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## THE OUTCOME OF TEENAGE PREGNANCY: TEMPORAL AND SPATIAL TRENDS

### Ann Evans

*Teenage fertility was low in the 1920s; it rose during the 1950s and 1960s, and fell sharply during the 1970s. Today it is lower than it was in 1921.*

*There are four possible outcomes of teenage pregnancy: birth within marriage; adoption; ex-nuptial birth and single motherhood; or abortion. Today the first two outcomes are rare and around half of all teenage pregnancies result in ex-nuptial births while the other half are aborted.*

*Teenage fertility varies sharply with location. In New South Wales in 1996 it was relatively high in regional areas and much lower in inner Sydney. Data on abortion by location and age are less reliable but they suggest an opposite pattern: higher levels in inner Sydney and lower levels in regional areas.*

This paper explores the demographic and social history of teenage pregnancy in Australia in the 20th Century. It focuses on four outcomes of adolescent pregnancy: birth and marriage, birth and single motherhood, birth and adoption, and abortion. It also provides a geographic profile of pregnancy resolution in NSW in 1996.

The perception of teenage pregnancy as a social problem reflects a history rich in individual, familial and institutional experiences. Much writing on the fall in teenage fertility is limited to the period between World War II and the reinterpretation of abortion law in the early 1970s. However, teenage fertility rates in the 1990s were at similar levels to those in the 1930s and only slightly lower than they were in the first two decades of the 20th Century. Discussion of teenage pregnancy is also centred on motherhood, that is 'young mothers', and very rarely examines the roles of abortion and adoption when looking at changes in teenage pregnancy. The last 100 years have seen a dramatic change in the pregnancy resolution decisions of teenagers, alongside changes in the institutions that influence those decisions and the forms and level of control over the individual's decision.

Data used in this paper are drawn from various sources. Fertility data are

drawn from publications of the Australian Bureau of Statistics (ABS) namely *Births, Australia* and, for the years prior to 1963, the *Official Year Book of the Commonwealth of Australia*. The Health Insurance Commission (HIC) has provided unpublished data from 1984 on the number of terminations claimed under the Medicare system by age. The Australian Institute of Health and Welfare (AIHW) also holds data on terminations performed in hospitals and has provided data for the years 1993 to 1998.

### TRENDS IN FERTILITY

The fertility of Australian teenagers in the late 1990s was not high by international standards and has been relatively stable in recent years. But compared with other OECD countries, Australia's teenage fertility rate lies in the middle to upper range.<sup>1</sup> The teenage fertility rate (TnFR), measured as the annual number of births to women aged less than 20 per 1,000 women aged 15-19, ranged from 2.9 in Korea to 52.1 in the United States of America, with Australia at 18.4.<sup>2</sup>

In 2001 there were 9,904 children born to women under the age of 20 resulting in an age-specific fertility rate for 15-19 year olds (TnFR) of 17.6.<sup>3</sup> The

teenage fertility rate differs greatly between Australia's states and territories with the extreme case being the Northern Territory (TnFR 70.0). This high rate reflects the high fertility of young indigenous women and their relative dominance in the Northern Territory data.<sup>4</sup>

The notion espoused in recent years that women are not physically mature enough to have children in their teens was not one that existed in Australia at the beginning of the 20th century. In fact the falling birth rate at that time prompted members of the New South Wales Parliament to comment that 'girls were ready for motherhood at fourteen because, as a result of Australia's subtropical climate, they matured earlier here than in other parts of the world'.<sup>5</sup>

