Research Report

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The Intersection among Unintended, Premarital, and Teenage Childbearing in the U.S.

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The Intersection among Unintended, Premarital, and Teenage Childbearing in the U.S.*

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ABSTRACT

Unintended births are sometimes confused with premarital, teenage births, assuming that those who “accidentally” become pregnant and give birth are mainly teenagers. Data from the 2002 National Survey of Family Growth were used to examine the distribution of pregnancy intentions for all births from 1997 through 2002 by marital status, age, education, and income. Analyses show that the bulk of unintended births occur to women in their twenties; teens account for relatively few unintended births. In terms of marital status, unintended births occur nearly equally to married and never married women. The majority of unintended births occurs to women with relatively little education and lower income. Overall, however, unintended births occur to all groups in society. Because of this diversity, it is unlikely that a single prevention approach will be effective. Researchers must focus on the multitude of causes of unintended childbearing and design multi-pronged intervention strategies targeted to specific groups.
Although the United States experienced declines in unintended childbearing in the 1970s and early 1980s, levels have recently risen, and the most recent national estimates indicate that approximately 35% of live births from 1997-2002 were unintended at the time of conception (Chandra, Martinez, Mosher, Abma, and Jones 2005). This is one of the highest unintended childbearing rates among wealthy countries. Unintended childbearing is associated with a wide range of negative health statuses for children and mothers (Brown and Eisenberg 1995). Although the causal nature of the relationship is the subject of some debate, research that has addressed the social consequences of unintended childbearing suggests that they may be severe, may permeate multiple aspects of social life, and may persist for the very long term (Axinn, Barber, and Thornton 1998; Barber, Axinn, and Thornton 1999; Baydar 1995; Brown and Eisenberg 1995; and Joyce, Kaestner, and Korenman 2000). In fact, the combination of these negative health statuses and rising levels of unintended childbearing led the U.S. Department of Health and Human Services (in its National Health Promotion and Disease Prevention Objectives) to target a substantial reduction in unintended childbearing in its objectives for both 2000 (formulated in 1990) and 2010 (formulated in 2000). According to data available from the most recent national estimates of unintended childbearing, the goal for 2000 was not met, and the goal for 2010 is not likely to be met, either.

In fact, the high rates of unintended pregnancy are a major health and public policy concern, even if they have no causal consequences, because the occurrence of pregnancies to women who do not want them is itself a negative health outcome. For this reason, the United States’ Office of Population Affairs operates the country’s Title X family planning clinic program with the main aim of offering services to ensure that women do not have pregnancies they do not want (Frost 1994; Frost 2001; and Mosher 1990). A more comprehensive scientific understanding of unintended pregnancy is essential to the formulation of such programs and related policies aimed at reducing unintended pregnancy.

Unintended childbearing is often confused with premarital or teenage childbearing, assuming that all or most unintended births occur to unmarried young people. In reality, these are three distinct categories, which imply different circumstances and resulting motivations (or lack thereof) for pregnancy and childbearing. It is important that these categories be kept conceptually distinct, as well as analyzed together, in order to facilitate our understanding of the diverse causes of the processes leading to unintended births. To our knowledge, no published analysis examines the proportions of unwanted and mistimed births that occur to women of different ages, marital statuses, educational attainment, and income levels. Our purpose is to provide a broad picture of the population of unintended births. This is particularly important for formulating prevention strategies.
METHODS

Data

The 2002 National Survey of Family Growth (NSFG) is a nationally representative sample of the household population of 15-44 year-olds in the United States. Face-to-face interviews with NSFG respondents were conducted from January 2002 through March 2003, and resulted in 12,571 completed interviews – 7,643 females and 4,928 males. Female NSFG respondents completed comprehensive pregnancy and childbearing histories, resulting in detailed records for 13,593 pregnancies, including pregnancy start and end dates, outcomes (live birth, miscarriage, abortion, etc.), and intention status/wantedness for each pregnancy. For this analysis we restrict our sample to the 3,198 (out of 4,589) pregnancies that (1) ended in a live birth, and (2) ended in or after January 1997, five years prior to the beginning of the interview period. We use weighted estimates in all of our analyses to represent the general population of pregnancies in the U.S.

Measures

Intention status of birth is based on mothers’ retrospective reports of wantedness at the time of the birth. A birth is coded as “intended” if the mother reported that the birth took place at the right time, later than she wanted, or if she was unsure or indifferent to the birth timing. The birth is considered “mistimed” if the mother reported that it took place sooner than she wanted, and it is considered “unwanted” if the mother reported the birth as unwanted.

Mother’s age at birth is coded into three categories: teen (under 20 years old), 20-29 years old, or 30 years old and over.

Mother’s marital status at birth is defined as her formal marital status at the birth of the child. This is coded into three categories: married, divorced or separated, and never married. Because so few births occur to divorced or separated women, we combine these categories for ease in presentation.

Mother’s education is measured by her report of the highest grade completed/degree received. It is coded into three categories: high school diploma/GED or less, some college but no degree, or associate degree or higher.

