

Social Welfare Problem History: Teen Pregnancy

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Teenage pregnancy is among the most prevailing social welfare issues in the United States. It is even more pressing considering that the United States has the highest rates of teenage pregnancies among all developed countries. The issue is of a complex nature with numerous factors contributing to rates and prevalence of premarital pregnancies among young women. Teen pregnancies affect the lives of both mothers and children and have lasting social and emotional consequences. Historically, the approach of the government to the teen pregnancies varied greatly depending on cultural landscape and socio-economic agenda of the day. Currently, teenage pregnancies can be addressed with a greater effect through a combination of educational programs and governmental support resulting in a much-welcomed trend of lower numbers of new pregnancies among underaged women.

While teenage pregnancy is not a new problem in the history of the United States, it was not always either addressed as an issue or reached the scale when it was declared an epidemic. Despite still being high the birth rate among teenagers is steadily decreasing (Furstenberg, 2007). From a historical perspective, the issue began to draw attention in the 1960s and 1970s when a number of young women who preferred not to wed and raise their children alone grew sharply (Furstenberg, 2007). Though at that period childbearing among women of all ages declined greatly due to shifts in economic development. However, young women retained their fertility rates in comparison to the general female population. The reasons that would explain why young women were reacting less to shifts in an economic environment when comparing to older women remains a subject of discussion. In times past, unintended pregnancy was used as a reason for marriage that allowed escaping the role of single mother. However, in the 1960s the likelihood

and desirability of early marriages became increasingly unpopular as teenagers haven often chosen not to wed and not to accept additional social obligations on to themselves. Thus, in the 1960s the new trend in childbirth was evident with teenage pregnancy becoming more casual and teenage mothers being more vulnerable regarding social welfare.

The first time the problem of teenage pregnancy was officially described and articulated was in 1965 when Daniel Patrick Moynihan then an assistant secretary of labour published his report highlighting new trends in teenage childbearing (Furstenberg, 2007). Albeit the report was not entirely accurate and controversial as it inaccurately confined the growth of teenage childbearing to young African American women (Furstenberg, 2007) though the black women were at the vanguard of the teenage pregnancies and single motherhood they were not solely responsible for the trend. Since the Moynihan report, the public attention to the problem was constantly growing (Pillow, 2004). The Guttmacher Institute was one of the first institutions to engage actively in lobbying for new social welfare services and subsidies for young unmarried mothers. In a series of publications, the Guttmacher Institute combined information about demographic data and predictions of adverse consequences of teenage pregnancy to persuade the government on the need for urgent actions regarding the matter.

The public attitude towards teenage pregnancy was changing noticeably over the time in accordance to shifts in social values and beliefs. It is possible to describe the initial reaction to the problem of unmarried childbearing by young mothers as highly negative. Social values of the 1960s emphasised on marriage and childbearing in a complete family as a fundamental goal for young people (Weinstein, 2013). Moreover, because teenage pregnancies were prevalent among minority groups, it was not uncommon for young women of colour to be particularly stigmatised

by society. Despite the moral values that were mostly dominated by Christian ideology, American society was gradually changing its attitude toward teenage mothers. In the 1970s support for young mothers was introduced on the federal level. In 1973 in a landmark decision in *Roe v. Wade* case the Supreme Court had eased the issues related to abortions allowing for more legal options for teenagers. However, since 1980s teenage mothers were criticised for receiving social welfare with President Ronald Reagan calling them “welfare queens” (Pillow, 2004). Thus, the social perception of single mothers and teenage pregnancies was characterized by sharpened criticism and lack of adequate approach.

Presently, the number of babies born to teenage mothers is steadily decreasing and is at its record low as of June 2016. According to the statistics provide by the U.S. Centres for Disease Control and Prevention adolescent mothers aged 15 to 19 are currently accounted for approximately 22 births out of every 1000 (CDC.gov, 2016). In comparison to past years, this number was 24 per 1000 in 2015 and almost 60 per 1000 at the beginning of the 2000s. In 2012 about 1,700 teens were giving births every week (CDC.gov, 2016). Rates of teen pregnancies are still higher among black and Hispanic mothers being 39 and 41 per 1000 respectively. Additionally, 89% of teenage parents raise their children alone and are unmarried.

