The latter group was more likely to place their babies for adoption or to board them with relatives or friends.

In both studies a little over one-fifth of the women who became pregnant and did not marry during the course of the pregnancy intended or wanted to become pregnant. This is a finding of some interest since in popular discussion and in professional lore much is made of adolescent pregnancy as a cure for affectional deprivation and undernourished egos. Some adolescent pregnancy no doubt is wanted; but most of it is not. However not wanting to become pregnant is not an effective inducement to try to avoid it. Among

those not wanting the pregnancy only 13 percent in 1971 and 19 percent in 1976 were contracepting at the time pregnancy occurred.

Due to the tendency for many unwanted pregnancies to be resolved through abortion and the increasing use of abortion between 1971 and 1976, the proportion of premarital pregnancies ending in live birth that were wanted was considerably higher in 1976 than in 1971 -- 36 percent versus 22 percent. Looked at another way, 78 percent of those whites in 1976 who wanted the pregnancy had a live birth; by contrast 58 percent of those who did not want the pregnancy elected to have an abortion.

This may be the appropriate place to comment on the association -- if any -- between abortion and contraceptive use. Based on the 1976 survey, and considering all (first) premarital pregnancies, those young women who had an abortion were almost twice as likely to have been contracepting at the time pregnancy occurred as those with some other pregnancy outcome. When we exclude from consideration those who were deliberately not contracepting because they wanted to become pregnant; i.e., consider only unwanted pregnancies, the difference narrows but still contradicts the frequent assertion that those who obtain an abortion are less likely to have been contracepting at time of conception than those whose pregnancies have some other outcome -- presumably

because the ready availability of abortion was seen by them as a substitute for contraception. However believable that may seem, the facts do not bear it out.

Contraceptives have become more available to teenagers in recent years and teenagers are increasingly availing themselves of them both through private physicians and organized family planning programs. However, many young women continue to expose themselves to the risk of unwanted pregnancy through unprotected intercourse. We cannot provide a definitive explanation of why this occurs but we can offer some data on reasons for non-use of contraception. In the 1976 survey, women who were currently pregnant with an unwanted pregnancy but who had not used contraception to prevent it were asked why they hadn't. Over half of these women responded that they hadn't expected to have intercourse or that they wanted to use something but couldn't under the circumstances. A substantial fraction also reported that they believed it was wrong or dangerous to use contraception or that their partners objected to its use.

A similar question referring to the last time of non-use was asked of all young women who had at least one event of unprotected intercourse. Here, again, a major reason for the non-use of contraception was the unanticipated

nature of the sexual encounter but an even more important reason, accounting for 51 percent of all of these women, was the belief that they could not become pregnant either because they thought they were too young or they didn't have intercourse often enough or because intercourse took place at a time of the month when they couldn't become pregnant. Among those holding the last belief, in effect rhythm users, many were correctly informed about the period of greatest risk of pregnancy during the monthly menstrual cycle but many were not.

Only 3 percent of the women who failed to protect themselves against pregnancy reported that they didn't know about contraception or where to get it. As with the currently pregnant, a variety of other reasons was given; these included objection of the partner to the use of contraception, the belief that it is wrong or dangerous to use contraception, the belief that sex isn't much fun with contraception or that it is too difficult to use.

It appears then that very few sexually active young women do not know about contraception or where to get it, that pregnant women are more likely than those not pregnant to report their partner as objecting to the use of contraception, that some reasons, such as belief in the immorality of contraception or its interference with the fun of sex, are likely to prevent the

young woman from seeking contraceptive services. More importantly, in terms of numbers of young women involved, these data reflect the frequently unanticipated nature of sexual encounters of the young and the abysmal level of ignorance among young women of some relatively simple facts about human pregnancy and how it occurs. We suspect that many adolescents today are better informed about the physiology of the frog than of human physiology.

In spite of this generally discouraging picture, we know that between 1971 and 1976 some fairly large changes occurred in the contraceptive practices of young women. In 1976, the single most popular contraceptive, however measured, was the pill whereas in 1971 the honors were shared by the condom and withdrawal. Parenthetically, provider emphasis on the pill while simultaneously ignoring or even pooh-pooing the condom (and withdrawal) is probably poor advice for many sexually active young women at various points in their sexual careers. It is a kind of contraceptive overkill that is unsuited to sporadic sex and may tend to crowd out more appropriate methods.

