

MORE THAN ONE

TEEN MOTHERS AND SUBSEQUENT CHILDBEARING

FACT SHEET

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More than one out of every five teen mothers has more than one child.¹ Teen mothers should be targeted for pregnancy prevention not only because they contribute to the teen birth rate with all its attendant consequences, but also because second and higher-order births to teenage mothers often limit their life options even further than the first birth. Compared to a teen mother with one child, a teenager with two or more children typically faces the following obstacles:

- lower educational attainment;
- greater likelihood of poverty; and
- impaired health for the infant.

THE BIG PICTURE

- **Teen mothers with a second or higher birth account for over 20% of the roughly 500,000 teen births each year.** About 100,000 births to teenagers each year are to mothers who already have one or more children.
- **Teen mothers of all races experience a significant number of subsequent births.** The percentage of second-order or higher births are as follows: 19% of births to white teenagers; 20.7% of births to Asian or Pacific Islanders; 21.6% of births to American Indians; 23.6% of births to Hispanics; and 26.7% of births to blacks.²
- **Teen mothers who are younger have second children more rapidly.** Within 24 months of the first birth, 31% of those who became a mother at age 16 or younger³ have a second child compared to 24% of those who became mothers at 17–19 years old and 21% of those who begin childbearing at age 20 or older.⁴
- **Teen mothers who live with a parent after their first birth have fewer teen births.** Teen mothers who lived with at least one of their parents after the birth of their first child were about half as likely to have a second birth during their teens as teen mothers who lived with their boyfriends, husbands, or other adult. This finding is drawn from an analysis of 589 teen mothers in the *National Education Longitudinal Study of 1988*.⁵

- **Teen mothers with rapid subsequent births have more births over time than other teen mothers.** Young mothers who have a second child within two years of the first were almost nine times more likely to have three or more children at the 17-year follow-up than those who postponed the birth of another child. This was one conclusion of the longitudinal study *Adolescent Mothers and their Children in Later Life*, which followed more than 300 primarily urban black women who gave birth as teenagers in the late 1960s.⁶

THE KEY PREDICTORS

- **Teen mothers are more likely to have a subsequent pregnancy if they are poor.** According to an analysis of data from the National Survey of Family Growth, subsequent pregnancy rates for women with incomes less than 150% of the poverty level were nearly twice as high as the rates for those who had incomes above that level (21% and 11% respectively), even though both groups of young women had given birth to their first child before age 20.⁷
- **Teen mothers whose own mothers dropped out of high school are more likely to have subsequent births.** Among teens who were 16 or younger at first birth and went on to have a second child within two years, 28% had mothers who did not graduate from high school; 19% had mothers who were high school graduates. Among those 17–18 who had a second child within two years, 22% had mothers who did not graduate from high school; 16% had mothers who did graduate. These findings were included in a study of 1,148 women who participated in the *National Longitudinal Survey of Work Experience of Youth (NLSY)*, which used level of parental education to represent socioeconomic background.⁸
- **Teen mothers are more likely to have a subsequent pregnancy if ignorant or unmotivated about contraception.** The reason a teen mother failed to contracept prior to her first pregnancy may indicate the likelihood of continued non-use of contraception and suggest the probability of a second pregnancy. Teen mothers who either worried about contraceptive side effects or lacked motivation to avoid pregnancy were more likely to rapidly conceive again compared to those who cited the following reasons for non-use: lack of knowledge or barriers to contraceptive services. According to the study of 165 women in an adolescent maternity program, one year after giving birth the latter group was significantly more likely than the former (85% vs. 62%) to use hormonal methods and less likely to become pregnant (13% vs. 41% at 18 months postpartum).⁹ Similarly, a six-month postpartum survey of 359 young mothers, all of whom were less than 18 years old, found that the odds of reliable contraceptive use more than doubled among minor teen mothers who shared these three factors: they had never failed a grade in school, were enrolled in school six months after giving birth, and believed that pregnancy is likely if they do not practice contraception.¹⁰
- **Teen marriage increases the likelihood of rapid subsequent pregnancy.** A teen mother who is married is more likely to have a second birth within 24 months than a teen mother who remains unmarried, according to NLSY data. The difference between unmarried and married mothers is greatest among those aged 16 and younger: Within 24 months of their first birth, 29% of unmarried mothers and 40% of married mothers in this age group had a second birth.¹¹

MOTHER OUTCOMES

- **Teen mothers who have more than one child are less likely to complete high school or to get a GED.** Among teen mothers, a second birth was associated with a much lower likelihood (.30 times the odds) of obtaining a high school diploma by two years after expected graduation. Having a second birth was also associated with a reduced likelihood of completing a GED (in comparison with completing neither a GED nor a diploma).¹²
- **Subsequent childbearing increases a teenage mother's need for public assistance.** Increased likelihood of welfare receipt is linked to subsequent adolescent births. Data from the 17-year follow-up of the *Adolescent Mothers and Their Children in Later Life* study suggests that women who had two or more children within five years of the first birth (as adolescents) are 2.9 times more likely to be receiving welfare than women who do not have additional children.¹³