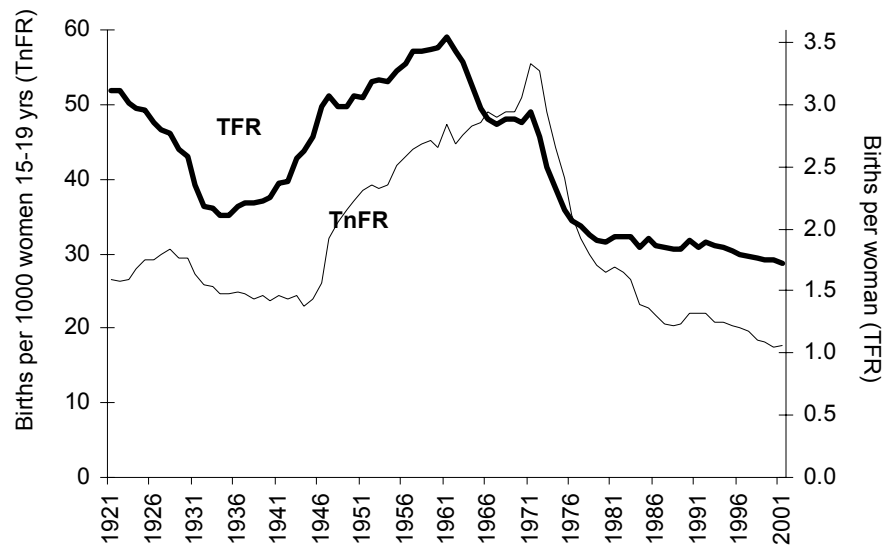
The teenage fertility rate remained around 26 births per 1,000 women aged 15-19 between 1932 and 1946 (Figure 1). This period was characterised by low fertility due to depression and war. The rate rose dramatically from 1947 to 1960,

levelled off for a few years and rose again in the late 1960s to reach a peak of 55.5 in 1971.

In 1961 oral contraceptives (The Pill) became available for use by Australian women. The total fertility rate started to decline after this time. However, the teenage fertility rate continued to rise. The introduction of the pill did not have an impact on teenage fertility as members of the medical profession were disinclined to prescribe the pill for unmarried women or minors even if over the age of consent.<sup>6</sup> It is difficult to assess the effect of the increasing availability of contraception to teenagers in the 1970s and 1980s as abortion became easier to access also. While it was not decriminalised, the interpretation of what constituted a 'legal abortion' was changed in New South Wales in 1971.

Prior to 1971 the teenage fertility rate took 24 years to increase by 23 births per 1,000 women. After 1971 it took just six

**Figure 1: Teenage fertility and total fertility rates, Australia, 1921 to 2001**



Source: *Births Australia*, various issues, ABS cat. no. 3301.0

years to reduce by the same amount. The dramatic drop in the teenage fertility rate after 1971 suggests a greater use of abortion than contraception, as contraception was still not easily accessed. By 1987 the teenage fertility rate had fallen to 20.6 where it remained roughly constant until 1996 except for a small rise in 1990 and 1991 (Figure 1). The final five years of the century saw a further small decline in the rate of teenage fertility with a levelling off at the beginning of the 21st Century.

**TRENDS IN NUPTIALITY**

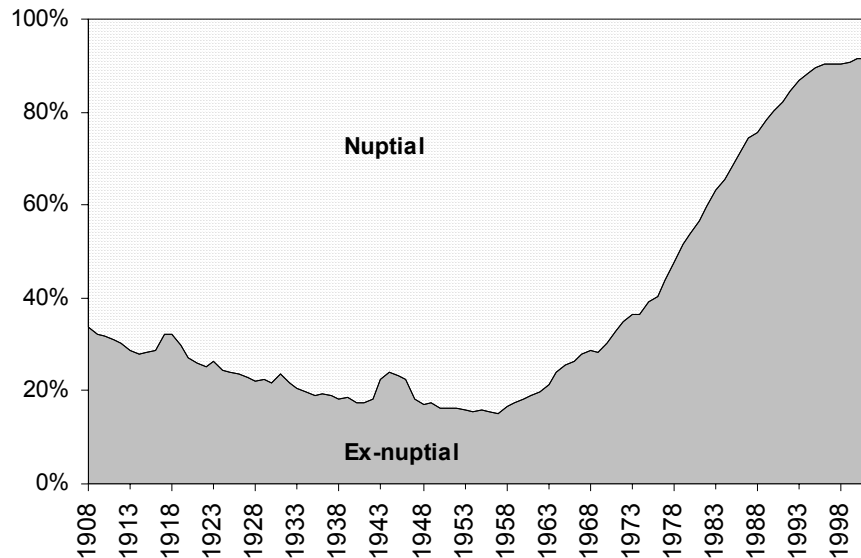
The majority of teenage births occur outside marriage. In 2001 less than one per cent of nuptial confinements, and 14 per cent of ex-nuptial confinements were to teenagers. The corresponding figures in 1908 were four per cent and 27 per cent. Changes in the patterns of nuptiality are even more striking when examined for teenage confinements alone. As evident in Figure 2, there has been a complete

reversal of the nuptiality of children born to teenage mothers. The proportion of teenage confinements to unmarried teenagers increased progressively from 15 per cent in 1957 to 91 per cent in 2001 (Figure 2).

