WR
Illegitimacy
Bonus

Unwed birthrate decline may earn District bonus

By Cheryl Wetzstein
THE WASHINGTON TIMES

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The District is one of five finalists that could share in a new $100 million bonus the federal government is giving to states that reduce their unwed birthrates without increasing abortions.

California, Michigan, Alabama and Massachusetts are the other finalists, according to the Department of Health and Human Services (HHS), which is overseeing the annual award created in the 1996 welfare reform law.

The five finalists have until Sept. 1 to document their 1995-1997 abortion rates, HHS spokesman Michael Kharfen said yesterday.

If their abortion rates have not gone up, they will each receive a $20 million bonus around mid-September, he said.

HHS figures show that the District and 11 states — including Maryland and Virginia — reduced their proportion of unwed birthrates between 1994 and 1997.

California had the top unwed birthrate reduction of 5.7 percent. The other top rate-reducers were the District with 3.7 percent, Michigan with 3.4 percent, Alabama with 2 percent and Massachusetts with 1.5 percent.

On the other end of the scale, North Dakota saw a 10 percent increase in its proportion of unwed births — the largest in the nation.

Jearline Williams, director of the D.C. Department of Human Services, said D.C. officials were "real excited" by the news that they were a finalist.

She credited ongoing educational campaigns about pregnancy prevention, statutory rape and welfare reform for keeping the issue high profile.

Teen-age girls, for instance, are told that if they go on welfare, they still have to finish school and live in a supervised setting, "so a lot of the glamour associated with [welfare] is out of it," said Mrs. Williams.

"We're really happy because there's been a real effort on the part of a lot of different agencies and a lot of different programs to reduce unwed pregnancy," said Anna Ramirez, director of the Office of Family Planning in California's health services department.

For several years, she said, California has mounted media campaigns, stepped up prosecutions for statutory rape, promoted mentoring, expanded access to reproductive health clinics and given communities $30 million to design their own pregnancy-prevention programs.

"Also the social mores are really changing — it's not that accepted anymore for kids to be having babies," added Ms. Ramirez.

Massachusetts has led a "major public health effort" focusing on preventing unwed pregnancy and responsible fatherhood, said David Ball, spokesman for the state's Executive Office of Health and Human Services.

Michigan Department of Community Health spokeswoman Geralyn Lasher said they have invested in many initiatives to reduce teen pregnancies.

Federal law allows the bonuses to be used for anything, but several officials said that significant amounts of the bonus money would likely go to continue unwed pregnancy-prevention efforts.

The Washington Times
SATURDAY, AUGUST 7, 1999

Republicans back right to take HMOs to court

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By Audrey Hudson
THE WASHINGTON TIMES

House Republicans yesterday signaled a new course of action in HMO reform by including new rights to sue managed care companies.

It's also the first time a Republican congressional leader, in this case Speaker J. Dennis Hastert, has backed an expanded right to sue — something Democrats have been insisting on since the managed care debate began more than a year ago.

"HMOs can be taken to court and held accountable when patients are harmed," Mr. Hastert said in describing the liability provision. He has scheduled the bill for a floor vote next month.

The measure will include the right to take disputes to an independent panel, the right to choose doctors outside a network and to get easier access to gynecologists, obstetricians and pediatricians.

The change came after some 20 Republicans, led by Rep. Charlie Norwood, Georgia Republican, signed on with minority Democrats to back HMO legislation. GOP leaders for weeks had been trying to come up with a bill that could pass the House.

At 1:45 a.m. yesterday, Mr. Hastert and fellow bleary-eyed House leaders agreed to the alternative bill developed by GOP Reps. Tom Coburn of Oklahoma, and John Shadegg of Arizona.

"I've got a commitment signed in blood from the entire leadership at 1:45 in the morning," Mr. Coburn said.

Both the Norwood and Coburn camps are predicting victory, although sources on both sides privately acknowledge it could be a very close vote.

"What's significant is the leadership of the House has for the first time recognized that the will of the majority supports giving people the right to sue their HMO," said John Hart, a spokesman for Mr. Coburn.

But few details were available; aides said they needed the upcoming August recess to work them out.

The bipartisan bill formally introduced yesterday would establish an outside review process for patients who believe they unfairly were denied care. Companies obeying an independent panel's ruling still could be sued in state courts, but would not be liable for punitive damages.

The bill includes a variety of provisions to ease access for the insured to medical care in emergency rooms, as well as from specialists in clinical trials and elsewhere.

"Many Americans are dissatisfied with the health maintenance organizations, while other Americans do not have access to quality health care," Mr. Hastert said. "One of the most important issues facing the Congress this year involves the health care delivery system."

A House leadership aide stressed that the final version of a Republican bill would still have an internal and external appeals process before lawsuits could be filed.

"We're going to approach the liability section in a much more responsible fashion than create a greedy trial lawyer bonanza which other bills do," he said.

As news of the deal spread, President Clinton immediately embraced the bill while lobbyists for insurance companies and businesses mobilized against it.

"This legislation is built on the erroneous premise that trial lawyers are the sole guardians of medical care," said Karen Ignagni, president of the American Association of Health Plans, an HMO trade group.

> *"HMOs can be taken to court and held accountable when patients are harmed."*
> *—Speaker J. Dennis Hastert*

The House aide said he expected it would be a tight vote because of the slim majority Republicans hold in the House, but that Mr. Shadegg and Mr. Coburn would be tough lobbyists.

"Between now and when we have a vote on health care reform, many members are going to find themselves getting a dose of Coburn-Shadegg in stereo," he said.

Last year, the House bill died when the Senate failed to act. This year, the Senate has passed a patients' bill of rights, but it had no Democratic support and President Clinton has threatened a veto, saying it covers too few people and gives them too little protection.

The Senate bill covers one segment of the population who have a specific type of health plan, about 48 million people. The main House proposals this year and last cover all Americans with private health insurance, about 161 million people.

The Washington Times
SATURDAY, AUGUST 7, 1999

WR – Illegitimacy

The Washington Times
WEDNESDAY, JUNE 24, 1998

Teen birthrates decline, data show

Ratio of illegitimate births levels off

By Cheryl Wetzstein
THE WASHINGTON TIMES

A five-year decline in teen birthrates is a welcome trend to policy-makers who want to see fewer families led by single young females.

There is also a second bright note in recent data — the leveling off in the percent of births out of wedlock.

Researchers in a panel discussion yesterday said it is crucial to figure out what works in reducing teen pregnancy and unwed childbearing.

The children of the 76 million baby boomers, known as the "baby boomer echo generation," are coming of age and "between now and 2005, "there will be a million more girls aged 14 to 17," Kristin A. Moore, president of Child Trends Inc. research group, told the gathering at the Heritage Foundation.

"Now is the time to make rapid progress" in reducing teen and unwed pregnancy, she said. "We need to see which programs are effective" on a large scale.

American society must revive the institution of marriage, said Heritage Foundation analyst Robert Rector.

The falling teen birthrates aren't as important as the leveling off of the "illegitimacy ratio," or percent of births that occur out of wedlock each year, he said.

For three decades, the percent of births born to women outside wedlock has grown "remorselessly," charting the "collapse of the American family," he said.

"Women aged 18 to 25 still had the most babies," he said. "They just didn't marry."

Then, in 1995 and again in 1996 — during the height of the debate on welfare reform and illegitimacy — the illegitimacy ratio leveled off.

To capitalize on this trend, society should promote marriage as well as programs that help couples build and retain healthy relationships and be good parents, said Mr. Rector.

The overall decline in teen birthrates is of keen interest to most researchers.

Overall, teen birthrates have dropped 12 percent from 1991 to 1996, and dropped an encouraging 21 percent among black teens, National Center for Health Statistics researcher Stephanie J. Ventura told the panel.

The decline in these births has not been definitively explained, though, she said.

Abortion is not seen as a factor in the decline because its rates have also dropped steadily — from 43.5 abortions per 1,000 teens aged 15-19 in 1988 to 32.2 abortions per 1,000 teens in 1994.

Use of condoms has increased, which reflects efforts of comprehensive sex-education prorgams.

Also, the number of sexually experienced teens has dipped — which could be explained as a response to abstinence messages.

There has also been an increase, especially among black teen girls, in the use of "hormonal" birth control products, such as Norplant and Depo Provera, said Mrs. Ventura, who added that final birth data for 1996 will be released next week.

American society sent a "normative message" during the welfare debate that it is better to have children in marriage than not, Mrs. Moore said.

A number of European countries send a strong message that "teen childbearing is not done," and as a result, they have low teen birth rates, she said.

UNMARRIED MOMS

Although teen birth rates attract a lot of attention, women aged 20 to 24 have the most babies out of wedlock, according to 1995 data.

Age of mother	Out of wedlock births
Under 15	11,441
15	27,590
16	53,235
17	80,315
18	103,284
19	111,314
Total 15-19	375,738
20-24	432,003
25-29	228,614
30-34	133,284
35-40	60,234
40 and over	12,664

Source: National Center for Health Statistics
The Washington Times

Ex-Army medic rebuts CNN, says tear gas, not sarin used

By Rowan Scarborough
THE WASHINGTON TIMES

The Army medic on "Operation Tailwind" said yesterday it was definitely tear gas, not deadly sarin, that Air Force planes dropped over Laos in 1970 to help him and fellow commandos escape a firefight with enemy troops.