CHILD OUTCOMES

- **In families with two or more children, the second or subsequent child of a teen mother is more likely to be the victim of infant homicide compared to the child of a mother age 25 or older.** The study of all infant homicides over an eight-year period found that among teenage mothers with two or more children, the younger the mother, the greater the relative risk of homicide for the child. Teenage mothers under the age of 17, bearing their second or subsequent child, carried a relative risk factor of 10.9, while those ages 17-19 have a 9.3 relative risk. The mother of a child age 25 or older with two or more children as a relative risk factor of only 1.4. The study determined that the strongest risk factors were a maternal age of less than 17 years, a second or subsequent birth for a mother 19 years old or younger, and no prenatal care.¹⁴
- **Poor health outcomes of early childbearing increase for second-order adolescent births.** Premature births and low birth weight (less than 2500 grams) are a major problem affecting children of adolescents mothers. Low birth weight babies are at greater risk of such long-term disabilities as mental retardation, blindness, deafness, cerebral palsy, and other health problems."¹⁵ Of all babies born in 1995 to mothers under age 20, 9% of first-born infants were low birth weight compared to 11% of second-born, 13% of third-born, and 15% of fourth and higher-born infants. For very low birth-weight babies—those less than 1500 grams—the results are similar: 1.7% of first-born infants were very low birth-weight compared to 2.1% of second order, 2.4% of third order, and 3.3% of fourth and higher-order births.¹⁶
- **Second and higher-order children are more likely to become victims of child abuse/neglect and be placed in foster care for longer periods of time.** According to a study in Illinois, the highest reports of child abuse and neglect were by women under age 18. These young teen mothers had 121 reports while mothers 20–21 had 80 reports and women who gave birth at age 22 or older had 33 reports (per 1,000 children). In addition, second and higher-order children are more than twice as likely to be victims of abuse and neglect than their first-born siblings. The Illinois study reviewed all cases of child abuse and neglect in the state over six and ten-year periods. (Even after taking into account that most births to teens are first births, adjusted incidence rates of child abuse/neglect for teen mothers tends to be even higher

than unadjusted rates. These figures suggest a close relationship between rates of abuse, birth order, and maternal age.)

Furthermore, the same Illinois study found that second and higher-order children represented 62% of children placed in foster care. Although this study reviewed foster care placement by mothers of all ages during the ten-year evaluation (1982–92), 65% of the mothers who place their children in foster care had their first child when they were less than 20 years old. Moreover, second or higher-order children spent 255 more days in foster care than did their first-born siblings.

POLICY AND PROGRAM RESPONSES

- **No federal legislation creates a distinct subsequent pregnancy prevention program** that exclusively targets teenagers.¹⁷ Although the 1996 welfare law also is silent on the subject of subsequent teenage births, it contains provisions that could encourage state emphasis on subsequent teenage pregnancy.
- **A few states emphasize subsequent pregnancy prevention through *Healthy People 2000***, a cooperative public/private effort to improve the nation's overall health status. Maine, Missouri, and Illinois have outlined specific goals to decrease subsequent pregnancy.
- **State teen pregnancy prevention task forces or commissions can address subsequent pregnancy.** Some states, such as Wisconsin, have targeted subsequent pregnancy as a vital component of the overall effort to reduce teen pregnancy.
- **The Nurse Home Visitation Program successfully addresses subsequent pregnancy.** While programs such as the Teen Parent Demonstration Project, New Chance Program, and the Dollar-a-Day Program proved unsuccessful in delaying subsequent births among adolescent mothers, the continuing findings of the Nurse Home Visitation Program (which targets young mothers, not just teen mothers) are highly encouraging. Results from these nurse visitation programs indicate that results from the first site (Elmira, New York) with respect to significant decreases in subsequent pregnancies have held consistently over the 15-year interval. A second site (Memphis) also showed a significant impact on subsequent pregnancies by the program's end, which was 24 months post-partum. At both sites, the longer the nurses interacted with the mothers, the more significant the outcomes. For the group that received nurse visitation through the child's second birthday:
 - ◆ Nurse-visited women had 1.3 subsequent births; those in the control group had 1.6 births (Elmira).
 - ◆ Nurse-visited women had a subsequent birth almost twice as long after the women in the control group (65 months versus 37 months) (Elmira).
 - ◆ Nurse-visited women had fewer subsequent births compared to those in the control group (36% versus 47%) in the two years following their original delivery (Memphis).
 - ◆ Nurse-visited women stopped receiving AFDC an average of 13.1 months earlier (Elmira).