There are two distinctive ‘lumps’ in the pattern of the nuptiality of teenage fertility in the 20th century. These occur during 1917-1919 and 1943-1946 (Figure 2). Both of these periods correspond to times of war. There are two explanations for this rise in ex-nuptiality in periods when fertility was low. First, there is the possibility of pregnancy before the partner goes into service, and possibly death, before a marriage had time to occur. Second there is the presence of overseas servicemen in Australia during WWII.

A confounding feature of this issue is the fact that births recorded as nuptial may have been conceived prior to marriage. These marriages have often been termed ‘shot-gun’ weddings as they were typically arranged quickly so that the

**Figure 2: Teenage confinements by nuptiality, 1908 to 2001**



Source: *Births Australia*, various issues, ABS cat. no. 3301.0

'condition' of the bride was not apparent on her wedding day. Throughout Australia's history, shot-gun weddings were commonly used to resolve teenage pregnancies suggesting a morality that was more concerned with illegitimacy than the age of the expectant mother and with strong parental and societal controls over the decision.

The focus on legitimacy, rather than age, was carried through until about the 1960s. Around this period public opinion was moving against the idea of marriage due to pregnancy because of the high failure of many of these marriages.<sup>7</sup> However, Swain and Howe argue that the stigma attached to single motherhood was still strong enough to encourage marriage and that a 'divorced woman held a higher status in society than a single mother'.<sup>8</sup>

Throughout the 20th century, parents were instrumental in the organisation of most shot-gun weddings.<sup>9</sup> During the middle part of the century, the methods employed by parents to bring about marriage are said to have changed. Instead of anger and force, Swain and Howe<sup>10</sup> argue that parents were more likely to offer incentives to marriage, such as housing, furniture or money. Carmichael's work on nonmarital pregnancy in Australia has shown that during the 1950s and 1960s the proportion of brides aged 16-19 who were pregnant fluctuated between 35 and 45 per cent, dropping to approximately 25 per cent in 1992.<sup>11</sup> While the proportion of brides who were pregnant declined, the increasing age at marriage meant that the number of young women who were marrying also declined.

Another indicator of the extent of shot-gun marriages is the duration of marriage at time of birth. Carmichael<sup>12</sup> divides marital first confinements occurring in the first seven months of marriage into marriage durations zero to three months,

four to five months, six months and seven months. These divisions are intended to distinguish confinements where conception occurred soon before marriage in anticipation of marriage, from those where the marriage occurs due to the impending confinement. Previously, marriages where a confinement occurred at marriage duration zero to three months and four to seven months had been termed 'shot-gun' and 'anticipatory'.<sup>13</sup>

The proportion of teenage confinements to married women changed direction at the beginning of the 1960s (Figure 2) as more and more young unmarried women remained unmarried throughout their pregnancies. In 1973 the Commonwealth government introduced the Supporting Mothers Benefit allowing women having ex-nuptial children to receive income support. Previously income support for single women was only available to widows and for some married women who had been deserted. The Benefit was not introduced specifically to assist single mothers under 20 but the lack of an age stipulation on this payment meant that for the first time pregnant teenagers could choose to continue a pregnancy, unmarried and without the financial assistance of their families.

In summary, the 20th century has seen dramatic change in the nuptiality of teenage births. In the second half of the century the proportion of births to teenagers occurring within marriage plummeted. This change occurred in a society in which attitudes towards single parenthood and forced marriage were rapidly changing and the age of marriage was increasing. Institutional changes, such as eligibility for welfare payments, and minimum legal marriage ages, also allowed for young pregnant women to choose to give birth and support themselves and their children outside of marriage.

### TRENDS IN ADOPTION

After having the birth an alternative to keeping the baby is adoption. Control of adoption was taken over by the state when it was legalised at the national level in 1928. By the late 1930s the view of the adoptive parents as 'benevolent' and the relinquishing mother as immoral and tainted was emerging. During the 1950s this view became embedded in social work in Australia.<sup>14</sup> Social workers encouraged 'girls' to give up their children so that they might regain their place in society. Unmarried young mothers were encouraged after adoption to 'forget about it and get on with your life'.