Retired Capt. Mike Rose was the latest Tailwind participant to challenge a CNN-Time report that U.S. planes released sarin, a nerve gas banned by President Nixon at the time. Capt. Rose, 50, now an instructional systems designer, also rebutted CNN-Time's contention that a U.S. Special Forces team killed American defectors and innocent women and children inside a North Vietnamese military camp on the Ho Chi Minh Trail in Laos.

Capt. Rose spoke at a forum sponsored by Soldier of Fortune magazine. He told of the September day he and 15 other wounded commandos scurried aboard Marine helicopters under North Vietnamese fire. He was the only medic assigned to Company B of the secret Studies and Observations Group (SOG), inserted into Laos to disrupt North Vietnamese forces.

"It burned like CS [tear gas] in the eyes," he said, describing how Air Force A-1 Skyraiders swooped low to release the CBU-19 canisters. "My throat felt like CS. ... Once you're exposed to it, there's no question what it is."

Some members of Company B inhaled enough gas, he said, that they would have died if it had been sarin.

"No person died from any of this stuff dropped on us by the Air Force," he said. "They would never have harmed us. ... The allegation the U.S. military used any kind of toxic poisonous agent in Southest Asia is unfounded and not believeable."

Capt. Rose said he told a CNN producer on at least three occasions the Air Force used non-lethal tear gas to suppress the enemy.

Soldier of Fortune invited CNN correspondent Peter Arnett and lead producer April Oliver to attend yesterday's forum at the National Press Club. Neither attended, but CNN did send a reporter and camera crew.

CNN-Time first aired the charges June 7 on the premier of "NewsStand," a Sunday night newsmagazine.

Defense Secretary William S. Cohen has assembled a team to investigate the war-crimes charges and wants a report by July 8.

"NewsStand" presented no conclusive evidence that the Air Force used sarin. One of its principal witnesses, former Army Lt. Robert Van Buskirk, said in an interview with The Washington Times he doesn't know what type of gas was used, but guesses it was a "cocktail" of different chemicals.

Mr. Van Buskirk, a platoon leader in Company B, said he had suppressed memories of killing two American defectors at the camp after he saw an image of Jesus on the cross while in a German jail in the early 1970s. He said the memories came back during hours of interviews with CNN-Time's Miss Oliver. CNN-Time didn't report these were "recovered" memories.

A number of Tailwind participants have come forward to protest the charges by "NewsStand."

The pilots who flew the A-1s that day say they dropped tear gas, an approved tactic to suppress the enemy without wounding or killing nearby Americans.

The men who planned and led Tailwind say the SOG unit was inserted into Laos at the CIA's behest. The North Vietnamese were getting the best of CIA-backed guerrillas and the agency wanted a SOG "Hatchet Team" to distract the enemy.

This countradicts CNN-Time's claim that the company's mission from the start was to invade the camp and kill defectors.

Capt. Rose said yesterday he saw neither civilians nor Caucasians in the jungle-shrouded military base.

The ex-medic said the SOG team would have taken photographs if they had run across the bodies of any suspected defectors.

Mr. Cohen's special committee, which met yesterday with ex-SOG members who planned and executed Tailwind, is about halfway through its probe.

Pentagon spokesman Kenneth Bacon said: "So far, we have not uncovered any information which suggests that sarin nerve gas was used during Operation Tailwind."

The Washington Times
WEDNESDAY, JUNE 24, 1998

WR – Illegitimacy

Table 1: Effects of Family Structure on High School Dropout Rates and Teen Births

	HS dropout risk (%)	Teen birth (daughters) (%)
Two biological parents	13	11
Single parent due to:		
Divorce	31	33
Death	13	21
Non-marital birth	37	37
Step parent	30	33

Results control for: race, region, number of siblings and education of parents.
Source: Sara S. McLanahan (1994), National Survey of Families and Households.

Table 2: Effects of non-marital first birth (versus marital first birth)

	Difference: Non-marital - Marital First Birth	
	Raw Difference	Sister Difference
Years of schooling completed 1990	-0.8*	-0.1
Family income (1988-90 avg.)	-42%*	-14%
In poverty 1989	28%*	9%*
Married 1990	-50%*	-27%*
Early childhood outcomes (percentile scores):		
Behavior Problems Index	0.3	-5.2
Math score	-6.3*	5.7
Reading score	-2.2	0.2

Controls: age of mother; age and sex of child; year of assessment.
Source: CEA calculations, National Longitudinal Survey of Youth, 1979-1991
*Statistically significant difference.

SPECIAL ANALYSIS

New Studies Question Effects of Teen Childbearing

Teen childbearing is thought to contribute to a variety of disadvantages for both the teen mother and her children. However, teen mothers tend to come from very disadvantaged backgrounds. They (and their children) would face many of the same problems had they delayed childbearing to a later age. The challenge for researchers and policy analysts is to determine the contribution of a teen birth *per se* to adverse health, developmental, and economic outcomes—beyond those expected from the disadvantaged circumstances in which the teen mother grew up.

Cause or symptom? Evidence continues to mount that teenage childbearing may be more a symptom of disadvantage than a cause. For example, a new study compares women who became pregnant as teenagers (before age 18) but had a miscarriage with those who had a child. The women who had miscarriages as teenagers did no better with respect to a variety of adult socioeconomic outcomes than those who bore children as teenagers. The authors conclude that many of the negative consequences of teen births are smaller than estimated elsewhere in the literature and are short-lived. Moreover, and surprisingly, those who had children as teenagers accumulated more work experience by their late 20s and had somewhat higher wage rates than those who had miscarriages as teenagers. As a result they earned more—about $7,000 per year. The study also finds that teenage childbearing does not increase the use of public aid over a woman's lifetime but simply shifts it to younger ages.

What about the children? Earlier studies gauged the impact on children of having a teen mother by comparing outcomes between the children of pairs of sisters, one of whom had a birth as a teenager, the other of whom did not. In early childhood, children of teen mothers did no worse on tests of cognitive and emotional development than their first cousins whose mothers had delayed childbearing into their 20s. (Outcomes in later childhood were not available at the time the research was conducted.) Neither did these comparisons of sisters reveal evidence of adverse infant health effects (such as low birth weight). Teen mothers were more likely than their sisters to delay initiation of prenatal care, but less likely to drink alcohol during pregnancy. For whites, but not blacks, teen mothers were more likely than their sisters to smoke during pregnancy. Interestingly, children of teenage mothers did better than their first cousins on several tests of cognitive development.

Conclusion. Teen mothers and their children suffer economically and developmentally. However, new studies raise a flag of caution about attributing their adverse socioeconomic and health outcomes to the teen birth rather than to their mother's disadvantaged circumstances. Very similar women who delay childbearing do not appear to do better than teen moms. Nor do their children. For some outcomes, such as work experience and child development, they may do worse.

The Washington Times
FRIDAY, FEBRUARY 14, 1997

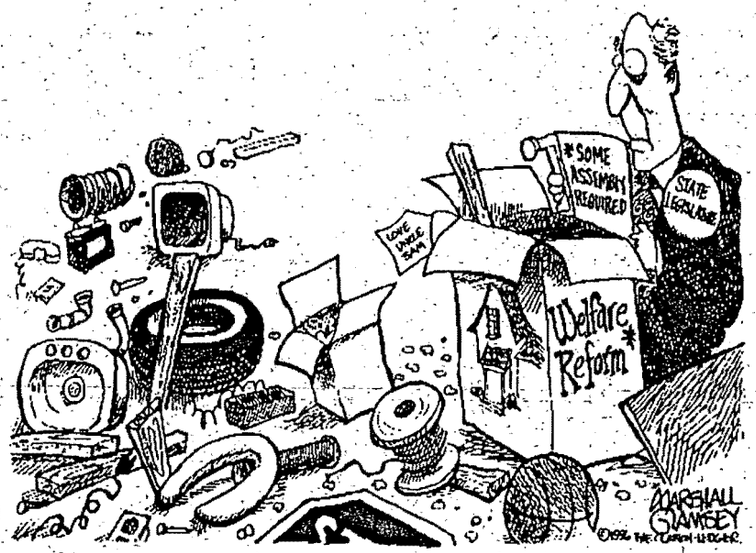
WILLIAM BUCKLEY JR.

Calculating the teen pregnancy equation

Sen. Daniel Patrick Moynihan seeks to make one point and ends trying to make two. The first is enormously important for those who have eyes to see and wish to use them. It is that a decline in the number of teen-age pregnancies is not the same as a decline in the ratio of illegitimate teen-age pregnancies.

Consider. In 1940, there were 54 pregnancies for every thousand teen-agers. That figure climbed to 89 in 1960. It really hasn't oscillated all that much since then (1970: 68; 1980: 53; 1993: 59). But because in 1995 the figure dropped by a hair from the preceding year (from 58.9 to 56.9), the political let's-party set decided a jamboree was in order. Donna Shalala, secretary of health and human services, trumpeted the improvement, as did, of course, President Clinton.

Mr. Moynihan's point is that a reduction in the per-thousand figures tells us nothing about the *ratio* of illegitimate teen-age pregnancies. That "continues to soar. It reached 75.9 percent in 1994. That surely should be a ceiling; and yet the ratio has reached 96.8 percent in the District of Columbia."



People tend to round off figures for convenience. Exercising that convention, one would not be far off by saying that "100 percent" of teen-agers who bear children in D.C. are unmarried.

But Mr. Moynihan proceeds to relate the bad statistics to the welfare bill. No, he is not saying that last June's welfare bill caused the incremental lovers in Washington, D.C., to scrap their application for a wedding license. He is suggesting that the situation will get worse as the result of a bill that ends the program that provided aid to families with dependent children.

