

REPRODUCTIVE GOALS AND BEHAVIORS AMONG TEEN MOTHERS RECEIVING AFDC

Report Submitted to:

AFDC Policy Implementation Branch
California Department of Social Services
and
Office of Family Planning
California Department of Health Services

**Jane Mauldon
Nicole Maestas**

June 30, 1997

TABLE OF CONTENTS

I.	Introduction	1
II.	Key Findings and Policy Implications	3
III.	Review of the Data	8
	A. Demographic Characteristics and Relationship Statuses of the Sample.....	8
	B. Frequency of Sex	9
	C. Childbearing Intentions.....	9
	D. Use of Prescription Birth Control Methods among All Respondents.....	10
	E. Use of Prescription and Nonprescription Birth Control and Abstinence among All Respondents	11
	F. Use of Condoms among Sexually Active Respondents.....	13
	G. Access to Birth Control—Respondents’ Beliefs and Experiences	13
	H. Comparisons by Race and Ethnicity	15
	References	18

LIST OF TABLES

Table 1.	Demographic Characteristics of Respondents
Table 2.	Respondents’ Relationship Status, by Age
Table 3.	Whether or Not Respondents Had Sex in Last 3 Months, by Age and Relationship Status
Table 4.	Frequency of Sex among Respondents Who Had Sex in Last 3 Months
Table 5.	How Long Respondents Would Like to Wait Before Having Another Child, by Number of Own Children They Already Have
Table 6.	Respondents’ Use of Prescription Methods, by Age
Table 7.	Exposure to Risk of Pregnancy among Teens Who Are Not Using Any Prescription Method and Are Not Sterile

- Table 8. Respondents' Most Effective Contraceptive Used, by Relationship Status
- Table 9. Consistency of Pill and Condom Use
- Table 10. Contraceptives Used by Respondents Who Had Sex in Last 3 Months
- Table 11. Receiving Contraception or Talking to Someone about Contraception after Giving Birth Is Associated with Current Use of Birth Control
- Table 12. Being in School Is Associated with Using Birth Control
- Table 13. Perceptions of How Easy or Difficult It Is for Teens on Welfare to Get Prescription Birth Control, Condoms or Abortions
- Table 14. Among Respondents Who Believe It Is Difficult to Get an Abortion, Reasons for Their Belief
- Table 15. Demographic Characteristics of Respondents, by Race/Ethnicity
- Table 16. Whether or Not Respondents Had Sex in Last 3 Months, by Race/Ethnicity
- Table 17. Frequency of Sex among Respondents Who Had Sex in Last 3 Months, by Race/Ethnicity
- Table 18. How Long Respondents Would Like to Wait Before Having Another Child, by Race/Ethnicity and Average Number of Children
- Table 19. Respondents' Use of Prescription Methods, by Race/Ethnicity
- Table 20. Respondents' Most Effective Contraceptive Used, by Race/Ethnicity
- Table 21. Perceptions of How Easy or Difficult It Is for Teens on Welfare to Get Prescription Birth Control, Condoms or Abortions, by Race/Ethnicity

I. INTRODUCTION

While adolescent pregnancy in general is an important focus of public policy, second and third births among teenagers are of particular concern. Women who have children in rapid succession at a young age have greater difficulty continuing their education or entering the labor market than do women who only have one child (Furstenberg, Brooks-Gunn and Morgan, 1987). Further, siblings who are born close together are disadvantaged because they must compete at a young age for their parents' time and resources. And recent modifications in welfare policy that limit federal welfare assistance to a five year lifetime maximum and prohibit additional payments for children conceived to women on aid are likely to have a very great impact on young women who go on aid and have two or more children before they have acquired the education, work experience and skills necessary to earn a living.

Repeat births to teenagers are quite common. In California, 24% of births to teens between the ages of 15 and 19 are second or higher order births (California Department of Social Services). A similar fraction (23%) of births to teens nationwide are repeat births (Ventura et al., 1996). Nationally, approximately one woman in five gives birth before she turns 20 and one-quarter of those women have two or more children before age 20. Reports from large-scale surveys have found that about 40% of teenage mothers become pregnant again within 24 months of delivering their first child (Koenig and Zelnick, 1982; Mott, 1986).

Because of the serious problems associated with repeat teenage births, many programs for teen mothers have included a family planning component. Unfortunately, there is no evidence that any of these interventions with low-income young mothers have succeeded in reducing their subsequent likelihood of becoming pregnant. For example, in the Teenage Parent Demonstration Project, about 68% of young welfare mothers in both the experimental and control groups had a subsequent pregnancy by 28 months after baseline (Maynard, Nicholson and Rangarajan, 1993). Similarly, among school dropouts in Project Redirection, more than half of both the experimental and comparison groups had a subsequent pregnancy within 24 months after baseline, while at the 5-year follow-up, women in the experimental group had actually given birth to a significantly higher average number of children (Polit, Quint and Riccio, 1988). And the New Chance

program, yet another intervention with low-income young mothers, reported more than half of women in both the experimental and comparison groups were pregnant between baseline and the 18-month interview (although none of the women reported they were pregnant at baseline) and more than one-quarter gave birth (Quint, Polit, Bos and Cave, 1994).

In California, policymakers have created a special program, Cal-Learn, for parents under 19 on AFDC. Teen parents in the program receive case-management services as well as financial incentives for educational progress and sanctions for dropping out of school or failing in school. UC DATA, an Organized Research Unit at the University of California, Berkeley, is interviewing Cal-Learn participants as part of the evaluation of the Cal-Learn program. While the primary goal of the Cal-Learn program is to increase high-school completion among teenage mothers on AFDC, it is also hoped that the case-management services (delivered according to the well-regarded Adolescent Family Life program model) and financial incentives to complete school will empower or motivate participants to delay subsequent births. This report, however, is not an evaluation of the effect of Cal-Learn on fertility. Rather, it uses the first 783 baseline interviews conducted as part of the evaluation to provide a detailed description of Cal-Learn teen mothers' reproductive goals and behavior.