More recently, much research attention has been paid to relinquishing mothers. Adoption has been likened to child abuse<sup>15</sup> (of both the young mother and her child) and the grief felt by relinquishing mothers has been compared to that of women who miscarry or lose an infant.<sup>16</sup> The focus of research attention has been primarily on the effect of adoption on both mother and child, and the re-establishment of contact between relinquishing parents and children.<sup>17</sup>

Australian data on adoptions resulting from teenage pregnancies are less than complete. Adoption data are collected by state and territory government agencies and collated nationally by the Australian Institute of Health and Welfare. In some years the age of the birth mother has been published. However, the high proportion of unknown age makes these data difficult to rely on. Over the past 30 years adoption has all but disappeared as an option for unwanted pregnancies in Australia. The number of adoptions in Australia peaked in the early 1970s, corresponding to the peak in the number of births in that period. The number of adoptions fell from 9,798 in 1971-72 to 543 in 1998-99 with small fluctuations to

2001-02. While fertility also declined over this period, it remained relatively stable throughout the latter two decades of the century, whereas adoptions continued to decline.<sup>18</sup>

Throughout this period there was also a change in the relationship between teenage pregnancy and adoption. In 1966-67, 51 per cent of adoptions in New South Wales were of children of teenagers: by 1994-95 for all of Australia this figure was 21 per cent. By 2001-02 there were fewer than 20 local placement non-relative adoptions of the children of teenage mothers in Australia.<sup>19</sup>

### TRENDS IN ABORTION

Another option for pregnant teenagers is abortion. While legislation surrounding abortion was not relaxed in Australia until the early 1970s, pregnancies have been terminated in Australia since European settlement. In the earliest days of the colonies, convict women working as domestic servants could be imprisoned for becoming pregnant,<sup>20</sup> a policy which undoubtedly forced a number of abortions. The number of abortions performed in Australia in the 20th century is unknown, however it has been estimated that 5,000 abortions were performed in Melbourne in 1941.<sup>21</sup> A study conducted in 1956 found that 'women knew more about this [abortion] than they knew about contraception'.<sup>22</sup> Although legislation surrounding termination of pregnancy was liberalised at the beginning of the 1970s, the legal position of abortion in most of Australia remains somewhat unclear.<sup>23</sup> The laws relating to abortion in Australia are different in each State and

Territory but essentially they allow for termination of pregnancy to save the life of the mother. These laws were initially modelled on the UK *Offences against the Person Act 1861*.<sup>24</sup>

Australian teenagers have received between 12 and 13 thousand abortions per year in the last 12 years for which data are available from the Health Insurance Commission (HIC). These abortions relate to those performed in private free-standing clinics or for private patients in public or private hospitals. A further three thousand abortions are performed for teenage public patients in public or private hospitals and are measured through hospital separations.<sup>25</sup>

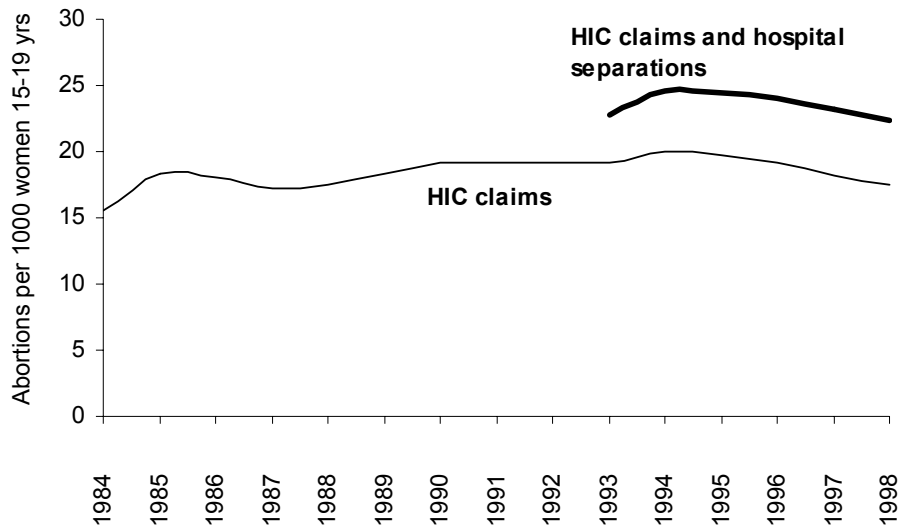
Figure 3 shows the teenage abortion rate based on HIC data and hospital separations.<sup>26</sup> Using just the HIC data it is apparent that teenage abortion has remained fairly stable throughout the 1990s, as has fertility (Figure 1). While fertility declined slightly in the 1980s,

abortion rates rose slightly in this period resulting in abortion and fertility rates that were very similar. However, if we calculate abortion rates based on the HIC data combined with hospital separations data the abortion rate exceeds the fertility rate for each year where data are available. Keeping in mind that the number of abortions in Australia is under-counted, even after combining the HIC claims and hospital separations, the current abortion rate is likely to be slightly higher than 24 abortions per 1,000 women aged 15-19. This compares with a TnFR in 2001 of 18 per 1,000 women.