The difference in competing focuses here throws interesting light on conservative and liberal approaches to social problems. Mr. Moynihan is saying: Look, the ratio of illegitimate births is soaring, and continues to soar. What must therefore be done is to continue to provide federal benefits to the one-parent family and above all to give more and better schooling to their children. The planted axiom is that the illegitimacy ratio will continue high and therefore we must cope with it, even as, with the arrival of winter, one needs to cope with the cold.

But of course there is another approach. It is that, pre-eminently, of Charles Murray. In his book "Losing Ground," he made a case for discouraging the birth of illegitimate children by depriving the mother of guaranteed income.

The June welfare act does not repeal aid to dependent children; it assigns increasing responsibility for the amount of such aid and the conditions under which it is disbursed to the states. If Mr. Murray is correct, and he is persuasive, the factor of financial aid has direct bearing on the incidence of illegitimate childbirth.

Consider the figures. The illegitimacy rate in 1940 was 7.1 per 1,000 births to unmarried females; 14.1 in 1950. When effusive welfare began in 1965, it was at 23.5. In 1975, it was 24.8. By 1993, it had increased to 45.3.

In the District of Columbia we have only the relief that in the nature of things it can't really get higher. At 100 percent, you meet absolute statistical resistance: It can't get worse.

The case is made by the Cato Institute that the dole is also responsible for the abandonment by business of the inner cities, of which is the difficulty in finding men and women who will take such jobs as are offered. A Cato study notes that under present law, a welfare mother in Hawaii with two children could receive as much as $36,400 a year in assistance, which is the equivalent of $17.50 an hour; more than three times the minimum wage.

The study reveals that welfare exceeds 150 percent of the poverty level in 21 states, paying more than the national average salary of a secretary in 29 states, and outpaying teachers in nine states and computer programmers in six states. In 46 states, welfare recipients get the equivalent of $7.16 an hour or more.

The states, then, are not out of step with the welfare Weltanschauung of the last two generations. But under the welfare bill of June, they will have a chance to reconsider the options, primary among them that it would be better to reduce illegitimacy than to subsidize it.

William F. Buckley Jr. is a nationally syndicated columnist.

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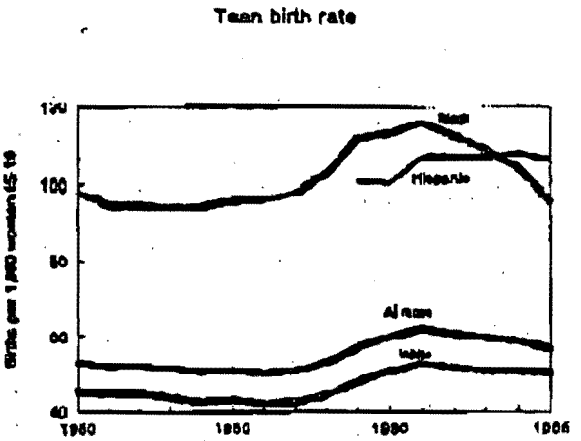
WR Illegitimacy

TEEN BIRTH RATE--DOWN AGAIN

The 1995 preliminary teen birth rate dropped 3 percent to 56.9 births per 1,000 women aged 15-19 years.

- **This is the fourth consecutive year of decline in the teen rate, which has fallen 8% since 1991 (62.1). Teen pregnancy rates are also declining.**



- **Although there is still a considerable disparity in the rates for white teens (50.3) and black teens (95.5), the gap continued to narrow in 1995.**

- **The rate for white teens dropped just 2% percent while the rate for black teens fell 9%. The rate for black teens has dropped 17 percent since 1991.**

- **Teen rates declined up to 3% for American Indian, Asian or Pacific Islander, and Hispanic teens.**

- **Despite the drop in the teen birth rate, the 1995 rate is still higher than its most recent low point, 50.2 in 1986.**

How sure are we?

- **We are sure that the decline is real.**

- **We know that the 1995 decline continues a steady trend begun in 1991-92.**

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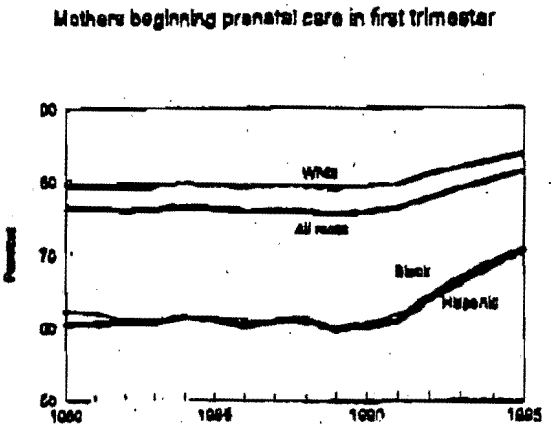
MORE MOTHERS BEGINNING PRENATAL CARE IN FIRST TRIMESTER

The preliminary proportion of mothers beginning prenatal care in the first trimester rose to a record 81.2% in 1995.

- Timely receipt of prenatal care improved 1 percent from 1994 (80.2%).
- This measure has shown improvement for 6 consecutive years, rising from 75.5% in 1989.



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- After nearly a decade of essentially no change, timely receipt of prenatal care has increased 17-18% for black and Hispanic women and 6% for white women since 1989.
- There is still a disparity in timely receipt of prenatal care between white mothers and black and Hispanic mothers, but the gap has narrowed. The 1995 proportions of white mothers (83.5%), black mothers (70.3%), and Hispanic mothers (70.4%) receiving care in the first trimester were 1 to 3 percent higher than the proportions for 1994.

How sure are we?

- We are sure that the final data will show essentially the same numbers.

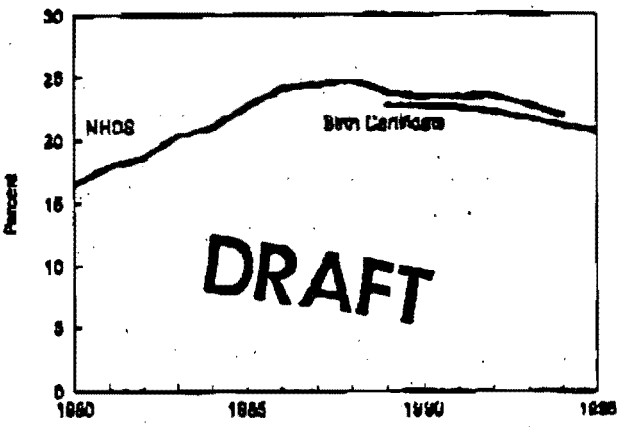
CESAREAN DELIVERY RATE--DOWN AGAIN

The rate of cesarean delivery declined 2% in 1995, to 20.8% of all births.

- Cesarean delivery rates have dropped for 6 consecutive years. The 1995 preliminary rate is 9% lower than the 1989 rate (22.8%).

- Rates fell for white (20.8%) women and Hispanic (20.1%) women. The rate for black women (21.8%) was unchanged.

Cesarean section rate



How sure are we?

- We know that the rate based on data reported on the birth certificate has dropped steadily and continuously since 1989[1].

- The cesarean delivery rate based on data from the National Center for Health Statistics' National Hospital Discharge Survey (NHDS) has also dropped steadily during these years, by 8 %.

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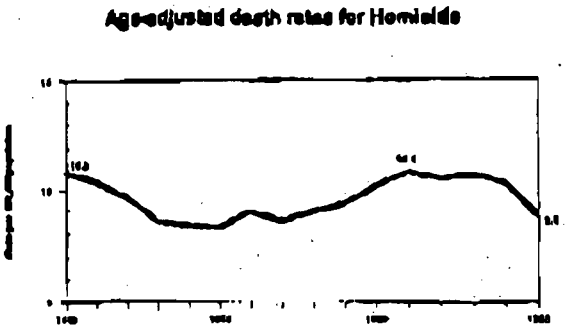
[1]The birth certificate began to report on type of delivery in 1989.

HOMICIDE--RATES DECLINED

Between 1994 and 1995, preliminary age-adjusted homicide rates[1] showed the largest decline among the leading causes of death. The decline follows a smaller decline between 1993 and 1994. During the same period, mortality from firearms declined as well.

- The rank of homicide as a leading cause of death declined from 11th to 12th between 1994 and 1995.

- The large disparities in homicide mortality between blacks and whites and between males and females persisted in 1995. Age-adjusted death rates from homicide for the black population in 1995 were over six times (6.1) those of the white population; and rates for males over three times (3.6) those of females.



- Estimated age-adjusted death rates from homicide in 1995 were almost 20 percent below those of 1991, a recent peak year. (8.8 deaths per 100,000 population in 1995 as compared with 10.3 in 1991.)

How sure are we?

- We are sure that homicide mortality decreased substantially between 1994 and 1995.

- Preliminary numbers and death rates from homicide can be expected to be revised somewhat upward when final figures are available, but the general findings of this report will remain the same. Reports of deaths from homicide, accidents, and suicides -- usually subject to medico-legal investigation -- are sometimes delayed as compared with other causes of death.

- The decline in homicide mortality in this report is consistent with trends in other sources increasing our confidence in these findings.