Mother’s total income is measured by her report of her combined family income from all sources in 2001 (the year prior to interview). It is coded into three categories: less than $25,000, $25,000 to $49,999, and $50,000 and above. We chose these three categories so that relatively equal numbers of women fall into each category.

Descriptive statistics for all measures are presented in Table 1.
TABLE 1. Descriptive Statistics for Measures Used in Analyses

<table>
<thead>
<tr>
<th>Variable</th>
<th>Proportion</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td><strong>Intention Status of Birth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intended</td>
<td>0.624</td>
<td>3198</td>
</tr>
<tr>
<td>Unintended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mistimed</td>
<td>0.219</td>
<td></td>
</tr>
<tr>
<td>Unwanted</td>
<td>0.157</td>
<td></td>
</tr>
<tr>
<td><strong>Mother's Age at Birth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>? 30</td>
<td>0.311</td>
<td>3198</td>
</tr>
<tr>
<td>20-29</td>
<td>0.564</td>
<td></td>
</tr>
<tr>
<td>Teen</td>
<td>0.125</td>
<td></td>
</tr>
<tr>
<td><strong>Mother's Marital Status at Birth</strong></td>
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<td></td>
</tr>
<tr>
<td>Married</td>
<td>0.583</td>
<td>3193</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>0.071</td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
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<td></td>
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<tr>
<td><strong>Mother's Education</strong></td>
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<td></td>
</tr>
<tr>
<td>College Degree</td>
<td>0.276</td>
<td>3198</td>
</tr>
<tr>
<td>Some College</td>
<td>0.183</td>
<td></td>
</tr>
<tr>
<td>? High School</td>
<td>0.541</td>
<td></td>
</tr>
<tr>
<td><strong>Mother's Total Income</strong></td>
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<tr>
<td>$50,000+</td>
<td>0.288</td>
<td>3022</td>
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<tr>
<td>$25,000-$49,999</td>
<td>0.27</td>
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</tr>
<tr>
<td>&lt;$25,000</td>
<td>0.442</td>
<td></td>
</tr>
</tbody>
</table>

RESULTS

Figure 1 presents the distribution for mother’s age at birth by intention status for births in the five years prior to the survey. Overall, Figure 1 illustrates that unwanted and mistimed births occur across the age spectrum – not primarily to teens, as is sometimes assumed.\(^1\) It shows that the majority of both unwanted (52%) and mistimed (56%) births occur to women in their 20's. The next most common age group for unwanted births is >30, while the next most common age group for mistimed births is teens. Of unwanted births, 16% occur to teens, 52% to 20's, and 33% to women aged 30+. Of mistimed births, 29% occur to teens, 56% to 20's and 16% to women 30+. Fewer intended births occur to teens (4%) than to 20's (52%) or 30+ mothers (44%).

In another analysis (not shown), we compared the distribution of the intention status of births to teens, 20's, and 30+ mothers. We found that the proportion of births that are intended increases with age. 24% of births to teens, 65% of births to women in their 20's, and 79% to women 30+ are intended. The proportion of births that are mistimed decreases with age, and unwanted births make up a higher proportion of teen births (21%) compared with the other age groups (14% for 20's, and 12% for 30+).

\(^1\) When all pregnancy outcomes are considered (including miscarriage, abortion, tubal pregnancy, stillbirth, and live birth), the age distributions are nearly identical.
Thus, although increasing proportions of births are intended as women age, the sheer number of births to women in their twenties and thirties (relative to teen births) means that most mistimed and unwanted births are not to teens.

Figure 2 illustrates the marital status distribution for unwanted, mistimed, and intended births. Overall, it shows that half (50%) of both mistimed and unwanted births occur to never married women, followed by married women; very little occurs to divorced or separated women. 50% of both unwanted births occur to never married women, 41% to married women, and 10% to divorced/separated women. Nearly equal proportions of mistimed births occur to never married women (50%), married women (44%), and divorced/separated women (6%).

\(^2\) 77% of intended births occur to married women, while only 17% occur to never-married women, and 6% to divorced/separated women.

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\(^2\) When all pregnancies are considered, regardless of outcome, the majority of both unwanted and mistimed pregnancies occur to never married women, who contribute to 51% of unwanted and 57% of mistimed pregnancies.
In another analysis (not shown), we compared the distribution of the intention status of births to married, divorced/separated, and never-married women. We found that 78% of births to married women are intended, compared to 60% of births to divorced/separated women, and 40% of births to never-married women. Never-married women have the highest proportions of mistimed (36%) and unwanted births (25%). Thus, the vast majority of births to married women are intended. However, from the standpoint of understanding and reducing unintended births, these births occur nearly as often to married women as unmarried women.

Figure 3 shows the marital status at birth for teens, 20's and 30+ mothers. Overall, Figure 3 illustrates that although teenage childbearing and unmarried childbearing are correlated, they are not synonymous – 22% of teen births occur to married women. Of births to women in their 20's, 33% occurred to never married women. For births to mothers age 30+, although the vast majority (85%) occur to married women, 8% to divorced/separated women, and 7% to never-married women.