### CHANGING PATTERNS OF TEENAGE PREGNANCY RESOLUTION

The preceding sections have outlined the changes in teenage pregnancy in Australia based on four outcomes of pregnancy: birth and marriage, birth and single motherhood, birth and adoption,

**Figure 3: Teenage abortion rates, Australia, 1984 to 1998**



Sources: HIC unpublished data; hospital separations, AIHW unpublished data

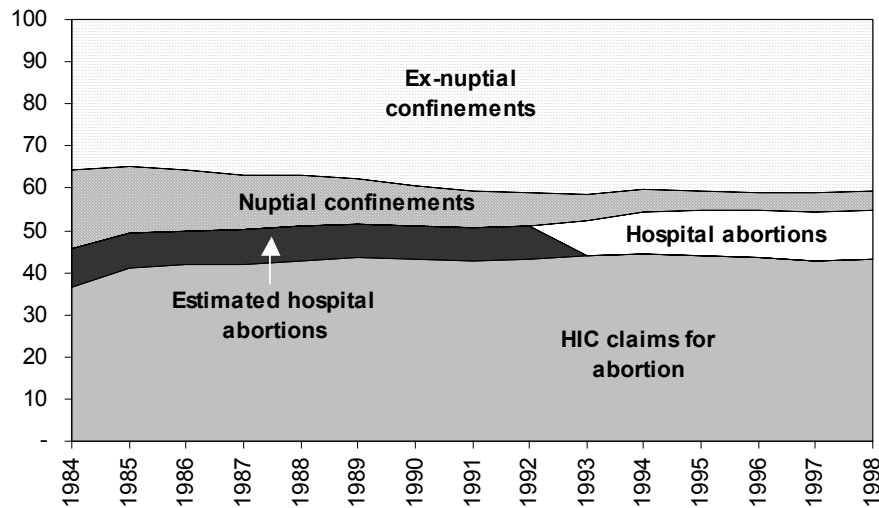
and abortion. Figure 4 presents the distribution of teenage pregnancy outcomes between 1984 and 1998. Although the most dramatic changes in pregnancy resolution occurred earlier in the century, data are not available to make accurate comparisons. The data in Figure 4 include ex-nuptial and nuptial confinements, and abortion claims under Medicare for the full period. Abortions performed in hospitals are included for the years 1993 to 1998. In addition an estimate of abortions performed in hospitals from 1984 to 1992 is included.<sup>27</sup> Adoptions do not feature in this chart due to their small numbers throughout the 1980s and 1990s and the problems associated with the reporting of the age of the birth mother.

During the 1980s and 1990s the most dramatic change occurred in the proportion of pregnancies resulting in a nuptial birth. In 1984, 19 per cent of teenage pregnancies resulted in a nuptial birth, falling to four per cent in 1998. It appears

that early marriage continued to be a choice for some into the 1980s, even though public opinion had moved away from this option due to the low success rate of these marriages. During this period pregnancies resulting in an ex-nuptial birth rose only five percentage points to 41 per cent. While ex-nuptial births were rising, many of these births would be occurring in a stable or de-facto relationship. Since 1974 birth registration has allowed for paternity acknowledgment, where the parents are not married. In 1998, 79 per cent of the fathers of teenage ex-nuptial births acknowledged the birth.<sup>28</sup> This, however, does not demonstrate the extent to which fathers are involved in the baby's life, or even if the parents live together.

Abortion, as an outcome of teenage pregnancy, also rose over this period. At the beginning of the period abortion accounted for roughly 45 per cent of pregnancy outcomes, rising to 55 per cent in 1998. Given that some abortions are

**Figure 4: Percentage distribution of pregnancy outcomes for Australian teenagers, 1984 to 1998**



Source: HIC claims, HIC unpublished data, Hospital separations, AIHW unpublished data; Confinements, *Births Australia*, various issues, ABS cat. no. 3301.0



not recorded, this figure is likely to have been higher throughout the entire period.