The survey interview gathered data on respondents' recent use of condoms and prescription methods, their lifetime use of prescription methods, their perceptions of the availability of condoms, prescription contraception and abortion services, and whether they were given contraception within three months of the birth of their first child. Respondents were also asked whether they had had sexual intercourse in the past three months and if yes, how frequently; they were asked about their relationship status (whether they were married, living in a marriage-like relationship, had a boyfriend, or did not have a boyfriend), and when they would like to have their next child.

The 783 respondents whose interviews are used for this report are not in any sense a random sample of teen parents entering AFDC in the State of California. Rather, they are the first 783 interviews completed for the evaluation. Since San Bernardino was the first county in

which data were collected for the evaluation, nearly three-quarters (72%) of the 783 respondents are from San Bernardino County. One-fifth are from Alameda County and just eight percent are from Los Angeles County.

In the next section of the report, we present our key findings and discuss their implications for public policy. We then follow with a detailed review of the data, discussing in greater depth our respondents' reproductive behaviors and goals. In this section we examine differences in behavior according to respondents' age, relationship status, and race/ethnicity. Finally, we include 21 data tables to which we refer throughout the report.

II. KEY FINDINGS AND POLICY IMPLICATIONS

The data offer a number of insights into the reproductive goals and behaviors of teen mothers on AFDC. The following are our key findings and their implications for policy:

1. Teen mothers' exposure to the risk of pregnancy varies over time and across respondents. Among our sample, only about two in ten were in a stereotypically stable sexual relationship—that is, married or cohabiting and having had sex within the last three months, for the most part at least once a week. Another three in ten had a non-residential boyfriend and had had sex somewhat less frequently. About two in ten did not have a boyfriend and had not had sex in three months. For the moment, at least, these women were not at risk of pregnancy. The remaining thirty percent were a mixed group: some had a boyfriend but had not had sex, while others had had sex but had no boyfriend at the time of the interview.

Implications: Many teenage mothers' sexual exposure is intermittent or not grounded in a stable long term relationship, and this will have implications for their contraceptive choices.

2. Most teen mothers have used contraceptives in the preceding three months, or, if they have not, they have not had sex in three months. Over half (57%) are currently using a hormonal

method. One-fifth (21%) are using condoms, and another one-fifth (22%) are abstinent. Teens in steady relationships are the most likely to use a long-acting passive method (nearly one-quarter (24%) of married/cohabiting teens are sterile or using Norplant or the Shot). But because they do not use contraception to the same extent that they have sex, married and cohabiting teens also have the highest exposure to risk of unintended pregnancy (16% are unprotected).

Implications: *Few teen mothers are unwilling to try using contraception – even the 7% who are “unprotected” in our survey have tried methods in the past. The challenge to providers is to help them use methods consistently and effectively. Married teens and those living with their partners are the most likely to be sexually active and not using a method at all.*

3. Three quarters of teen mothers do not want another child within the next four years; just 4% want their next child within a year. Furthermore, teens who engage in unprotected sex are not seeking pregnancy. Of the 7% of respondents who were sexually active but did not use *any* contraception in the past three months, almost all (86%) said they did *not* want another child immediately.

Implications: *In general, teen mothers say they would like to avoid pregnancy in the near future. Most take steps to avoid pregnancy but often use methods inconsistently. Hence, most near-term pregnancies will be unwanted (or at least unplanned).*

4. Although complete nonuse of birth control is rare, intermittent use of methods such as condoms and the Pill is common. While just 7% of teen mothers were sexually active and did not use any method, a larger fraction are at high risk of unintended pregnancy because they used condoms or the Pill inconsistently. About half of Pill and condom users did not use these methods “every day” or “every time” in the past three months. Married and cohabiting teens are most likely to use the Pill and condoms inconsistently and are at the greatest risk of unintended pregnancy.

***Implications.** Strategies must be developed to help teens be more consistent in their method use, perhaps with campaigns directed at partners or which foster family and peer support for consistent use of methods. Special attention should be given to married and cohabiting teens. Long-acting passive methods should also be promoted.*

5. Nearly eight out of ten teens have tried a prescription method (that is, the Pill, the Shot, or Norplant) at some point, but three of the eight have discontinued prescription-method use. One of these three discontinuers is not sexually active, one is relying on condoms and one is not protected. Discontinuation may suggest dissatisfaction with prescription methods, or inability to “find a method that works.” However, ethnic differences in method use—Whites are more likely than other groups to initiate and persist with the Pill—suggests that cultural and familial factors, rather than biology or strictly medical concerns, play a role in the adoption of and persistence with contraceptive methods.

***Implications:** Most teen mothers have been willing to try at least one prescription method, most commonly the Pill. Unfortunately our study does not indicate ways to reduce discontinuation rates, although other research has pointed to the importance of age-appropriate counseling, support, and information to help women deal with side effects. A wide range of hormonal methods should be offered (perhaps including the broader range of “shots” available, for example, in Mexico) and flexible, rapid access to providers who will help clients switch methods if needed.*

6. While most teen mothers had talked about or received birth control within three months of giving birth, nearly one-fifth (17%) said they had not. Those who did not have such a conversation within three months of giving birth were nearly three times as likely to be having unprotected sex and half as likely to be using a long-acting passive method of birth control such as the Shot or Norplant.

Implications: Receipt of birth control within three months of giving birth (but not necessarily while still in the hospital) predicts subsequent contraceptive use. Childbirth and infant care keep young mothers in regular contact with the health care system and offer vital opportunities to provide contraceptive information and, preferably, supplies to them during the post-partum period.

7. Teens who are in high school or college are more likely to use more effective forms of birth control. In-school teens were almost twice as likely as out-of-school teens (both graduates and dropouts) to use a long-acting passive method and half as likely to have unprotected sex.

Implications: Public information campaigns should strongly encourage teens to enroll or stay in school. Providing birth control supplies and information through clinics in schools and colleges is likely to be an effective way of reaching this group of young mothers.