NOTES

¹ Numbers in this fact sheet are typically rounded. Second or higher-order births accounted for 21.3% and 21.7% of the births for teenagers aged 15 through 19 in 1995 and 1996, respectively. S.J. Ventura et al., "Report of Final Natality Statistics, 1995," *Monthly Vital Statistics Report* 45:11 (Supplement), (Hyattsville, MD: National Center for Health Statistics, 1997), Table 2, p. 26 and 47:12 (1998), Table 7.

² Ventura et al., "Final Natality Statistics," Table 2, p. 26.

³ Abused teen girls may be particularly vulnerable to early childbearing; further, because they may tend to have children younger, future research may provide insight into whether abused teens have a disproportionate number of subsequent pregnancies as teenagers. According to the Washington State Survey of Adolescent Health Behaviors, girls with a history of sexual abuse are more likely than other girls to engage in intercourse before age 15, have more than one sexual partner, and not use birth control. ["Adolescent Pregnancy and Sexual-Risk Taking Among Sexually Abused Girls" *Family Planning Perspectives*, 29:200-203 and 227; 1997]. Preliminary analysis in another study indicates that girls who were sexually abused were more likely to have babies and more likely to have them at a younger age than girls who were not abused. Funded by the National Institute for Mental Health, "Sexual Activities and Attitudes of Sexually Abused and Nonabused Adolescent Girls" a 10 year study of 160 girls has found that of those who gave birth, the average age was 18 for those who had been abused and 20 for those who had not. Of the 20 girls who gave birth as teens, 14 had been abused and 4 had not. [CLASP communication with Jennie Noll, research co-author and NIMH project director].

⁴ Debra S. Kalmuss and P.B. Namerow, "Subsequent Childbearing Among Teenage Mothers: The Determinants of a Closely Spaced Second Birth," *Family Planning Perspectives* 26:4 (July/August 1994), p. 151.

⁵ Jenny Manlove, C. Mariner, and A. Romano, "Positive Outcomes Among School-Age Mothers: Factors Associated with Postponing a Second Teenage Birth" (Child Trends, Inc.: November 1997), Table 4 and p. 14.

⁶ Frank F. Furstenberg, Jr., J. Brooks-Gunn, and S.P. Morgan, "Adolescent Mothers and Their Children in Later Life," *Family Planning Perspectives* 19:4 (July/August 1987), Table 2, p. 147.

⁷ Kathleen Ford, "Second Pregnancies Among Teenage Mothers," *Family Planning Perspectives* 15:6 (November/December 1983), p. 268.

⁸ Frank L. Mott, "The Pace of Repeated Childbearing Among Young American Mothers," *Family Planning Perspectives* 18:1 (January/February 1986), p. 232.

⁹ Catherine Stevens-Simon et al., "Reasons for First Teen Pregnancies Predict the Rate of Subsequent Teen Conceptions," *Pediatrics* 101:1 (January 1998) [www.pediatrics.org/cgi/content/full/101/1/e8]

¹⁰ The analysis is based on the 359 young mothers who were sexually active and *not* trying to conceive. M.L. O'Connor, "By Six Months Postpartum, Many Teenagers Are Not Using a Method Effectively," *Family Planning Perspectives* 29:6 (November/December 1997), pp. 289-290.

¹¹ Kalmuss and Namerow, Table 1, p. 151.

¹² Manlove, Mariner, and Romano, Table 3 and p. 18.

¹³ Furstenberg, Brooks-Gunn, and Morgan, pp. 146-7.

¹⁴ Heinz W. Berendes, R. Brenner, M. Overpeck, L. B. Trifiletti, and A. Trumble, "Risk Factors for Infant Homicide in the United States," *New England Journal of Medicine* 339:17 (October 22, 1998), pg. 1211. The study uses the relative risk factor associated with a mother age 25 or older bearing her first child as a baseline for all comparisons--that number being 1.0. Also, it should be noted that the study does not give a clear indication of who the perpetrator is in the actual homicides. The author notes that studies have shown that most infant homicides are carried out by parents, or stepparents, and a slight majority are attributable to males.

¹⁵ Children's Defense Fund, *CDF Reports* 18:11 (October 1997), p. 16.

¹⁶ Stephanie Ventura, "Low Birth Weight by Live Birth Order for Births to Teen" (Unpublished data: June 1998), Table 1, Plane 1.

¹⁷ The Adolescent Family Life Act (AFLA), enacted in 1981, includes three components: research, the prevention of teen pregnancy (through the promotion of abstinence), and care for those teens who are pregnant or parenting. The legislation does not address prevention of subsequent pregnancy; rather, it instructs the Secretary to establish core

“care” services, and these rules currently list counseling and referral for family planning services.

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