#### THE SPATIAL PATTERNING OF TEENAGE PREGNANCY

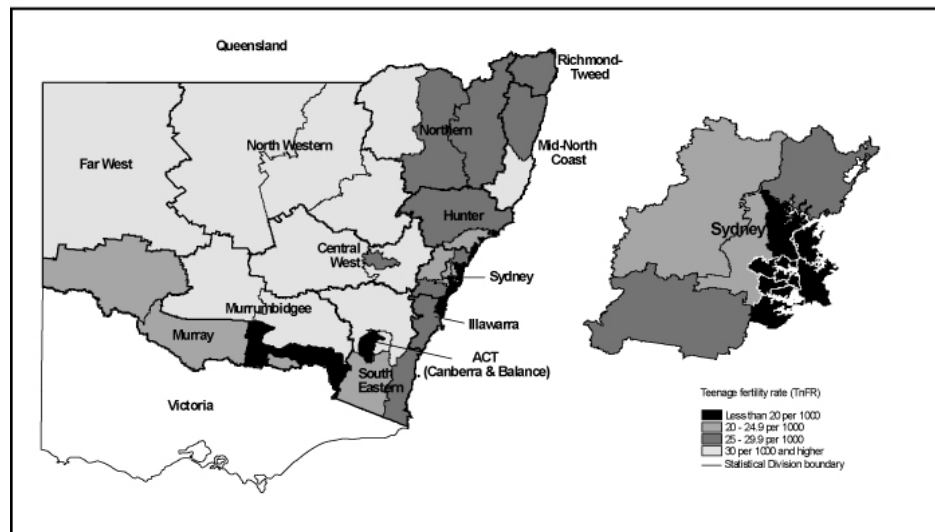
If we look at aggregate trends of teenage pregnancy stark variations between geographic areas can be masked. McCulloch<sup>29</sup> has examined teenage pregnancy at local area level in Britain. He finds that non-marital teenage fertility is directly related to living in socio-economically deprived areas. Research on teenage fertility in Australia has found similar patterns in Queensland<sup>30</sup> and New South Wales.<sup>31</sup> Abortions have not been explored spatially due to lack of data however both Adelson et al. and Siedlecky<sup>32</sup> suggest that great regional variation may exist in teenage abortion in New South Wales. The following sections use unpublished data on births from the ABS and on abortions from the HIC to examine the spatial patterning of teenage fertility and abortion in New South Wales.

#### Fertility

This section explores the geographical aspects of two indicators of teenage fertility, the teenage fertility rate (TnFR) and the percentage of total fertility attributable to teenage fertility. The data for both indicators are drawn from unpublished data on the number of births in Statistical Sub-Divisions. Age-specific fertility rates are calculated using the estimated resident populations for each statistical sub-division.

In 1996 the teenage fertility rate (TnFR) for Australia was 20.1 births per 1,000 teenage women. There were marked differences in the fertility of teenagers across New South Wales and the Australian Capital Territory (Figure 5). In the inner Sydney areas and in the Australian Capital Territory the teenage fertility rate was less than 20. In the areas surrounding Sydney and the regions bordering Victoria, teenage fertility was within the range of 20-25. North-eastern New South Wales and the coastal regions were within the range of 25-30 births per 1,000 teenage women. The remainder of

Figure 5: Teenage fertility rate (TnFR), New South Wales, 1996



New South Wales had very high teenage fertility with rates over 30. The lowest rates were found in the Sydney areas of Lower Northern Sydney (2.7 per 1,000), Hornsby-Ku-ring-gai (3.5 per 1,000), and Eastern Suburbs (5.0 per 1,000). In contrast, North Central Plain (68.8 per 1,000) and Macquarie-Barwon (86.6 per 1,000) had the highest teenage fertility rates.

In some areas, high teenage fertility rates may be simply a reflection of higher fertility in the area. For all of Australia, teenage fertility accounted for 5.6 per cent of total fertility. In the inner Sydney areas and the Australian Capital Territory teenage fertility accounted for less than five per cent of total fertility (Figure 6). In the north-west areas of New South Wales teenage fertility accounted for over 10 per cent of total fertility.