8. Condom use is quite common but often inconsistent. Some 62% of sexually active teens report using a condom at least once in the past three months. Half of teens who used condoms also used some other method, most often prescription methods or withdrawal. Among teens who relied on condoms as their most effective method of birth control, only half said they *always* used a condom. Less than one-third of married and cohabiting teens said so.

Implications: While we can take heart from the fact that at least some teens seem to be combining hormonal methods with condoms, we should be concerned that 38% of sexually active teens did not use a condom at least once in the past three months, and that among those who did use one, half did not use a condom every time they had sex. Public information campaigns around condoms have successfully alerted teens to the need to use condoms, but they tend to use them only in certain kinds of situations. Married and cohabiting teens are least likely to use them consistently.

9. Just over one-third (35%) of teen mothers had not had sex in three months. A minority of this group had a boyfriend at the time of the interview (whom they typically did not live with). For most, abstinence seems to be a consequence of not having a boyfriend currently. Some of them (about one-third) are currently using a hormonal method anyway, but the remaining two-thirds percent are probably not adequately prepared to prevent pregnancy in the event of sex. Most do not want another child soon.

Implications: Public information campaigns should sensitize young women and men to the need to plan for sex and to expect that it might become part of their lives even if it is not currently. Services should be available to clients at short notice. Condoms should be made extremely easily available.

10. While most respondents believe that condoms are available and affordable for teens, a significant minority do not believe so. One-quarter of teen mothers do not believe that teens have enough money to buy condoms.

Implications: Condoms are not made sufficiently available or affordable to meet the demand that could exist for them among young couples.

11. Almost two-thirds (62%) of respondents think it is very or somewhat easy to get an abortion. But among those who think it is difficult (37 percent), many cite expense and parental opposition to the decision to obtain one. This suggests that many teens do not know they can get a confidential abortion free of charge under Medi-Cal. This finding is particularly striking given that these teenagers are virtually all on Medi-Cal by virtue of current AFDC receipt or very low family income. This finding is in sharp contrast to the fact that 95% thought prescription birth control very or somewhat easy to get.

Implications: The abortion ratio (proportion of pregnancies aborted) has been falling among teenagers in recent years. This may be partly the result of widespread misinformation about the

accessibility and affordability of abortion in California for low-income women, adolescents in particular. To give young mothers full reproductive choice, accurate information about abortion availability should be more widely distributed.

III. REVIEW OF THE DATA

A. Demographic Characteristics and Relationship Statuses of the Sample

As Table 1 shows, the teen mothers in the sample are predominantly Latina, comprising 44% of the sample. Another 27% are African-American, 24% are White, and 6% are either Asian, Filipino, Native American or some other race or ethnicity.

Two-thirds (67%) of these teen mothers are between the ages of 18 and 19. Another 21% are 17 years old, 9% are 16 years old, and 2% are 15 years old. Just 1% (four respondents) is 14 years old and one respondent is 13 years old. One respondent had turned 20 by the time of the interview. Most teen mothers have just one child (85%). Twelve percent have two children, while only 1% have three or four children. Five respondents were pregnant with their first child at the time of the interview, 49 were pregnant with their second child, and six were pregnant with their third child. Only 7% are married, but 19% currently live with their partners. Forty percent have a boyfriend they are not living with and 34% do not have a boyfriend.

Older teens (ages 18-19) were somewhat more likely than younger teens (ages 15-17) to be married or living with a boyfriend (28% compared to 22%) (Table 2). However, younger teens were more likely (48%) to have a boyfriend they were not living with than were older teens (37%), while conversely, older teens were more likely to not have a boyfriend at all.

B. Frequency of Sex

Nearly two-thirds (65%) of the sample had had sex in the last three months, while 35% had not (Table 3). Younger teens were just as likely as older teens to have had sex in the last three months. Nine out of every ten (91%) teen mothers living with their husband or boyfriend had sex in the last three months, while three-fourths (73%) of teen mothers who had a boyfriend they were not living with had done so. Recent sex was much less common among those with no boyfriend at the time of the interview (34%).

Among those who had sex in the last three months, just over half (53%) had it at least once a week (Table 4). About one-quarter (26%) had sex a few times a month, while one-fifth (21%) had sex once a month or less. Seventy-four percent of those living with their husband or boyfriend had sex at least weekly, as did 51% of the teens who had a boyfriend they were not living with. Among the 34% of teens who had recent sex but had no boyfriend (Table 3), 17% reported having sex at least once a week, 36% had sex a few times a month, and 48% had sex once a month or less (Table 4). Younger teens were just as likely as older teens to have had frequent sex.

C. Childbearing Intentions

When asked about their plans for having more children, teen mothers most often said they wanted another child, but not any time soon – they preferred to wait four or more years (46%) (Table 5). Another 29% said they wanted no more children. One-fifth (21%) wanted to wait 2-3 years, while only 4% wanted their next child within the next year or in a year. Teens who already had two or more children were more likely to say they wanted to stop childbearing entirely or delay their next child at least four years.

Interestingly, teens who were married were much more likely to want another child within the next year than were cohabiting teens or unmarried teens who were not cohabiting. For

example, 14% of married teens said they wanted another child within the next year while just 7% of cohabiting teens and 3% of single teens said so.

D. Use of Prescription Birth Control Methods among All Respondents

We asked all teen mothers about their past and current use of prescription birth control methods regardless of whether they were sexually active at the time of the interview (Table 6). Of the prescription methods, the Pill was used most often. Some 63% of teens were either currently using the Pill or had tried it in the past, whereas only 35% had tried or were using the Shot, and just 2% had tried or were using Norplant. While a sizable proportion of teens had never used each of these prescription methods (i.e., 37% had never used the Pill, 65% had never used the Shot, and 98% had never used Norplant), relatively few (21%) had never tried *any* prescription method. One-third (32%) had tried a prescription method (or more than one) but were not currently using one, and almost half of our respondents (47%) were currently using a prescription method. Younger and older teens did not vary significantly in their use of prescription methods.