It also appears to be the case that the 1976 cohorts were somewhat more regular in their use of contraceptives, regardless of method, than their 1971 counterparts. Among the never married in 1976, 64 percent had used a contraceptive the last time they had intercourse in contrast to 45 percent in 1971,

and in 1976, 30 percent of all sexually active never married women used contraception at every intercourse whereas in 1971 only 18 percent were always users. At the same time, those who never used contraception also increased, from 17 percent in 1971 to 24 percent in 1976.

It is not only the amount of use or the methods used that are important but also the time pattern of use. The older the age at first intercourse the more likely contraception was used at that initial act. Further, among those who use contraception at first intercourse, the older the starting age the more likely was the use of a medical method of contraception. These observations relative to timing, which are available only from the 1976 survey, also show that those who start with a medical method are more likely to ^{always} use contraception than those who start with non-medical methods.

Some of those who started with medical methods and continued to use them consistently did experience a pregnancy. Failures do of course occur among all ages, but the failure rate for this group, i.e., those who began intercourse simultaneously with a medical method of contraception, does not differ much from that of older, married women in spite of the presumably greater regularity of sex among the latter. Thus it is not true as is sometimes asserted by those opposed to birth control for teenagers that they cannot

or do not use it effectively. Those who consistently used a medical method of contraception were only one-third as likely to become pregnant as those who used a non-medical method and one-tenth as likely to get pregnant as those who used no method. That's not perfect but it's not bad.

Interestingly enough, those who delay the use of contraception and manage during the interim to avoid pregnancy are more likely when they do start to contracept, to use medical methods of contraception than those who begin intercourse and contraception simultaneously. This higher level of initial use of medical methods among those who start to contracept after they begin to have intercourse is not due to an older age at first use of contraception since the difference we have noted occurs at each age.

Unfortunately, many who delay the use of contraception or use it sporadically do get pregnant. Among those women who never used contraception, 58 percent became pregnant as did 42 percent of the sporadic users. Recent analysis of the 1976 data by Dr. Zabin indicates that a substantial fraction, 50 percent, of all initial premarital teenage pregnancies, occurred in the first six months of sexual activity. Those who first have intercourse at age 15 or younger are nearly twice as likely to get pregnant in the first six months of sexual activity as those who wait to have intercourse until they

are 18 or 19. This is largely because of the aforementioned relationship between age of first intercourse and use of contraception.

Thus, many teenagers are using contraception. If they use it consistently from first intercourse on their chances of becoming pregnant are relatively small. Others are not using contraception at all or using it sporadically, presumably for the kinds of reasons enumerated earlier. However, some use is better than no use in terms of reducing the risk of pregnancy. It is difficult to estimate what the magnitude of teenage pregnancy would be in the United States if contraceptives were not available to teenagers. At the same time, reducing the current magnitude will require more than the currently conceived kinds of sex education. A reduction also will require greater recognition that service programs not only reach some young women after a pregnancy but also that some young women have reasons for not using contraception that are resistant to the entreaties of the providers.

We have perhaps been long-winded in presenting some of the findings of our two surveys. Be thankful that we have not gone into the details of those findings but rather have skimmed along the surface. We would like, however, to close with two questions. We hear today that adolescent pregnancies are a national problem, that there is an epidemic of teenage pregnancies. One

researcher in this area notes that: "Adolescent childbearing has recently been identified as a major social problem." We would ask why the recent identification -- why wasn't adolescent pregnancy identified as a major social problem in, say, 1967. As we noted earlier, between then and now (or more accurately, 1976) there has been a reduction in the absolute number of births to young women and a reduction in age-specific fertility. Live births, however, represent only a portion of all pregnancies. It is likely, but not demonstrable, that there are more pregnancies among teenagers today than there were in 1967 but we believe it likely that if allowance were made for the changing levels of sexual activity among young women, then the risk of pregnancy -- that is the chance of pregnancy occurring among those actually exposed to the event -- has in fact declined since 1967. The official illegitimate birth rate has continued to increase but as we noted earlier, adjusting for changing levels of sexual activity, results in decreasing rather than increasing risks.