A range of factors contributes to rates of teen pregnancy. Socioeconomic factors have been historically associated with the prevalence of teenage childbearing. Teenage girls living in low-income families are also at higher risks of adolescent childbearing. Social exclusion and economic depression are well-known risk factors regarding teenage pregnancies. Education is also believed to correlate with teen pregnancies. One of the studies had found that Latina women in California were more likely to have to give birth before the age of 20s if their parent had no

higher education (Dehlendorf, Marchi, Vittinghoff, & Braveman, 2009). The variable of education is equal importance among all ethnical groups. Another study has demonstrated a history of teenage pregnancies in the family raises the risk of adolescent childbearing significantly (Wall-Wieler, Roos, & Nickel, 2016). In families where older sister gave birth in her teens younger sister was at a higher risk of teenage pregnancy.

Two major policies were implemented to address the issue of teenage pregnancy the Abstinence-only education policy and Comprehensive sex education policy (Santelli et al., 2006). Abstinence-only approach to sex education emphasises on not having sex outside of marriage as the best way to prevent teenage pregnancy. This program was federally funded until 2009 (Stanger-Hall & Hall, 2011). Numerous evidence suggests the low effectiveness of this type of policy with some studies even suggesting that in states where abstinence-only education was endorsed had higher rates of teen birth in comparison to those where the policy was not endorsed (Stanger-Hall & Hall, 2011; Brown & Simpson, 2000). Comprehensive education does forbid the use of contraception and focuses on informing young people about all options and possible consequences while still recommending to avoid sexual contact outside of marriage (Mevsim, Guldal, Gunvar, Saygin, & Kuruoglu, 2009). This policy began replacing abstinence-only education for being supported by the federal government and is associated with the ongoing reduction of teenage pregnancies rates.

Teenage pregnancies represent a serious social welfare problem as a large number of single teenage mothers required federal assistance. Though the issue is not entirely new, it reached a significant scale in the 1960s when it was addressed officially. The attitude towards adolescent childbearing varied during past decades often due to the adding pressure of social

welfare system. Rates of teenage pregnancies are currently decreasing with some specialists attributing this to the effectiveness of the comprehensive sex education program.

References

Birth Rates (Live Births) per 1,000 Females Aged 15–19 Years Select Years | *Teen Pregnancy* |

Reproductive Health | CDC. (2016). *Cdc.gov*. Retrieved 28 July 2016, from

<http://www.cdc.gov/teenpregnancy/about/birth-rates-chart-2000-2011-text.htm>

Brown, E. & Simpson, E. (2000). Comprehensive STD/HIV Prevention Education Targeting US

Adolescents: review of an ethical dilemma and proposed ethical framework. *Nursing*

Ethics, 7(4), 339-349. <http://dx.doi.org/10.1177/096973300000700407>

Dehlendorf, C., Marchi, K., Vittinghoff, E., & Braveman, P. (2009). Sociocultural Determinants

of Teenage Childbearing Among Latinas in California. *Maternal And Child*

Health Journal, 14(2), 194-201. <http://dx.doi.org/10.1007/s10995-009-0443-8>

Furstenberg, F. (2007). *Destinies of the disadvantaged*. New York: Russell Sage Foundation.

Mevsim, V., Guldal, D., Gunvar, T., Saygin, O., & Kuruoglu, E. (2009). Young people

benefit from comprehensive education on reproductive health. *The European*

Journal Of Contraception & Reproductive Health Care, 14(2), 144-152.

<http://dx.doi.org/10.1080/13625180802451201>

Pillow, W. (2004). *Unfit Subjects*. London: RoutledgeFalmer.

Santelli, J., Ott, M., Lyon, M., Rogers, J., Summers, D., & Schleifer, R. (2006). Abstinence and

abstinence-only education: A review of U.S. policies and programs. *Journal Of*

Adolescent Health, 38(1), 72-81.

<http://dx.doi.org/10.1016/j.jadohealth.2005.10.006>

Stanger-Hall, K. & Hall, D. (2011). Abstinence-Only Education and Teen Pregnancy Rates: Why

We Need Comprehensive Sex Education in the U.S. *Plos ONE*, 6(10), e24658. [http://](http://dx.doi.org/10.1371/journal.pone.0024658)

dx.doi.org/10.1371/journal.pone.0024658

Wall-Wieler, E., Roos, L., & Nickel, N. (2016). Teenage pregnancy: the impact of maternal

adolescent childbearing and older sister's teenage pregnancy on a younger sister.

BMC Pregnancy Childbirth, 16(1). <http://dx.doi.org/10.1186/s12884-016-0911-2>

Weinstein, M. (2013). e Teenage Pregnancy Problem: Welfare Reform and the Personal

Responsibility and Work Opportunity Reconciliation Act of 1996. *Berkeley*

Journal Of Gender, Law & Justice, 33(1). Retrieved from

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