Discontinuation is an important aspect of prescription method use. More than half the teens who had ever used the Pill, and half of Shot users, were not using these methods at the time of the interview. There is some switching between prescription methods--one respondent in five (21%) had tried two or more prescription methods. However, about one-third of the teens had formerly used a prescription method but had discontinued *all* prescription method use as of the interview. Table 7 provides more detail about the respondents who were not using a prescription method of birth control. Forty-one percent of teens not using a prescription method were abstinent --that is, they had not had sex in three months. Thirty-nine percent had used condoms in the last three months. However, 16% of teens not using a prescription method had been sexually active but used either no method, withdrawal, foam or gel.

E. Use of Prescription and Nonprescription Birth Control and Abstinence among All Respondents

In order to assess risk of pregnancy among respondents, we assigned to each a *most effective method*. Table 8 shows the most effective method used by respondents (the order of methods in the table shows the ranking of “effectiveness”). Respondents using a prescription method were assigned that method, even if they also used another less effective method such as condoms. Respondents who had not had sex in the past three months were coded as abstinent, unless they also reported using a prescription method, in which case they were assigned that method. Respondents who were sexually active and not using a prescription method were assigned the most effective nonprescription method they reported using.

Three in ten (29%) of our respondents were on the Pill. Another 17% were protected by the Shot; add in the 1% protected by Norplant, and we see that nearly half of these teen mothers are relying on prescription birth control. Married and cohabiting teens were somewhat more likely (21%) than other teens (15%) to use the Shot, while teens who had a boyfriend they were not living with were somewhat more likely to use the Pill (34% compared to 28% for married/cohabiting teens and 23% for single teens).

Twenty-one percent of respondents were sexually active and relied on condoms as their most effective method in the past three months, while 3% relied on withdrawal or some other method. (As noted above, half of our respondents had used condoms in the past three months but most used them in conjunction with a hormonal method and in this table are classed under that more effective method.)

One-fifth (22%) of respondents were not using hormonal birth control, but had not been sexually active—a group we term “abstinent.” Single teens (those without a boyfriend) most often (42%) practiced abstinence, and some teens with a boyfriend were also abstinent (16%). While abstinence may be the most effective means of preventing pregnancy, it is by its nature a

passive form of protection. Because these teens are not adequately prepared to prevent pregnancy should they again become sexually active (i.e., they are not using a hormonal method), they are at substantial risk of pregnancy. Looking at it another way, of the 35% of teen mothers who were abstinent during the last three months (Table 3), well over half (63%) may not be adequately prepared to prevent pregnancy in the event of sex. This is particularly worrying given that most of the abstinent teens do not want a child soon. Some 42% of “abstinent” teens say they do not want any more children, and another 45% want their next child at least four years in the future.

Finally, 7% of respondents were sexually active in the past three months and not using any protection. This unprotected sex is generally not associated with seeking pregnancy. Only eight of these respondents (14%) said she wanted a baby in the next year. More than two-thirds (69%) of non-users said they wanted to wait at least four years, or never have another child. Married and cohabiting teens were much more likely than others to be having unprotected sex (16%). In this group too, more than half wanted to wait at least four years or never have another child.

Not only were married and cohabiting teens more likely than others to engage in unprotected sex, but they were also much more likely to use contraception inconsistently. Among teens using the Pill as their most effective method of birth control, over twice as many married/cohabiting teens as other teens said they forgot to take the Pill on 1-3 days during the past three months (Table 9). For example, 48% of married/cohabiting teens said they forgot to take the pill while just 21% of teens who were not married/cohabiting said so. Among teens who used condoms as their most effective method, married/cohabiting teens were nearly *half* as likely as other teens to say they *always* used a condom during sex in the past three months. Just 31% of married/cohabiting teens said they always used a condom during sex while 58% of teens who were not married/cohabiting said so. When asked if they used a condom *the last time* they had sex, 58% of married/cohabiting teens who were relying on condoms said they did, while 77% of other teens relying on condoms said so.

F. Use of Condoms among Sexually Active Respondents

For teens who were sexually active during the last three months, we obtained a complete inventory of all the methods they used during that time (Table 10). Almost two-thirds (62%) of sexually active teens used a condom during the past three months. Married and cohabiting teens are the least likely to use condoms *at all* (48% versus 69% for other teens) and, if they do use them, least likely to use them consistently (see bottom panel of Table 9). In short, married and cohabiting teens are at substantially greater risk for unintended pregnancy than are other teens. Not only do they have sex more often, but they are more apt to use no contraception, to use contraception inconsistently, and to not use condoms.

About half of condom users relied exclusively on condoms for protection, while the other half combined condoms with other methods (Table 10). For example, over half of Pill and Shot users also reported condom use in the past three months. Of the 30% of respondents who used withdrawal, two-thirds also used a condom; very few (3%) relied exclusively on withdrawal. The interview questions do not indicate whether teens were combining methods for added protection (for example, using a condom while also taking the Pill) or whether they were switching among methods. However, the data show that the multiple use involves either condoms with a prescription method, withdrawal with a prescription method, or condoms and withdrawal. This suggests either that the coitus-dependent methods were used when protection from prescription methods was uncertain or absent, or that they were used when the prescription methods were certain but respondents wanted protection from AIDS and other STDs. Overall, 52% of these sexually active teen mothers reported using only one method, while 37% had used more than one method, in the past three months.

G. Access to Birth Control- Respondents' Beliefs and Experiences

A substantial fraction of teen mothers become pregnant again within a few months of giving birth. We asked respondents how soon after giving birth did “a doctor, nurse or other health care

practitioner ever give you birth control or talk with you about it?" Just over one-quarter (28%) said they talked about or received birth control before leaving the hospital and over half (54%) had such a conversation within three months of giving birth, possibly at a well-child visit (Table 11). Nearly one-fifth (17%) of teens *did not* have such a conversation within three months of giving birth. The importance of these conversations is underscored by Table 11. Those who talked about or received birth control within three months of giving birth were *twice as likely* to be using a long-acting passive method such as the Shot or Norplant. Correspondingly, those who did not talk about or receive birth control were nearly three times as likely to not be using any method and twice as likely to be relying on other less effective methods.