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3 When all pregnancies are considered regardless of outcome, 84% of all teen pregnancies are to never-married women. Abortion accounts for most of this difference – married teens are less likely to have an abortion than unmarried teens.
In another analysis (not shown) we compared the distribution of age at birth among married, divorced/separated, and never-married mothers. These analyses also emphasized that age and marital status, although related, are not synonymous: the majority (62%) of births to never-married women occur to women in their 20’s; only 29% occur to teens.

Figure 4 presents the distribution of mothers’ educational attainment for unintended, unwanted, mistimed and intended births. Overall, Figure 4 shows that although the majority of unwanted and mistimed births occur to women no more than a high school diploma, a substantial proportion – nearly one-third – occurs to women with higher levels of education, as well. The educational attainment distribution is similar for unwanted and mistimed births; 64% of unwanted births occur to women with a high school diploma or less, 21% to women with some college, and 16% to women with a college degree. 64% of mistimed births occur to women with a high school diploma or less, 19% to women with some college, and 16% to women with a college degree.

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4 This is not surprising, because the majority of all births occur to women with a high school diploma or less.
In another analysis (not shown), we compare the distribution of intention status of births across educational levels. While the majority of births for all groups is intended, women with college degrees have smaller proportions of unwanted and mistimed births than those with less education. And, women with a high school diploma or less have slightly higher proportions of mistimed births than women with at least some college. Thus, although educated women’s risk of an unintended birth is lower than women with less education, both unwanted and mistimed births occur to women across the educational attainment distribution. Approximately one-third of both unwanted and mistimed births occur to women with at least some college.

Figure 5 illustrates the income distribution for unwanted, mistimed, and intended births. Overall, Figure 5 shows that although low income groups make up the largest proportion of unintended births, higher income groups also contribute significantly to unintended childbearing. Although more than half (53%) of unwanted births occur to women with incomes under $25,000, 25% occur to women with incomes of $25-49,999, and 22% occur to women with incomes of $50,000 or above. The distribution is similar for mistimed births. The middle and lowest income groups contribute equally to intended births (29% each), while the highest income group contributes a higher proportion of intended births (42%).
In another analysis (not shown), we compare the distribution of the intention status of births to women across income groups. Although the lowest income group had the highest proportion of unwanted births (20%), the higher income groups had significant levels of mistimed and unwanted childbearing as well.

Access to more resources due to higher income influences women’s ability to implement their childbearing preferences. However, even women with relatively high income are not always able to plan their births. Nearly one-quarter of unwanted births and nearly one-fifth of mistimed births occurred to women in the highest income group examined here – $50,000+.

**DISCUSSION**

Unintended childbearing occurs across all segments of society – women at the beginning and the end of their reproductive years, the married and the unmarried, the educated and the uneducated, and the rich and the poor. The varied circumstances of women experiencing unintended births implies that there are multiple explanations for its occurrence. For example, the poor, unmarried, uneducated teenager who has sex with a new boyfriend without contraception, becomes pregnant, and decides not to have an
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abortion is quite different from the middle-class, married, educated woman who becomes pregnant with her second child shortly after giving birth to her first child, because she wasn’t using contraception. Of course, this is not to say that we will find no common ground in searching for general explanations of unintended childbearing.

Any systematic attempt to reduce unintended childbearing will have to be multi-pronged, to target the many different circumstances leading to unintended births, but coordinated, to recognize the commonalities in those situations. It is imperative that we better understand the reasons that women have unintended births, and to do so, we must recognize that there are probably many different reasons.

The causal nature of the relationship between unintended childbearing and negative health statuses is the subject of some debate (Barber 2003; Barber and East 2003; Brown and Eisenberg 1995; Joyce et al. 2000; Joyce, Kaestner, and Korenman 2002; Korenman, Kaestner, and Joyce 2002). Unfortunately, without random assignment of unintended births (experimental designs), it is impossible to determine causation with great certainty. While the debate continues to swirl around the consequences of unintended pregnancy, there is no debating the harmful health and social status consequences associated with it. Yet many scholars, caught up in the escalating discussion of cause and effect, have largely ignored a key question: why are unintended pregnancies so prevalent, and what, if anything, can we do to better understand their occurrence? Conceptually distinguishing among unintended, teenage, and premarital pregnancies is a necessary step in furthering our understanding of these important processes.
References


The Population Studies Center (PSC) at the University of Michigan is one of the oldest population centers in the United States. Established in 1961 with a grant from the Ford Foundation, the Center has a rich history as the main workplace for an interdisciplinary community of scholars in the field of population studies. Currently, the Center is supported by a Population Research Infrastructure Program Grant (R24) from the National Institute of Child Health and Human Development, and by a Demography of Aging Center Grant (P30) from the National Institute on Aging, as well as by the University of Michigan, the Fogarty International Center, the William and Flora Hewlett Foundation, and the Andrew W. Mellon Foundation.

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