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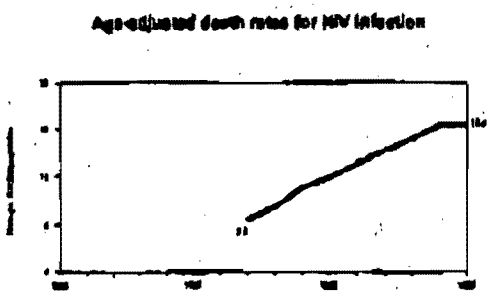
[1]Age-adjusted death rates are better than crude death rates for making comparisons of relative mortality risks between groups and over time. They are not affected by differences in the age composition of the groups being compared. Age-adjusted rates should be viewed as indexes rather than as direct measures of risk. The age-adjusted rates were computed using the U.S. standard million population.

HIV INFECTION (AIDS)--STABILIZED

For the first time, HIV/AIDS death rates did not increase from the previous year, according to the preliminary figures for 1995 compared to the final figures for 1994. The age-adjusted death rate[1] from HIV infection was 15.4 deaths per 100,000 population in 1995, the same rate as in 1994.

- Despite the plateau in age-adjusted death rates between 1994 and 1995, the number of deaths from this cause rose from 42,114 to an estimated 42,500, the highest number ever recorded.



- In 1995, HIV infection was the eighth leading cause of death as in the previous year. However it was the leading cause of death among persons aged 25-44 years.

- In 1995, the highest death rates from this cause was among black males, followed by black females, white males, and white females.

- HIV/AIDS was first uniquely classified in mortality and morbidity statistics of the U.S. beginning 1987, so routine data series do not exist before that point even though the disease was first identified in the early 1980s.

How sure are we?

- We are sure that the major increases of the past did not occur between 1994 and 1995. The final data may be slightly different.

- Several cities are reporting declines to us increasing our confidence that these trends are real.

- We are sure about the ranking of the rates among the race and sex groups, that is, that black males have the highest rates and white females the lowest. We are also certain that the rates of increase in mortality among the race-sex groups are not the same.

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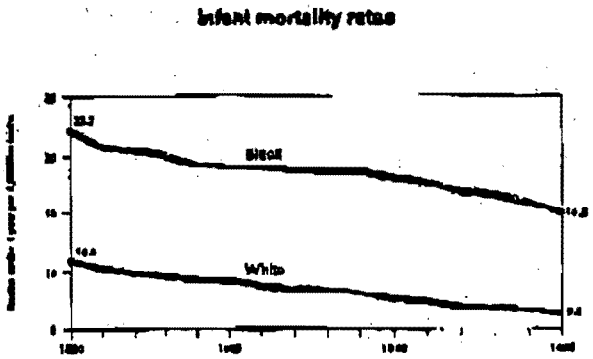
[1]Age-adjusted death rates are better than crude death rates for making comparisons of relative mortality risks between groups and over time. They are not affected by differences in the age composition of the groups being compared. Age-adjusted rates should be viewed as indexes rather than as direct measures of risk. The age-adjusted rates were computed using the U.S. standard million population.

INFANT MORTALITY[1]--RECORD LOW

The preliminary infant mortality in 1995 reached a record low of 7.5 infant deaths per 1,000 live births, a 6 percent reduction from the previous year. Declines occurred among neonatal (infants under 28 days old) as well as postneonatal infants (28 days through 11 months). Declines occurred among both white and black infants.

- Since 1980, the trend in infant mortality has been downward for both white and black infants continuing the longer term decline for both race groups.



- Black infant mortality continues to be over twice (2.4) that of white infant mortality, but the race gap did not continue to widen between 1994 and 1995 as it had during the 1980s.

- The four leading causes of infant mortality, which accounted for about half of all infant deaths, remained the same in 1995 as in the previous year: congenital anomalies, disorders related to immaturity (short gestation and unspecified low birthweight), SIDS, and respiratory distress syndrome.

- Low birthweight, a major contributor to infant death, did not change between 1994 and 1995.

How sure are we?

- We are sure that the infant mortality rate declined substantially between 1994 and 1995.

- We expect the final 1995 infant mortality rate to be somewhat higher than the preliminary rate.

- We are sure that the infant mortality rate in 1995 reached a record low.

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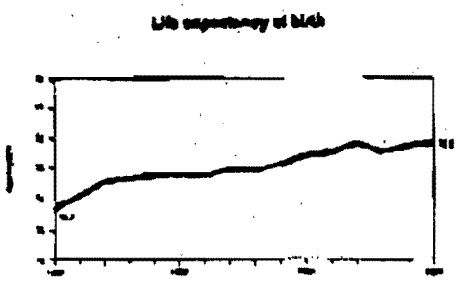
[1]Infants are children under one year of age.

LIFE EXPECTANCY--RECORD HIGH

Estimated life expectancy[1] in 1995 matched the record high of 75.8 years attained in 1992 and was slightly above the figure of 75.7 years reported for the previous year. Since 1980 life expectancy in the U.S. has increased by over 2 years, continued the long-term upward trend in length of life.

- Females outlived males by an estimated 6.3 years in 1995, a slight narrowing of the gap in life expectancy from the previous year and continuing the narrowing trend observed since 1979.



- The estimated 7 year difference in life expectancy between the white and black population remained unchanged between 1994 and 1995.

- Record life expectancies were reached in 1995 for white and black males (estimated at 73.4 years and 65.4 years, respectively) and for black females (74.0). For white females, life expectancy in 1995 remained the same as in 1994 (79.6 years) and slightly below the record high of 79.8 years reached in 1992.

- The upward trend in life expectancy resumed in 1989 after a period of stagnation in the early-1980s. From 1984-89, life expectancy actually declined for black males, but that trend has now reversed.

How sure are we?

- We are sure that the U.S. trend in life expectancy continued upward in 1995 compared with the previous year and is at a record or near-record high.

- We are sure about the ranking of life expectancies between men and women, and the black and white populations.

- Life expectancies may be slightly modified in the final data as compared with the preliminary data.

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[1]The expectation of life at birth (life expectancy) represents the average number of years that a group of infants would live if they were to experience throughout life the age-specific death rates prevailing in the current year.

OTHER FINDINGS

- Preliminary data show increases in mortality for several leading causes of death between 1994 and 1995.
- Alzheimer's disease mortality increased substantially, but this may reflect changes in diagnostic practice.
- Diabetes mortality increased continuing the upward trend since the mid-1980s.
- Septicemia (blood poisoning) mortality increased between 1994 and 1995. The rate for this cause has fluctuated from year to year since the late-1980s after sustained increases for several decades.
- The incidence of low birthweight was unchanged and remained at 7.3% in 1995.

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Monthly Vital Statistics Report

Preliminary Data From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

Births and Deaths: United States, 1995

by Harry M. Rosenberg, Ph.D.; Stephanie J. Ventura, A.M.; Jeffrey D. Maurer, M.S.; Robert L. Heuser, M.A.; and Mary Anne Freedman, M.A., Division of Vital Statistics

Abstract

Objectives—This report presents preliminary 1995 data on births and deaths in the United States from a new statistical series from the National Center for Health Statistics. U.S. data on births are shown by age, race, and Hispanic origin of mother. National and State data on marital status, prenatal care, cesarean delivery, and low birthweight are also presented. Mortality data presented include life expectancy, leading causes of death, and infant mortality.

Methods—Data in this report are based on 80–90-percent samples of 1995 births and deaths. The records are weighted to independent control counts of births, infant deaths, and total deaths registered in State vital statistics offices during 1995. Final data for 1995 may differ from the preliminary estimates.

Results—Preliminary data show that births and birth and fertility rates generally declined in 1995, especially for teenagers (3 percent); the teen rate was 56.9 births per 1,000 women aged 15–19 years. The number, rate, and ratio of births to unmarried mothers all declined, the first time all measures have dropped simultaneously since 1940. For the sixth consecutive year, the cesarean delivery rate declined and the rate for prenatal care utilization improved. The overall low birthweight rate was unchanged at 7.3 percent.

The 1995 preliminary infant mortality rate reached a record low of 7.5 infant deaths per 1,000 live births, with record lows achieved for the white and black populations. Life expectancy matched the record high of 75.8 years attained in 1992. The largest declines in age-adjusted death rates among the leading causes of death were for homicide, Chronic liver disease and cirrhosis, and accidents. Mortality also decreased for firearm injuries, drug-induced deaths, and alcohol-induced deaths. The age-adjusted death rate for diabetes increased. For the first time, the age-adjusted death rate for Human immunodeficiency virus infection did not increase.

Introduction

This issue introduces a new statistical series, based on a new approach to collect and process vital statistics data and a new publication plan for the National Vital Statistics System. The new approach for vital statistics expedites the flow of data from the States to the National Center for Health Statistics (NCHS) and makes it possible to publish more detailed findings on a faster schedule.

With this publication, NCHS begins a new statistical series: Preliminary vital statistics data based on a substantial sample of records, including detailed tabulations from the natality as well as mortality files. Initially, NCHS will publish these preliminary data semiannually; however, its goal is to publish the data quarterly. This issue shows preliminary birth and death data for calendar year 1995 as well as previously published final data for 1994 (1,2). The next *Monthly Vital Statistics Report* (MVSR) supplement in this series will show preliminary data for July

Keywords: Births • Deaths • Vital statistics

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1995–June 1996 compared with data for July 1994–June 1995. The publication of these preliminary vital statistics is made possible by more expeditious electronic transmittal of data from the States to NCHS and by more rapid data processing at NCHS. These changes will also expedite production of final birth and death statistics.

In the past NCHS has released vital statistics data in two basic forms. Monthly provisional data based on counts of birth, marriage, divorce, and death records received in State vital registration offices have been published in the MVSR. Also, estimates of deaths and death rates by selected characteristics, based on a 10-percent sample of death certificates (the "Current Mortality Sample"), were published in the MVSR. Annual provisional data, which summarize the monthly counts and the Current Mortality Sample, have been published in *Annual Summary of Births, Marriages, Divorces, and Deaths*, an MVSR supplement.