On a related note, being in school is associated with greater use of more effective forms of birth control. For example, teens who were in high school or college were much more likely to be using a long-acting passive method such as the Shot or Norplant than were teens who were not in school (Table 12). Some 29% of teens in school used the Shot or Norplant while just 18% of those not in school used these methods. Moreover, in-school teens were half as likely to be having unprotected sex or using an ineffective method as out-of-school teens. Just 6% of in-school teens used no method in the past three months compared to 12% of out-of-school teens.

Nearly all teen mothers (95%) felt prescription birth control is very or somewhat easy to obtain. When asked their opinions about purchasing condoms, 76% of teens thought that in general, teens have enough money to buy condoms, while 16% disagreed somewhat with that suggestion and 9% disagreed strongly (Table 13). Older teens were just as likely as younger teens to think teens do not have enough money to buy condoms.

When asked about abortion, 62% of teens thought it is somewhat easy or very easy to get an abortion (Table 13), while 20% thought it is somewhat difficult and 17% thought it very difficult. Younger teens were more likely than older teens to think it is difficult to get an abortion. When asked why they thought it is somewhat or very difficult to get an abortion,¹ 76% said a major

¹ 37% believe it is very or somewhat difficult to get an abortion.

reason was that abortion is a hard decision, 63% said a major reason was that abortion is too expensive, and 44% said a major reason was that their parents would prevent an abortion (Table 14). One-fifth of teens cited location (“nowhere nearby to get an abortion”) as a major reason behind the difficulty. That so many teens see expense as a major reason behind the difficulty in getting an abortion suggests that many do not know they can get an abortion free of charge while enrolled in Medi-Cal. Similarly, many apparently do not know that they can get an abortion without parental permission.

II. Comparisons by Race and Ethnicity

As Table 15 indicates, White teens were much more likely to be married or living with a boyfriend (39%) than were either Latina (26%) or African-American teens (14%). In contrast, African-American teens were most likely (54%) to have a boyfriend they were not living with, compared to White (35%) and Latina teens (35%). Latina teens were least likely to have a boyfriend or partner; 39% did not have a boyfriend compared to 32% of African-American teens and 26% of White teens. Latina teens were also the least likely to have had sex in the last three months. Some 42% of Latina teens had not had recent sex compared to 33% of African-American teens and 23% of White teens. Conversely, White teens were the most likely to have had recent sex (77%) followed by African-American teens (67%) and Latina teens (58%) (Table 16).

Latina teens had more children by the time of the interview than did White and African-American teens. Specifically, 17% of Latina teens already had two or more children compared to 9% of White teens and 10% of African-American teens (Table 15). African-American teens were most likely (36%) to say they wanted to stop childbearing, followed by Latina (28%) and White (20%) teens (Table 18). Perhaps because more of them were married or cohabiting, White teens were more likely (38%) to want another child in the near future (within the next 3 years) than were Latina (22%) and African American teens (21%).

The Pill was the most commonly used of the prescription methods, with more than half of respondents in each group having tried it at some point (Table 19). Whites were more likely to have tried the Pill (73% compared to 64% of African-Americans and 59% of Latinas), and were also less likely to have discontinued its use once having started it. For example, 39% of White teens were currently using the Pill relative to 28% of Latinas and 25% of African Americans. Interestingly, Whites were somewhat more likely to discontinue use of the Shot than were Latinas and African Americans. There was almost no use of Norplant among the groups.

In terms of respondents' most effective contraceptive method used, African-American teens were most likely (27%) to rely on condoms as their most effective method (Table 20). In contrast, White teens were more likely to rely on the Pill (39%) as their most effective method, while Latina teens were more likely to rely on the Pill (28%) or be abstinent (27%). (Recall that "abstinent" means not having had sex in three months *and* not using a hormonal method.) Teens in all three groups engaged in unprotected sex at a similar rate (7% of Whites and African Americans and 8% of Latinas). Latina teens were most often abstinent (27%) compared to African Americans (23%) and Whites (11%).

With respect to perceptions about the accessibility of prescription birth control, condoms, and abortions, more than one-quarter of White and Latina teens believed condoms are difficult to buy, while just 17% of African-American teens thought so (Table 21). Similarly, one-fifth of White and Latina teens believed it is very difficult for teens to get an abortion compared to 15% of African-American teens. All groups believed prescription birth control to be easily accessible.

* * *

The key findings and implications of this research were presented at the opening of this report, and we will not repeat them here. The most striking points are: *first*, the extent to which teen mothers *do* use contraception, but use it inconsistently; *second*, the large fraction who are not sexually active at any given time and who may therefore not anticipate needing

contraception: *third*, the apparently beneficial association between accessing contraception supplies and information soon after birth and current use of a method; and *fourth*, the much higher risks of pregnancy and sexually transmitted diseases faced by married and cohabiting teens.