Further, what is known about the personal, social, economic, and health consequences of adolescent pregnancy was known in 1967, if in somewhat broader and less specific terms. We are not attempting to belittle the problem -- whether the term "problem" refers to total pregnancies, to abortion, to legitimate as well as illegitimate conceptions and births or increasing

levels of sexual activity among young people; rather we are asking if the phenomenon shouldn't be viewed in a broader social and temporal frame simultaneously perhaps with greater attention to, as well as some skepticism of, official data which sometimes are misleading.

To partially answer ourselves, let us note that while one can argue whether there are more pregnancies now or the same number as in 1967, the racial and class composition of pregnancies to adolescents clearly has changed. When pregnancies were occurring principally to the disadvantaged class in American society, to "those" people as opposed to "us", we could ignore the situation as a less immediate and salient social issue. Now that we are affected it is a problem. Moreover, to the extent that the girl down the street -- but never our sister or daughter -- did get pregnant in 1967 she married and legitimated the birth. To treat this sequence of events as a serious social problem would have appeared as critical of the cherished institution of matrimony and insensitive to cherubic offspring and the happiness of beaming grandparents. Today, the illegitimate conception is more likely to end up as an abortion or an illegitimate birth -- i.e., a "problem" event.

It also is our impression that much of the recentness of the identification

of the problem stems from the earlier naive view that simply making contraceptives available would eliminate adolescent pregnancy -- even among "those" people. After all, no young unmarried girl really wants to become pregnant and surely given the chance will act "rationally", i.e., like us, to prevent that undesired event. The reality is somewhat different as our own experience and that of family planning programs around the world shows. Not only has teenage premarital pregnancy not been eliminated but it now strikes us -- there must be an epidemic.

But how far can we go in eliminating adolescent pregnancy? That is our second question. There seems to be no question that the penalties against premarital pregnancy and childbearing have been greatly reduced. Current attitudes and programs are supportive and ameliorative rather than harsh, condemnatory and punitive. There may be undesirable consequences to adolescent pregnancy and childbearing but those consequences are off in the future and come about, from a societal view, in an impersonal manner; to list these for the teenager is unlikely to modify her behavior which is responding to more immediate and personal urgings. Certainly the familial, neighborhood and societal sanctions against premarital conception or childbearing have greatly diminished -- if not completely disappeared among some groups. Can a society

ever eliminate undesired behavior if there are no immediate, personal sanctions levied against that behavior or if there is no enforcer of what society specifies is "right behavior?"

All states experience problems with under-age adolescents drinking alcohol. However large that problem it would be even greater except for storekeepers and bartenders who refuse to sell to minors. In the absence of sanctions against adolescent pregnancy, who now serves as the bartender?

It would be naive to expect teenagers to stop doing what their slightly older sisters are doing when society either ignores what the older sisters are doing or publicizes it in ways that express acceptance if not approval. "Living together" has become an accepted phenomenon; articles are written praising the sense of responsibility, the courage, determination and maturity of the unmarried single parent. What adolescent has not been exposed in the magazines they read, to articles about a rock star, TV star, movie star or other idol who has had a child outside of marriage and not only not experienced no moral opprobrium but oftentimes the gushy approval of the writer. Television serials often present a similar picture of the unmarried mother.

Lest we be misunderstood, we are not condemning living together, single

parenthood or conception outside of marriage. Rather, we are asking if society can have it both ways? Can we eliminate or even drastically reduce adolescent pregnancy in the absence of social sanctions, in the absence of some way of enforcing the desired behavior while we ignore or accept but do not disapprove of pregnancy on the part of slightly older unmarried women?

Young people in our experience have a finely honed sense of fairness and equity and impatience with behavioral barriers based on nothing more morally grounded than age. The genie of young sex is out of the bottle and we see no way of getting it back in under prevailing normative conditions. Making contraceptive services more accessible and more acceptable will be of some help obviously but if the experience of recent years can be relied on, this approach has definite limitations. Nor can we afford the cost of duplicating in large scale the laudible but professionally lavish programs of intensive individual counseling even though, perhaps assisted by the indelible experience of prior pregnancy, they appear to work. To a considerable extent, they are a case of too much, too late. In the face of societal ambiguity and inconsistency over premarital sex, unwed motherhood, contraception, and timely and relevant sex education, we see little likelihood of substantial reductions in adolescent pregnancy.