Final birth and death data have been published in MVSR supplements entitled *Advance Report of Final Natality Statistics* and *Advance Report of Final Mortality Statistics*, respectively. These reports have been published 18–24 months after the close of the data year. Unit record data have been released on public use data tapes around the time that the final data MVSR supplement was published. More detailed tabulations have been published later in *Vital Statistics of the United States*.

The new series of preliminary data reports will replace the *Annual Summary* of provisional data, and in time, the "Current Mortality Sample," which is included in the MVSR. NCHS will continue to publish monthly, cumulative year-to-date, and 12-month moving average record counts in the MVSR. Final data will also be released in MVSR supplements; the publication names will be changed to *Report of Final Natality Statistics* and *Report of Final Mortality Statistics*. NCHS also plans to expand its release of vital statistics data in electronic form.

Sources and methods

Preliminary data are based on those records received and processed by NCHS 1995 births and deaths that were processed by April 30, 1996. For live births these records represent about 90 percent of the births that occurred in the United States during 1995. For deaths two files, demographic and medical (cause of death), were created. The demographic file accounted for about 90 percent of all deaths and the medical file, about 80 percent.

To produce the preliminary estimates shown in this report, the records were weighted using independent control counts of births, infant deaths, and total deaths registered in the State vital statistics offices from January through December 1995. Across tables there are some inconsistencies in the numbers of total deaths and deaths by certain demographic characteristics because the separate demographic and medical files have different sets of weights (see "Technical notes"). Also, these preliminary estimates are subject to sampling variation as well as random variation.

The preliminary cause-of-death statistics have not been adjusted for the bias that occurs because cause of death is sometimes not available in the State offices when the preliminary data are sent to NCHS but is available later when copies of the final death certificates are processed. As a result estimates based on the preliminary mortality file may differ from statistics that will come from final counts. NCHS is exploring procedures to correct for biases in the number of deaths (see "Technical notes").

In addition to national and State estimates of total births and birth rates, this report includes preliminary statistics on births by age, live-birth order, marital status, race and Hispanic origin, and selected maternal and infant health characteristics, such as receipt of prenatal care, cesarean delivery, and low birthweight. Mortality data in this report are also more detailed than in the provisional data reports, with more detailed information on life expectancy, infant mortality, and causes of death.

State-specific preliminary data are shown only for those States and areas for which at least 60 percent of the records for the 12-month period have been processed. In this report all areas except Guam provided sufficient records to be

In addition, no data are shown for a particular characteristic if reporting for that item is less than 80-percent complete. Because reporting for each item in this report was at least 80 percent, no data items were suppressed. Detailed information on the nature, sources, and qualifications of the preliminary data are given in the "Technical notes."

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Results

Natality patterns

For the fifth consecutive year, births declined in the United States in 1995, to an estimated 3,900,089, 1 percent fewer than the final 1994 total, 3,952,767. The 1995 preliminary count is 6 percent lower than that for 1990 (4,158,212), the most recent high point. The crude birth rate fell 3 percent between 1994 and 1995, from 15.2 to 14.8 births per 1,000 total population, reaching its lowest level in nearly two decades (14.6 in 1976). The fertility rate, which relates births to women in the childbearing ages, declined 2 percent, from 66.7 to 65.6 births per 1,000 women aged 15–44 years. The 1995 rate is lower than that for any year since 1986 (65.4). (See tables A and 1–3.)

Fertility rates in 1995 for white (64.5), American Indian (70.0), Asian or Pacific Islander (65.6), and Hispanic women (103.7) were 1 to 2 percent lower than the fertility rates in 1994. The 1995 rate for white women matched the previous low observed in 1988. Rates for American Indian and Asian or Pacific Islander women were the lowest ever recorded. The rate for Hispanic women was at its lowest level since national data on Hispanic fertility became available. The rate for black women fell 7 percent to 71.7, an historic low level.

The birth rate for teens aged 15–19 years dropped 3 percent between 1994 and 1995, from 58.9 to 56.9 births per 1,000 women. This is the fourth consecutive year of decline in the teen rate, which has fallen 8 percent since 1991 (62.1). Teen birth rates fell 3 percent or less for white, American Indian, Asian or Pacific Islander, and Hispanic teens. The rate for black teens fell substantially, from 104.5 births per 1,000 women in 1994 to 95.5 births per 1,000 women in 1995; this rate dropped 17 percent from 1991 to 1995.

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proportion of all births occurring to women under 20 years of age increased slightly to 13.2 percent (table A). This is a reflection of the recent increases in the teenage population (3). The proportions of births to teenagers under 20 years of age by State are shown in table 4.

Birth rates declined 1 percent between 1994 and 1995 for **women in their twenties**. The rates for women aged 20–24 years (110.0 births per 1,000 women) and 25–29 years (112.4 births per 1,000 women) were each 6 percent lower than their recent high point in 1990.

Birth rates for **women aged 30–34 years** and **35–39 years** rose 1 percent each from 1994 to 1995 to 82.5 and 34.1 per 1,000 women, respectively. The rate for women 35–39 years has risen steadily and substantially since 1978; the rate for women aged 30–34 years has increased too but at a slower pace in recent years.

The **total fertility rate**—an estimate of lifetime childbearing—dropped 1 percent from 1994 (2,036.0 births per 1,000 women) to 1995 (2,020.0). This hypothetical measure shows the potential impact of current fertility levels on completed family size. The rate for white women was essentially unchanged at 1,992.5 births per 1,000 women, while the rate for black women dropped 6 percent to 2,158.5. Rates for American Indian (2,061.5 births per 1,000 women), Asian or Pacific Islander (1,904.5), and Hispanic women (2,983.5) each dropped by 1 to 2 percent.

The **first birth rate**, a measure of family formation, was 27.3 births per 1,000 women aged 15–44 years in 1995, about 1 percent below the 1994 rate (27.5).

The **preliminary number of nonmarital births** declined 3 percent to 1,248,028. The **proportion of all births to unmarried mothers** declined 2 percent to 32.0 percent (from 32.6 percent in 1994) (table A). The proportions for white (25.3 percent) and black births (69.5 percent) were about 1 percent lower than those for 1994, while the proportion for Hispanic women, 40.8 percent, was 5 percent lower than for 1994. The **birth rate for unmarried women** dropped 4 percent, from 46.9 to 44.9 per 1,000 unmarried women aged 15–44 years, the first decline in the rate in nearly two decades. About half of the decline is due to changes in reporting procedures in California; the marital status of Hispanic mothers was more precisely determined in 1995 than in 1994. (See "Technical notes.") Nonetheless, even if data for California are excluded, nonmarital childbearing declined in 1995. This is the first time that all measures have dropped since 1940, when national data were first compiled. During the 5-year period 1989–94, the rate of increase in measures of nonmarital childbearing had slowed considerably compared with trends in the early to mid-1980's. The percents of births to unmarried mothers by State are shown in table 5 for 1994 and 1995.

The **incidence of low birthweight** (birthweight of less than 2,500 grams or 5 pounds 8 ounces) was unchanged for 1995, at 7.3 percent. The percent low birthweight had risen from 6.8 percent in 1986 to 7.3 percent in 1994. Levels of low birthweight increased for white births (from 6.1 to 6.2 percent) and for Hispanic births (6.2 to 6.3 percent), while the rate for black births fell from 13.2 to 13.0 percent (table A). Percents of low birthweight births by State for 1994 and 1995 are shown in table 6.

The **rate of cesarean delivery** declined in 1995, from 21.2 to 20. 8 percent. Rates fell for white (20.8 percent) and Hispanic (20.1) women; the rate for black women was unchanged (21.8 percent) (table A). This is the sixth consecutive year of decline; the 1995 rate was 9 percent below the 1989 rate (22.8 percent). Cesarean delivery rates by State for 1994 and 1995 are shown in table 7.

The proportion of mothers **beginning prenatal care in the first trimester** continued to rise in 1995 to 81.2 percent compared with 80.2 percent in 1994. This measure has shown improvement for 6 consecutive years, rising from 75.5 percent in 1989. The proportions of white (83.5 percent), black (70.3 percent), and Hispanic (70.4) mothers receiving early care were 1 to 3 percent higher in 1995 than the comparable proportions in 1994 (table A). The percents of mothers receiving prenatal care in the first trimester by State for 1994 and 1995 are shown in table 8.

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Mortality patterns

In 1995 an estimated 2,312,180 **deaths** occurred in the United States, 33,186 more than the previous high recorded in 1994. The **crude death rate** of 880.0 per 100,000 population was slightly higher than the rate of 875.4 for the previous year. The age-adjusted death

Table A. Total births and percent of births with selected demographic and health characteristics, by race and Hispanic origin of mother: United States, final 1994 and preliminary 1995

Characteristic	All races[1]		White		Black		Hispanic[2]	
	1995	1994	1995	1994	1995	1994	1995	1994
				Number				
Births	3,900,089	3,952,767	3,105,316	3,121,004	598,558	636,391	671,849	665,026
				Percent				
Births to mothers under 20 years	13.2	13.1	11.5	11.3	23.2	23.2	18.0	17.8
Births to unmarried mothers	32.0	32.6	25.3	25.4	69.5	70.4	40.8	43.1
Low birthweight[3]	7.3	7.3	6.2	6.1	13.0	13.2	6.3	6.2
Births delivered by cesarean	20.8	21.2	20.8	21.2	21.8	21.8	20.1	20.5
Prenatal care beginning in first trimester	81.2	80.2	83.5	82.8	70.3	68.3	70.4	68.9

[1] Includes races other than white and black.
[2] Persons of Hispanic origin may be of any race.