The high percentage of the TFR attributable to teenagers in Macquarie-Barwon (15.1 per cent) and North Central Plain (15.0 per cent), both in the North Western region, combined with the high teenage fertility rates in these areas reflect a younger age of fertility than most other parts of the state. This also reflects the

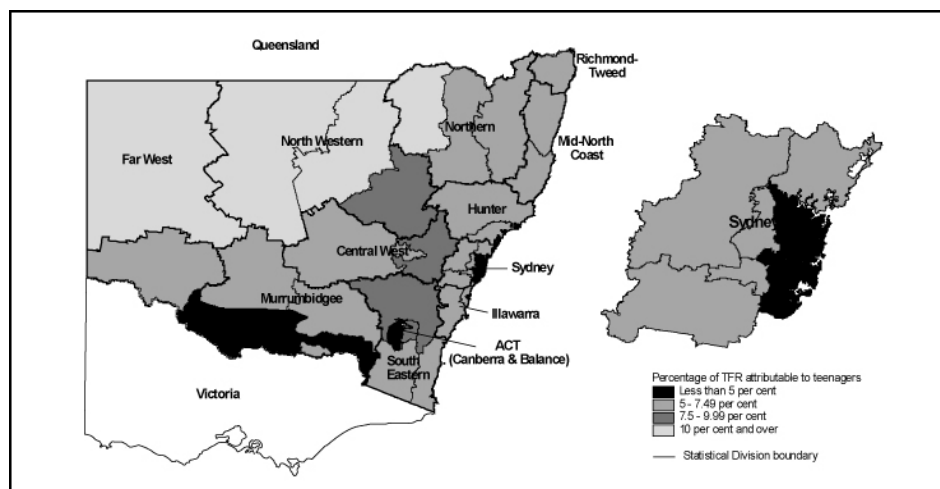
pattern of childbearing at young ages for indigenous Australians.

### Abortion

Data on the number of abortions provided for public patients in public or private hospitals is not available at local area level due to the questionable reliability of patient information. Therefore, the data used in this section refer to Medicare claims for abortions in free-standing clinics, or surgeries, and for private patients in public or private hospitals. The abortions are classified by the postcode of the patient. Caution must be exercised when using abortion data based only on Medicare claims. By excluding the abortions performed in hospitals the number of abortions is under-enumerated. It is not known whether this equally affects all geographic areas equally, or whether some are more affected than others.

The national teenage abortion rate in 1996, based on Medicare claims, was 19.1 per 1,000 women aged 15-19. Low rates of teenage abortion were found throughout western New South Wales.<sup>33</sup> There is a band of higher abortion rates

**Figure 6: Percentage of total fertility attributable to teenage fertility, New South Wales, 1996**



stretching from Tweed-Heads along the coast, and through Sydney to the Australian Capital Territory; this reflects the access to abortion clinics for women living in these areas. However, the low abortion rates for Hornsby-Ku-ring-gai, Lower Northern Sydney and Inner Western Sydney are low. This, coupled with their low fertility rates, suggest a lower rate of teenage pregnancy in these areas. Because of the very high economic status of families in these areas, it is possible that more abortions were performed and no Medicare claim was made.

When a ratio of abortions to births for teenagers is calculated, it only approaches or exceeds one in SSDs with access to abortion services in clinics or private surgeries. Geographic variation in the ratio of teenage abortions to births is a possible reflection of two things: access to abortion clinics and differing attitudes to family and abortion in rural and remote areas. Because the ratio used here excludes most abortions performed in hospitals it is possible, but unlikely, that the ratio in rural and remote areas could be higher. As abortion clinics are located around Sydney and Canberra, with clinics

in Tweed-Heads and Albury, access seems to be a major factor in determining abortion levels.

#### **TEENAGE PREGNANCY: A REFLECTION OF SOCIETY**

The preceding analysis has illustrated the changing nature of teenage pregnancy and its resolution throughout the past century. The abortion and fertility experience of teenagers also shows spatial variation. Abortion is particularly prevalent in areas where abortion services are more readily available highlighting the need for greater access to services in regional, rural and remote areas. The spatial pattern of teenage fertility reflects other social characteristics such as unemployment and disadvantage, ethnicity and, particularly, indigenous status.<sup>34</sup>

It is apparent that, over time, young women have greater scope and individual freedom when it comes to making choices about resolving a teenage pregnancy. However, those living in rural or remote area are still limited in their choice due to limited access to abortion services.

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