REFERENCES

- California Department of Social Services. Unpublished natality data, 1995.
- Furstenberg, Jr., Frank F.; J. Brooks-Gunn; and S. Philip Morgan. "Adolescent Mothers and Their Children in Later Life." *Family Planning Perspectives*, vol. 19, no. 4 (July-Aug. 1987), pp. 142-151.
- Koenig, M.A. and M. Zelnick. "Repeat Pregnancies among Metropolitan Area Teenagers 1971-1979." *Family Planning Perspectives*, 14: 341-344, 1982.
- Maynard, R., W. Nicholson and A. Rangarajan. *Breaking the Cycle of Poverty: the Effectiveness of Mandatory Services for Welfare-Dependent Teenage Parents*. Princeton, N.J.: Mathematica Policy Research, Inc., 1993.
- Mott, Frank L., "The Pace of Repeated Childbearing among Young American Mothers." *Family Planning Perspectives*, vol. 18, no. 1 (Jan.-Feb. 1986), pp. 5-12.
- Polit-O'Hara, Denise; Janet C. Quint; and James A. Riccio. *The Challenge of Serving Teenage Mothers: Lessons from Project Redirection*. New York: Manpower Demonstration Research Corp., 1988.
- Quint, Janet C., et al. *New Chance: Interim Findings on a Comprehensive Program for Disadvantaged Young Mothers and Their Children*. New York: Manpower Demonstration Research Corporation, 1994.
- Ventura, S.J., J.A. Martin, T.J. Mathews, and S.C. Clarke. "Advance Report of Final Natality Statistics 1994." *Centers for Disease Control and Prevention Monthly Vital Statistics Report*, 44:11 (Supplement). National Center for Health Statistics, June 1996.

TABLE 1

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS		
n = 783		
	Number	Percent
Race/Ethnicity:		
Latina	345	44%
White, non-Latina	187	24%
African-American	208	27%
Asian	13	2%
Filipina	7	1%
Native American	6	1%
Other	14	2%
Age:		
13 years	1	0%
14 years	4	1%
15 years	16	2%
16 years	71	9%
17 years	163	21%
18 years	339	43%
19 years	188	24%
20 years	1	0%
Number of own children in household:		
No children ¹	14	2%
1 child	668	85%
2 children	91	12%
3 children	9	1%
4 children	1	0%
Pregnant at interview ²	60	8%
Thinks may be pregnant	5	1%
Relationship status:		
Married	52	7%
Living with partner	149	19%
Has boyfriend, not living with	315	40%
No boyfriend	267	34%
Program status:		
Currently on AFDC	634	81%
Currently in Cal-Learn ³	359	46%
No longer in Cal-Learn ³	232	30%
No longer on AFDC	149	19%

¹ One respondent had a child who had been adopted, one had a child in foster care, two had a child living with his/her father, one had a child living with some other relative and was pregnant with her second child at the time of the interview, five respondents were pregnant with their first children at the interview, and four said they had no biological children at all, nor were they pregnant (even though they had participated in the Cal-Learn program for pregnant and parenting teens)

² Five respondents were pregnant with their first children, one was pregnant with her second child, but not raising her first, 48 respondents were pregnant with their second children and currently raising their first children, and six were pregnant with their third children and currently raising their first two children.

³ 23% of respondents said they had not been in Cal-Learn or were unsure if they had been.

TABLE 2

RESPONDENTS' RELATIONSHIP STATUS,
BY AGE

	All (n=783)	Age 15-17 (n=250)	Age 18-19 (n=527)
Married/living with boyfriend	26%	22%	28%
Has boyfriend, not living with	40%	48%	37%
No boyfriend	34%	30%	36%

TABLE 3

WHETHER OR NOT RESPONDENTS HAD SEX IN LAST 3 MONTHS,
BY AGE AND BY RELATIONSHIP STATUS

Any sexual intercourse in the last 3 months?	All (n=783)	Age 15-17 (n=250)	Age 18-19 (n=527)	Married/living with boyfriend (n=201)	Boyfriend, not living with (n=315)	No boyfriend (n=267)
Had sex in last 3 months	65%	65%	64%	91%	73%	34%
Had no sex in last 3 months	35%	35%	36%	9%	27%	66%

TABLE 4

FREQUENCY OF SEX AMONG RESPONDENTS WHO HAD SEX IN LAST 3 MONTHS

<i>Frequency of recent sex:</i>	All (n=497)	Age 15-17 (n=158)	Age 18-19 (n=337)	Married/living with boyfriend (n=180)	Boyfriend, not living with (n=227)	No boyfriend (n=90)
At least once a week	53%	51%	54%	74%	51%	17%
A few times a month	26%	25%	26%	18%	28%	36%
Once a month	9%	11%	8%	3%	11%	16%
Less often	12%	13%	10%	4%	11%	32%

TABLE 5

HOW LONG RESPONDENTS WOULD LIKE TO WAIT BEFORE HAVING ANOTHER CHILD, BY RELATIONSHIP STATUS AND BY NUMBER OF OWN CHILDREN THEY ALREADY HAVE ¹						
	All (n=783)	Married (n=52)	Cohabiting (n=149)	Unmarried, not cohabiting (n=582)	Teens with 0 or 1 child ¹ (n=621)	Teens with 2 or more children ¹ (n=152)
<i>Want next child:</i>						
Within the next year	4%	14%	7%	3%	5%	2%
In 2 to 3 years	21%	21%	29%	18%	23%	11%
In 4 or more years	46%	35%	41%	49%	50%	31%
No more children	29%	31%	23%	30%	22%	56%

¹ The number of children respondents already have includes current pregnancies, includes children living with the other parent or relative, and excludes children who have been adopted out or are not living with kin. (For teens who were currently pregnant the question asked how long they would like to wait for their next child after the current pregnancy.)

TABLE 6

RESPONDENTS' USE OF PRESCRIPTION METHODS, BY AGE				
	Pill	Shot (Depo-Provera)	Norplant	Any Prescription Method
All (n=783)				
Now using	29%	17%	1%	47%
Ever used, not now using	34%	18%	1%	32%
Never used	37%	65%	98%	21%
Age 15-17 (n=250)				
Now using	32%	17%	2%	49%
Ever used, not now using	31%	18%	1%	32%
Never used	38%	65%	97%	18%
Age 18-19 (n=527)				
Now using	28%	16%	1%	45%
Ever used, not now using	35%	18%	1%	33%
Never used	36%	66%	98%	22%

TABLE 7

EXPOSURE TO RISK OF PREGNANCY AMONG TEENS WHO ARE NOT USING ANY PRESCRIPTION METHOD AND ARE NOT STERILE			
	All not now using a prescription method (n=419)	Never used a prescription method (n=166)	Ever used one, not now using (n=253)
Had no sex in 3 months	41%	49%	36%
Had sex, used condoms	39%	36%	42%
Had sex, used other method	2%	1%	2%
Had sex in last 3 months, used no method	14%	12%	15%