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rate, which eliminates the distorting effects of the aging of the population, was 503.7 per 100,000 U.S. standard million population, a record low for the United States. The comparable rate for 1994 was 507.4 per 100,000 U.S. standard million population. (See tables B and 9–17 for mortality data.)

The decline between 1994 and 1995 in the U.S. age-adjusted death rate continued the long-term downward trend in mortality. This trend was interrupted most recently in 1993 by the high mortality associated with the influenza epidemics in 1992–93. The 1994–95 decline reflects reduced mortality for white males, black males and females, as well as Hispanic males (table 9). The mortality of white females and Hispanic females did not change significantly between the 2 years.

By age the overall reductions in mortality between 1994 and 1995 were the result of declines for most age groups under 85 years of age. Among persons 85 years old and over, mortality increased between the 2 years after declining between 1993 and 1994. Large fluctuations in mortality for persons 85 years and over are more likely to be statistical artifacts than true changes in mortality risk.

Estimated life expectancy in 1995 matched the record high of 75.8 years attained in 1992 and was slightly above the figure of 75.7 years for 1994 (table B). Record high life expectancies were reached for white and black males (73.4 years and 65.4 years, respectively) and black females (74.0 years). For white females life expectancy (79.6 years) was unchanged from the previous year, and slightly below the record high (79.8 years) reached in 1992.

The leading causes of death in 1995 were Diseases of heart (heart disease); Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues (cancer); Cerebrovascular diseases (stroke); Chronic obstructive pulmonary disease and allied conditions (COPD); Accidents and adverse effects; Pneumonia and influenza; Diabetes mellitus (diabetes); Human immunodeficiency virus infection (HIV); Suicide; Chronic liver disease and cirrhosis; Nephritis, nephrotic syndrome, and nephrosis (kidney disease); Homicide and legal intervention (homicide); Septicemia (blood poisoning); Alzheimer's disease; and Atherosclerosis. Homicide dropped from a rank of 11th in 1994 to 12th in 1995, while kidney disease moved from 12th in 1994 to 11th in 1995.

Among the leading causes of death, reductions between 1994 and 1995 occurred in the mortality of the two leading causes of death—heart disease and cancer. For both causes of death, which combined accounted for a total of over 1.3 million deaths in 1995, the declines in age-adjusted death rates were over 1 percent (table 10). While mortality in heart disease has followed a downward trend since 1950, the trend in cancer turned downward only since 1990. The 1994–95 decline in cancer mortality follows a similar reduction during 1993–94.

According to preliminary data, the largest decline between 1994 and 1995 in the age-adjusted death rates among the leading causes of death was for homicide, which decreased sharply by about 15 percent. Age-adjusted rates for Chronic liver disease and cirrhosis declined by about 5 percent, continuing a 20-year downward trend. Mortality due to accidents declined by about 4 percent, continuing a general downward trend since the early 1980's. Reductions in age-adjusted death rates from accidents were shared by the two component categories—motor vehicle accidents and other types of accidents. Age-adjusted death rates for Suicide decreased by about 2 percent.

Age-adjusted death rates increased for four leading causes of death— Alzheimer's disease, Septicemia, kidney disease, and diabetes. The largest increase (8 percent), which was for Alzheimer's disease, may reflect changes in diagnostic practices rather than real increases in mortality from this cause. Diabetes mortality has been increasing for about the past 10 years.

While the number of deaths due to HIV infection increased from 42,114 in 1994 to an estimated 42,506 in 1995, the largest number reported in a single year, the age-adjusted death rate from this cause did not change between the 2 years. This marks the first time that the age-adjusted death rate for HIV infection has held steady between 2 years since 1987, when this cause of death was first uniquely classified in the morbidity and mortality statistics of the United States.

Between 1994 and 1995 the preliminary age-adjusted death rates decreased appreciably for firearm injuries (11

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Table B. Deaths, age-adjusted death rates, and life expectancy at birth, by race and sex and infant mortality rates, by race: United States, final 1994 and preliminary 1995

Measure and sex	All races[1]		White		Black	
	1995	1994	1995	1994	1995	1994
All deaths	2,312,180	2,278,994	1,990,728	1,969,875	283,748	282,379
Age-adjusted death rate[2]	503.7	507.4	477.6	479.8	768.6	772.1
Male	645.8	654.6	611.2	617.9	1,006.9	1,029.9
Female	385.2	385.2	365.6	364.9	566.2	572.0
Life expectancy at birth[3]	75.8	75.7	76.5	76.5	69.6	69.6
Male	72.6	72.4	73.4	73.3	65.4	64.9
Female	78.9	79.0	79.6	79.6	74.0	73.9
All infant deaths	29,338	31,710	19,455	20,504	8,914	10,072
Infant mortality rate[4]	7.6	8.0	6.3	6.6	14.9	15.8

[1] Includes races other than white and black.
[2] Age-adjusted death rates are per 100,000 U.S. standard million population. For method of computation, see "Technical notes."
[3] Life expectancy at birth stated in years.
[4] Infant mortality rates are deaths under 1 year per 1,000 live births in specified group.

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percent), drug-induced causes (14 percent), and alcohol-induced causes (6 percent). In addition, a marked decline occurred in the number of deaths from injuries sustained at work.

Among the major race groups, the lowest mortality was reported for Asian or Pacific Islanders. The age-adjusted death rate for this group was 39 percent below that of whites. In contrast, the rate for blacks was 59 percent higher than the age-adjusted death rate for whites. Between whites and blacks, the gap in mortality narrowed slightly between 1994 and 1995.

The preliminary infant mortality rate of 7.5 infant deaths per 1,000 live births in 1995 is a 6-percent reduction from the previous year (table 13). Declines occurred among neonates (infant deaths under 28 days of age) as well as among postneonates (aged 28 days–11 months). Between 1994 and 1995 the white infant mortality rate declined 5 percent (from 6.6 per 1,000 live births to 6.3), while the black rate declined 6 percent (from 15.8 to 14.9). The final 1995 infant mortality rate is expected to be somewhat higher than the preliminary figure, although below the 1994 rate of 8.0.

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Table 1. Live births by age of mother, live-birth order, and race and Hispanic origin of mother: United States, preliminary 1995

[Data are based on a continuous file of records received from the States. Figures are based on weighted data rounded to the nearest individual, so categories may not add to totals]

Live-birth order and race/Hispanic origin of mother	All ages	Age of mother							
		Under 15 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years
All races	3,900,089	12,318	500,744	967,591	1,064,984	904,143	381,455	66,195	2,660
First child	1,609,925	11,901	380,237	460,880	401,370	248,587	82,709	13,688	553
Second child	1,246,390	291	88,322	321,435	368,869	326,422	120,910	17,460	662
Third child	617,664	6	15,616	125,916	182,145	191,640	88,632	13,317	393
Fourth child and over	398,615	2	2,626	52,904	104,042	130,742	86,067	21,104	1,127
Not stated	28,495	118	3,943	6,455	7,438	6,752	3,137	627	25
White	3,105,316	5,911	360,999	746,822	876,074	765,955	314,962	53,447	2,147
First child	1,289,650	5,709	281,492	371,128	339,255	210,208	69,843	11,540	475
Second child	1,012,641	124	57,190	251,625	310,715	277,369	100,783	14,354	480
Third child	492,279	3	8,309	89,163	147,560	162,234	73,896	10,802	313
Fourth child and over	288,141	2	1,014	28,933	72,680	100,568	67,858	16,227	859
Not stated	22,606	73	2,994	4,973	5,865	5,576	2,582	525	19
Black	698,556	6,910	132,846	182,644	132,389	95,059	41,941	7,530	240
First child	235,830	5,715	95,688	69,786	36,143	20,446	6,901	1,125	26
Second child	170,681	147	28,122	58,283	41,944	29,031	11,478	1,626	48
Third child	98,905	3	6,715	32,104	27,608	21,311	9,585	1,530	48
Fourth child and over	88,663	-	1,453	21,221	25,547	23,455	13,586	3,186	114
Not stated	4,579	44	867	1,250	1,147	816	391	62	4
American Indian [1]	37,769	209	7,830	12,102	8,714	5,920	2,486	494	14
First child	13,846	204	6,027	4,617	1,883	809	250	43	2
Second child	10,079	5	1,493	4,099	2,642	1,415	463	60	2
Third child	6,275	-	241	2,126	1,981	1,316	516	93	3
Fourth child and over	7,401	-	32	1,214	2,251	2,356	1,248	296	7
Not stated	168	-	37	46	47	25	12	2	-
Asian or Pacific Islander	158,447	289	9,069	27,023	47,806	47,210	22,066	4,724	260
First child	70,600	273	7,030	15,349	24,080	17,124	5,716	980	49
Second child	51,990	15	1,616	7,428	14,787	18,607	8,185	1,419	32
Third child	20,205	-	351	2,523	4,996	6,779	4,636	892	29
Fourth child and over	14,611	-	127	1,536	3,564	4,363	3,376	1,396	148
Not stated	1,142	1	45	187	380	336	153	38	2
Hispanic [2]	671,849	3,209	117,907	206,430	176,962	113,085	45,887	9,004	365
First child	258,302	3,055	88,607	90,562	47,358	20,839	6,656	1,181	46
Second child	197,602	97	22,931	71,302	59,431	32,185	10,102	1,520	35
Third child	117,109	2	4,040	30,187	40,436	29,608	11,078	1,710	48
Fourth child and over	91,979	2	566	12,181	27,192	29,544	17,737	4,623	233
Not stated	6,856	54	1,763	2,198	1,545	910	314	70	3

- Quantity zero.
1 Includes births to Aleuts and Eskimos.
2 Persons of Hispanic origin may be of any race.

NOTE: Data are subject to sampling and/or random variation. For information on the relative standard errors of the data and further discussion, see Technical notes.

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Table 2. Birth rates by age of mother, live-birth order, and race and Hispanic origin of mother: United States, preliminary 1995

(Data are based on a continuous file of records received from the States. Rates per 1,000 women in specified age and racial group)

Live-birth order and race/Hispanic origin of mother	15-44 years [1]	Age of mother: 10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years
All races	65.6	1.3	50.9	110.0	113.4	82.5	34.1	6.5	0.3
First child	27.3	1.3	44.7	52.8	42.7	22.8	7.5	1.4	0.1
Second child	21.1	0.0	10.1	36.8	39.3	30.0	10.9	1.7	0.1
Third child	10.5	*	1.8	14.4	18.4	17.6	8.0	1.3	0.0
Fourth child and over	6.8	*	0.3	6.1	11.1	12.0	7.8	2.1	0.1
White	64.6	0.8	50.3	106.6	115.2	84.7	34.3	6.3	0.3
First child	27.0	0.8	40.7	53.4	44.9	23.7	7.7	1.4	0.1
Second child	21.2	0.0	8.3	36.2	41.1	31.3	11.1	1.7	0.1
Third child	10.3	*	1.2	12.8	19.5	18.3	8.1	1.3	0.0
Fourth child and over	6.0	*	0.1	4.2	9.6	11.4	7.5	1.9	0.1
Black	71.7	4.2	96.5	136.5	97.7	63.4	28.3	6.9	0.2
First child	28.5	4.1	69.2	52.5	26.9	13.7	4.7	0.9	0.0
Second child	20.6	0.1	20.3	43.9	31.2	19.5	7.8	1.3	0.0
Third child	11.9	*	4.9	24.2	20.6	14.3	6.5	1.2	0.0
Fourth child and over	10.7	*	1.1	16.0	19.0	15.8	9.3	2.5	0.1
American Indian [2]	70.0	1.8	78.7	134.0	100.0	63.7	27.7	6.2	*
First child	25.8	1.8	60.8	51.3	21.8	8.8	2.8	0.5	*
Second child	18.8	*	16.1	45.6	29.3	15.3	5.2	0.7	*
Third child	11.7	*	2.4	23.6	22.9	14.2	5.8	1.2	*
Fourth child and over	13.8	*	0.3	13.5	26.0	25.5	13.9	3.7	*
Asian or Pacific Islander	65.6	0.8	27.0	72.4	112.0	104.8	51.2	11.9	0.8
First child	29.4	0.7	21.0	41.4	56.9	38.3	13.4	2.5	0.2
Second child	21.7	*	4.5	20.0	34.9	41.6	19.1	3.6	0.1
Third child	8.4	*	1.0	6.8	11.8	15.2	10.8	2.3	0.1
Fourth child and over	6.1	*	0.4	4.1	8.4	9.8	7.9	3.5	0.5
Hispanic [3]	103.7	2.7	106.2	186.9	161.8	94.2	43.9	10.5	0.5
First child	40.3	2.6	81.1	82.9	41.2	17.5	6.4	1.4	0.1
Second child	30.8	0.1	21.0	65.3	51.7	27.0	9.7	1.8	0.1
Third child	18.3	*	3.7	27.8	35.2	24.9	10.7	2.0	0.1
Fourth child and over	14.3	*	0.5	11.1	23.7	24.8	17.1	5.3	0.4

* Figure does not meet standards of reliability and precision.
0.0 Quantity more than zero but less than 0.05.
[1] Rates computed by relating total births, regardless of age of mother, to women aged 15-44 years.
[2] Includes births to Aleuts and Eskimos.
[3] Persons of Hispanic origin may be of any race.

NOTE: Data are subject to sampling and/or random variation. For information on the relative standard errors of the data and further discussion, see Technical notes.

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Table 4. Percent of live births to mothers under 20 years of age by race and Hispanic origin of mother: United States, each State, Puerto Rico, Virgin Islands, and Guam, final 1994 and preliminary 1995

[By place of residence. Data are based on a continuous file of records received from the States]

Area	All races [1]		White		Black		Hispanic [2]	
	1995	1994	1995	1994	1995	1994	1995	1994
United States [3]	13.2	13.1	11.5	11.3	23.2	23.2	18.0	17.8
Alabama	18.5	18.6	14.3	14.0	27.3	27.7	15.4	15.0
Alaska	11.2	11.5	8.7	9.7	18.5	16.4	13.0	12.4
Arizona	15.2	15.3	14.7	14.8	21.9	23.2	21.4	21.5
Arkansas	19.6	20.1	16.3	16.8	31.8	31.7	16.5	18.4
California	12.4	12.3	12.6	12.5	18.4	18.5	16.8	16.5
Colorado	12.2	12.3	11.8	11.8	19.9	21.9	23.1	23.1
Connecticut	8.5	8.6	7.2	7.0	18.7	19.3	23.3	24.8
Delaware	13.2	13.2	9.6	9.1	25.5	27.3	21.1	23.0
District of Columbia	16.2	16.4	5.7	3.0	19.7	19.3	12.4	13.3
Florida	13.7	13.7	11.1	10.9	23.0	23.8	13.3	[illegible]
Georgia	16.3	16.2	12.4	12.1	24.2	24.0	16.1	[illegible]
Hawaii	10.1	10.5	5.4	6.3	11.0	8.6	17.5	20.1
Idaho	14.1	13.1	14.0	13.0	*	*	21.6	20.4
Illinois	12.8	13.0	9.8	9.7	26.1	26.0	16.9	16.8
Indiana	14.6	14.5	13.2	13.0	26.7	27.6	19.7	20.2
Iowa	11.0	10.9	10.5	10.4	30.2	29.0	19.3	19.6
Kansas	13.3	12.9	12.2	11.8	26.8	24.7	19.7	19.9
Kentucky	17.1	17.2	16.2	16.2	26.9	28.0	17.7	13.9
Louisiana	19.2	19.2	13.4	13.1	27.7	27.7	13.0	14.7
Maine	10.6	10.2	10.5	10.1	*	*	22.3	*
Maryland	10.3	10.3	6.8	6.8	18.4	18.0	10.9	11.4
Massachusetts	7.5	7.8	6.9	7.0	14.8	15.8	21.9	23.1
Michigan	12.4	12.6	8.9	9.8	24.1	24.3	20.9	20.7
Minnesota	8.4	8.6	7.0	7.1	24.0	24.5	19.1	20.3
Mississippi	22.2	22.1	16.3	16.2	30.1	29.8	12.4	15.4
Missouri	14.4	14.7	12.4	12.4	26.4	26.8	17.2	17.1
Montana	12.6	12.1	10.9	10.6	*	*	21.9	17.2
Nebraska	10.0	11.0	9.0	9.9	24.5	26.6	16.3	19.2
Nevada	13.7	13.3	13.0	12.6	23.5	22.0	17.8	17.7
New Hampshire	7.6	7.0	7.6	7.0	*	*	*	16.6
New Jersey	8.0	8.2	6.0	5.7	18.7	19.4	15.7	15.3
New Mexico	18.4	18.0	18.3	17.9	24.8	22.5	23.7	23.7
New York	9.3	9.6	8.0	8.0	15.4	16.1	15.7	15.2
North Carolina	15.2	15.5	11.7	11.9	24.6	24.5	17.0	16.8
North Dakota	9.6	9.4	8.2	8.1	*	*	17.1	*
Ohio	13.7	13.7	11.8	11.6	25.4	25.7	23.8	22.7
Oklahoma	17.0	17.1	16.2	15.3	26.4	25.8	20.9	19.5
Oregon	13.0	12.8	12.8	12.5	27.2	27.7	20.0	20.0
Pennsylvania	10.8	10.8	8.7	8.6	23.9	23.4	25.7	25.0
Rhode Island	9.7	10.6	8.6	9.3	20.7	23.4	18.5	20.1
South Carolina	17.3	17.0	13.0	12.3	25.2	25.0	15.6	14.8
South Dakota	11.0	11.4	9.7	9.3	*	*	25.5	22.6
Tennessee	16.9	17.4	14.3	14.8	26.5	27.0	16.3	16.1
Texas	16.6	16.6	15.9	15.7	24.0	24.0	20.4	20.3
Utah	10.8	10.7	10.6	10.6	19.3	17.1	20.0	19.4
Vermont	8.1	0.5	8.1	8.5	*	*	*	*
Virginia	11.4	11.3	8.9	8.9	20.6	19.9	11.9	12.3
Washington	11.5	11.1	11.1	10.9	19.6	19.2	19.4	18.8
West Virginia	17.2	17.4	16.8	17.2	26.3	24.7	*	*
Wisconsin	10.5	10.3	8.2	7.9	29.0	28.9	21.9	21.9
Wyoming	15.2	14.5	14.8	14.4	*	*	25.0	23.7
Puerto Rico	20.5	19.9	20.4	19.9	21.8	19.6	—	—
Virgin Islands	15.8	15.6	16.2	15.6	15.5	15.6	20.9	21.2
Guam	—	14.0	—	5.8	—	*	—	*

* Figure does not meet standards of reliability and precision.
— Data not available.
1 Includes races other than white and black.
2 Persons of Hispanic origin may be of any race.
3 Excludes data for Puerto Rico, Virgin Islands, and Guam.