TABLE 8

RESPONDENTS' MOST EFFECTIVE CONTRACEPTIVE USED IN LAST 3 MONTHS ¹ BY RELATIONSHIP STATUS				
	All (n=783)	Married/living with boyfriend (n=201)	Has boyfriend, not living with (n=315)	No boyfriend (n=267)
Sterile	0%	1%	0%	0%
Norplant	1%	2%	1%	1%
Shot (Depo-Provera)	17%	21%	15%	15%
Pill	29%	28%	34%	23%
Condom	21%	24%	25%	14%
Withdrawal	2%	3%	3%	1%
Other	1%	1%	2%	0%
Not Protected	7%	16%	5%	3%
Abstinent	22%	4%	16%	42%

¹ Respondents who used multiple methods were assigned the most effective method. Respondents using a hormonal method were assigned that method even if they had not been sexually active. Respondents who were not currently using a hormonal method and who did not report using another method during the last three months were treated as nonusers of birth control.

TABLE 9

CONSISTENCY OF PILL AND CONDOM USE			
<i>Pill use, among teens using Pill as their most effective method¹</i>			
	All (n=86)	Married/Cohabiting (n=23)	Not Married/Cohabiting (n=63)
<i>In the past three months:</i>			
Never forgot to take Pill:	57%	39%	63%
Forgot 1-3 days	28%	48%	21%
Forgot > 3 days	15%	13%	16%
<small>1. Not all pill-using teens were asked this question</small>			
<i>Condom use, among teens using condoms as their most effective method</i>			
	All (n=164)	Married/Cohabiting (n=48)	Not Married/Cohabiting (n=116)
<i>In the past three months:</i>			
Always used a condom	50%	31%	58%
Used one most of the time	29%	29%	29%
Used one about half the time	10%	19%	7%
Used one less often	10%	21%	6%
Ever used condoms with foam	18%	25%	15%
Used condom at most recent intercourse	71%	58%	77%
<i>Condom use, among all teens who used a condom in the past three months</i>			
	All (n=312)	Married/Cohabiting (n=89)	Not Married/Cohabiting (n=223)
<i>In the past three months:</i>			
Always used a condom	45%	27%	52%
Used one most of the time	29%	28%	29%
Used one about half the time	12%	17%	10%
Used one less often	15%	28%	9%
Ever used condoms with foam	16%	21%	14%
Used condom at most recent intercourse	69%	53%	76%

TABLE 10

**CONTRACEPTIVES USED BY RESPONDENTS
WHO HAD SEX IN LAST 3 MONTHS**

n = 504

<i>Method used:</i>	<i>% who used listed method in past 3 months¹</i>	<i>% who used both listed method and condom in past 3 months¹</i>	<i>% who used only listed method in past 3 months</i>
Sterile	0%	0%	0%
Norplant	1%	0%	1%
Shot (Depo-Provera)	18%	10%	6%
Pill	32%	19%	8%
Condoms	62%	---	33%
Withdrawal	30%	19%	3%
Other	4%	2%	1%
Not Protected	11%	---	11%

¹ Percentages sum to more than 100% because many respondents used more than one method in the last three months.

TABLE 11

RECEIVING CONTRACEPTION OR TALKING TO SOMEONE ABOUT CONTRACEPTION AFTER GIVING BIRTH IS ASSOCIATED WITH CURRENT USE OF BIRTH CONTROL			
<i>Contraception used by those who had sex in past 3 months:</i>	Talked about or received birth control <i>before leaving the hospital</i> following most recent birth (28% of respondents)	Talked about or received birth control <i>after leaving the hospital</i> but <i>within three months</i> of birth (54% of respondents)	Talked about or received birth control <i>more than three months following most recent birth</i> (17% of respondents)
Depo-Provera or Norplant	24%	25%	12%
Pill	32%	42%	25%
Condoms	32%	22%	36%
Other less effective methods	3%	4%	7%
No method	9%	7%	20%

TABLE 12

BEING IN SCHOOL IS ASSOCIATED WITH USING BIRTH CONTROL		
Contraception used by those who had sex in past 3 months:	School Enrollment Status:	
	In high school/college or on summer break (39%)	Not in high school/college (53%)
Depo-Provera or Norplant	29%	18%
Pill	37%	36%
Condoms	25%	28%
Other less effective methods	3%	6%
No method	6%	12%

TABLE 13

PERCEPTIONS OF HOW EASY OR DIFFICULT IT IS FOR TEENS ON WELFARE TO GET PRESCRIPTION BIRTH CONTROL, CONDOMS OR ABORTIONS¹

	All (n=783)	Age 15-17 (n=250)	Age 18-19 (n=528)	Did not use condom in last 3 mos. (n=191)	Used condom in last 3 mos. (n=312)
"It is very or somewhat easy":					
Believe that it's very or somewhat easy for teens to get <i>prescription birth control</i>	95%	93%	95%	---	---
Believe that it's very or somewhat easy for teens to get an <i>abortion</i>	62%	56%	65%	---	---
Believe that it's very or somewhat easy for teens to <i>buy condoms</i>	80%	77%	81%	80%	79%
Agree somewhat or strongly that teens have <i>enough money to buy condoms</i>	76%	75%	76%	79%	73%
"It is very difficult":					
Believe that it's very difficult for teens to get <i>prescription birth control</i>	1%	1%	2%	--	--
Believe that it's very difficult for teens to get an <i>abortion</i>	18%	21%	17%	--	--
Believe that it's very difficult for teens to <i>buy condoms</i>	7%	9%	6%	4%	8%
Disagree strongly that teens have <i>enough money to buy condoms</i>	9%	9%	8%	6%	8%

¹ The residual categories not shown here are responses of "somewhat difficult" or "disagree somewhat".

TABLE 14

AMONG RESPONDENTS WHO BELIEVE IT IS DIFFICULT TO GET AN ABORTION, REASONS FOR THEIR BELIEF ¹	
n = 290	
<i>Abortion is too expensive</i>	
a major reason	63%
a minor reason	19%
not a reason	17%
<i>Parents would prevent abortion</i>	
a major reason	44%
a minor reason	35%
not a reason	20%
<i>Nowhere nearby to get abortion</i>	
a major reason	20%
a minor reason	39%
not a reason	41%
<i>Difficult decision to get abortion</i>	
a major reason	76%
a minor reason	18%
not a reason	6%

¹37% of the total sample believe it is very or somewhat difficult to get an abortion.

TABLE 15

**DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS,
BY RACE/ETHNICITY**

	White, non-Latina (n=187)	African American (n=208)	Latina (n=345)
Age:			
13-14 years	0%	1%	1%
15 -16 years	7%	13%	10%
17 years	18%	26%	20%
18 years	48%	48%	39%
19 years	27%	12%	30%
Number of own children in household:			
No children ¹	1%	3%	2%
1 child	90%	88%	81%
2 children	8%	10%	14%
3 or more children	1%	0%	3%
Currently pregnant¹	0%	9%	6%
Relationship status:			
Married	12%	1%	7%
Living with partner	27%	13%	19%
Has boyfriend, not living with	35%	54%	35%
No boyfriend	26%	32%	39%

¹ One respondent had a child who had been adopted, one had a child in foster care, two had a child living with his/her father, one had a child living with some other relative and was pregnant with her second child at the time of the interview, five respondents were pregnant with their first children at the interview, and four had no biological children at all (two were they pregnant (even though they had participated in the Cal-Learn program for pregnant and parenting teens).

TABLE 16

WHETHER OR NOT RESPONDENTS HAD SEX IN LAST 3 MONTHS, BY RACE/ETHNICITY				
	All (n=783)	White, non-Latina (n=187)	African American (n=208)	Latina (n=345)
Had sex in last 3 months	65%	77%	67%	58%
Had no sex in last 3 months	35%	23%	33%	42%

TABLE 17

**FREQUENCY OF SEX AMONG RESPONDENTS WHO HAD SEX IN LAST 3 MONTHS,
BY RACE/ETHNICITY**

<i>Had sex:</i>	All (n=783)	White, non-Latina (n=187)	African American (n=208)	Latina (n=345)
At least once a week	53%	62%	40%	56%
A few times a month	26%	22%	34%	23%
Once a month	9%	5%	12%	10%
Less often	12%	11%	14%	12%

TABLE 18

**HOW LONG RESPONDENTS WOULD LIKE TO WAIT BEFORE HAVING ANOTHER CHILD,
BY RACE/ETHNICITY AND AVERAGE NUMBER OF CHILDREN**

	All (n=783)	White, non-Latina (n=187)	African American (n=208)	Latina (n=345)
Want next child:				
Average # of children now, including current pregnancy	1.13	1.07	1.09	1.19
Within the next year	4%	8%	4%	3%
In 2 to 3 years	21%	30%	17%	19%
In 4 years or more	47%	43%	43%	50%
Wants no more children	28%	20%	36%	28%

* Teens who were currently pregnant were asked how long they would like to wait for their next child after the current pregnancy.

TABLE 19

RESPONDENTS' USE OF PRESCRIPTION METHODS, BY RACE/ETHNICITY				
	Pill	Shot (Depo-Provera)	Norplant	Any Prescription Method
<i>White, non-Latina (n=187)</i>				
Now using	39%	13%	3%	55%
Ever used, not now using	34%	19%	1%	28%
Never used	28%	68%	96%	18%
<i>African American (n=208)</i>				
Now using	25%	17%	0%	40%
Ever used, not now using	39%	18%	1%	39%
Never used	37%	65%	99%	22%
<i>Latina (n=345)</i>				
Now using	28%	17%	1%	46%
Ever used, not now using	31%	19%	1%	33%
Never used	41%	64%	98%	21%

TABLE 20

RESPONDENTS' MOST EFFECTIVE CONTRACEPTIVE USED, ¹ BY RACE/ETHNICITY			
	White, non-Latina (n=187)	African American (n=208)	Latina (n=345)
Sterile	0%	0%	1%
Norplant	3%	0%	1%
Shot (Depo-Provera)	13%	17%	17%
Pill	39%	23%	28%
Condom	23%	27%	17%
Withdrawal	3%	2%	2%
Other	1%	1%	1%
Not Protected	7%	7%	8%
Abstinent	11%	23%	27%

¹ Respondents who used multiple methods were assigned the most effective method. Respondents who were not currently using a hormonal method and who did not report using another method during the last three months were treated as nonusers of birth control.

PERCEPTIONS OF HOW EASY OR DIFFICULT IT IS FOR TEENS ON WELFARE TO GET PRESCRIPTION BIRTH CONTROL, CONDOMS OR ABORTIONS,¹ BY RACE/ETHNICITY

	All (n=783)	White, non-Latina (n=187)	African American (n=208)	Latina (n=345)
"It is very or somewhat easy":				
Believe that it's very or somewhat easy for teens to get prescription birth control	95%	96%	95%	95%
Believe that it's very or somewhat easy for teens to get an abortion	62%	60%	65%	61%
Believe that it's very or somewhat easy for teens to buy condoms	80%	75%	86%	80%
Agree strongly or somewhat that teens have enough money to buy condoms	76%	71%	83%	74%
"It is very difficult":				
Believe that it's very difficult for teens to get prescription birth control	4%	1%	2%	1%
Believe that it's very difficult for teens to get an abortion	18%	20%	15%	19%
Believe that it's very difficult for teens to buy condoms	7%	7%	5%	8%
Disagree strongly that teens have enough money to buy condoms	9%	9%	6%	10%

¹ The residual category not shown here are responses of "somewhat difficult" or "disagree somewhat."