NOTE: Data are subject to sampling and/or random variation. For information on the relative standard errors of the data and further discussion, see Technical notes.

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Table 5. Percent of live births to unmarried mothers by race and Hispanic origin of mother: United States, each State, Puerto Rico, Virgin Islands, and Guam, final 1994 and preliminary 1995

[By place of residence. Data are based on a continuous file of records received from the States]

Area	All races [1]		White		Black		Hispanic [2]	
	1995	1994	1995	1994	1995	1994	1995	1994
United States [3]	32.0	32.6	25.3	25.4	69.5	70.4	40.8	43.1
Alabama	34.5	34.5	16.8	15.7	70.7	71.1	22.7	18.7
Alaska	29.9	29.3	21.5	21.3	41.1	38.9	30.2	29.0
Arizona	38.2	38.3	35.4	35.1	63.5	65.0	50.3	51.0
Arkansas	32.9	32.6	21.4	20.9	73.8	74.4	32.2	30.9
California	31.9	35.7	31.6	35.9	62.1	63.2	38.9	46.1
Colorado	24.9	25.0	23.3	23.1	53.5	56.8	41.6	43.5
Connecticut	29.9	30.5	24.4	24.4	69.0	70.4	63.1	64.7
Delaware	35.0	34.7	24.2	23.2	71.9	74.2	62.6	60.4
District of Columbia	66.0	68.8	24.8	14.9	78.4	78.7	57.1	58.9
Florida	35.8	35.7	26.6	26.2	68.5	69.1	34.0	33.7
Georgia	35.2	36.5	18.5	18.1	67.3	67.9	24.4	22.6
Hawaii	29.2	28.3	16.4	16.4	22.7	19.9	44.0	43.5
Idaho	19.9	18.7	19.4	18.2	39.2	40.3	25.8	24.9
Illinois	33.6	34.3	23.0	22.5	78.4	79.0	39.4	38.3
Indiana	31.7	31.5	26.7	26.0	76.5	78.1	41.7	41.5
Iowa	25.2	24.8	23.8	23.3	72.5	74.9	37.8	37.4
Kansas	26.4	26.0	22.9	22.1	67.2	66.4	38.0	38.6
Kentucky	28.6	27.6	24.3	23.1	71.8	72.9	28.7	24.9
Louisiana	42.6	42.6	21.7	20.7	72.5	72.4	28.5	30.1
Maine	27.8	28.2	27.5	27.9	45.3	46.8	34.9	23.4
Maryland	33.4	33.7	20.0	19.1	63.7	63.6	36.7	39.4
Massachusetts	25.6	26.6	22.1	22.7	61.4	62.5	59.9	61.5
Michigan	*	35.0	*	24.4	*	78.8	*	42.3
Minnesota	23.7	24.0	20.4	20.5	69.8	73.2	45.3	45.9
Mississippi	46.3	46.4	18.8	18.4	75.3	74.9	29.9	20.8
Missouri	32.0	32.5	23.9	23.7	78.0	78.6	33.8	33.9
Montana	26.3	25.5	21.8	20.4	*	*	31.5	30.4
Nebraska	24.3	24.8	20.9	21.1	73.6	73.8	40.8	38.7
Nevada	42.0	39.0	39.1	31.4	74.2	70.0	65.5	44.3
New Hampshire	22.4	22.1	22.3	22.1	41.7	33.7	*	36.9
New Jersey	27.0	28.1	19.6	19.2	65.3	67.0	47.9	47.7
New Mexico	42.8	41.7	38.3	37.2	60.0	61.0	50.0	48.5
New York	37.9	37.6	29.7	29.4	69.8	70.2	61.6	61.1
North Carolina	31.4	31.9	18.1	17.7	68.9	67.7	32.1	28.8
North Dakota	23.6	23.0	19.6	18.8	31.4	*	21.1	25.9
Ohio	32.9	32.9	25.5	25.1	76.7	77.6	49.5	49.9
Oklahoma	30.4	29.8	24.3	23.1	68.9	70.0	33.4	31.0
Oregon	28.9	28.7	28.0	27.6	70.6	71.4	35.9	36.4
Pennsylvania	32.3	32.8	25.0	24.8	78.1	79.3	61.7	63.2
Rhode Island	29.2	32.1	25.6	28.4	66.7	69.4	67.6	67.8
South Carolina	37.3	36.8	19.9	18.7	68.2	67.4	26.8	27.6
South Dakota	28.4	27.7	20.5	20.4	29.5	*	46.2	33.1
Tennessee	32.8	33.4	21.6	21.4	73.2	74.6	27.5	26.3
Texas	30.0	28.9	25.9	24.3	63.1	63.0	33.2	30.9
Utah	15.7	15.7	14.4	14.8	41.1	45.3	36.6	36.9
Vermont	24.8	25.3	24.6	25.3	53.1	*	*	*
Virginia	29.2	29.2	18.2	18.9	63.8	63.9	36.4	38.1
Washington	26.7	26.0	25.2	24.3	54.8	55.2	36.8	35.2
West Virginia	30.5	30.2	28.9	28.5	76.4	75.6	22.6	21.7
Wisconsin	27.3	27.2	21.0	20.8	82.8	82.1	45.4	46.2
Wyoming	26.5	27.5	25.1	26.3	45.7	45.8	41.4	44.6
Puerto Rico	42.5	41.9	41.2	40.8	58.1	57.2	—	—
Virgin Islands	63.3	66.7	48.1	45.4	68.8	71.1	57.9	62.2
Guam	—	46.6	—	16.0	—	*	—	*

* Figure does not meet standards of reliability and precision.
— Data not available.
1 Includes races other than white and black.
2 Persons of Hispanic origin may be of any race.
3 Excludes data for Puerto Rico, Virgin Islands, and Guam. Also excludes data for Michigan for 1995; see Technical notes.

NOTE: Data are subject to sampling and/or random variation. For information on the relative standard errors of the data and further discussion, see Technical notes.

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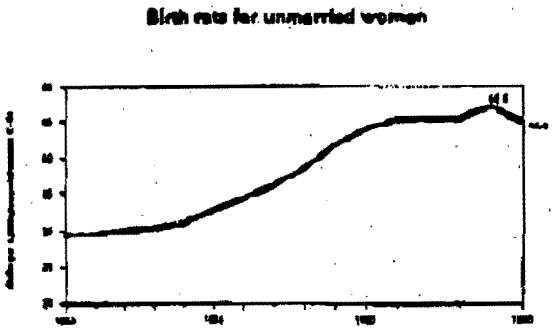
BIRTH RATE FOR UNMARRIED WOMEN DECLINING

For the first time in nearly 20 years, the birth rate for unmarried women dropped-- 4% in 1995, to an estimated 44.9 births per 1,000 unmarried women aged 15-44. In 1995, 32% of all births were to unmarried women, a 2% drop from the 1994 proportion.

- The number of births to unmarried women dropped 3%, to an estimated 1,248,000 in 1995.



- This the first time that the number, rate, and proportion of births to unmarried women dropped concurrently since 1940 when national data were first compiled. The rate of increase in births to unmarried women in recent years (1989-94) had slowed considerably in comparison with the sharp increases in the early to mid 1980s.

- Declines occurred for all population subgroups. The proportions of all births to unmarried women declined about 1% for white and black women and about 5% for Hispanic women.

- Variation among population groups is still considerable. The 1995 proportions were 25.3% for white women, 69.5% for black women, and 40.8% for Hispanic women.

How sure are we?

- We know that the decline is real. We expect essentially no change in final data.

- About half of the decline is due to changes in reporting procedures in California, which affected Hispanic births in particular. California's reporting procedures now more accurately ascertain the marital status of Hispanic mothers. However, even if California data are excluded, the decline is real.

- The accuracy of measurement of births to unmarried women has improved steadily in recent years as states move to the electronic registration of births.

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Birth* and Pregnancy Rates (embargoed until October 2, 1996)

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Teen Births and Pregnancies

- The birth rate for teenagers aged 15-19 in the U.S. declined in 1995 for the **fourth** straight year, according to preliminary data from HHS. The teen birth rate dropped an estimated 3 percent from 1994 to 1995 (from 58.9 to 56.9 births per 1,000 women aged 15-19) and 8 percent since 1991 (from a high of 62.1 births per 1,000 teens aged 15-19).

- The black teen birth rate (15-19) dropped 9 percent from 1994 to 1995 (from 104.5 to 95.5 births per 1,000 black teens) and 17 percent from 1991 to 1995. The 1995 birth rate fell by 3 percent or less for white, American Indian, Asian or Pacific Islander, and Hispanic teens.

- Despite the drop in birth rates, the proportion of births to women under age 20 increased slightly to 13.2 percent in 1995, reflecting recent increases in the teenage population.

- From 1986 to 1991, the pregnancy rate for 15-19-year-olds increased by 10 percent, to 115.0 pregnancies per 1,000 teens aged 15-19.

- However, from 1991 to 1992, the pregnancy rate for 15-19-year-olds fell 3 percent to 111.1 per 1,000. Pregnancy rates for teens aged 15-19 also declined in 30 of 41 reporting states.

- Recent declines in abortion rates and birth rates for teenagers indicate that the teenage pregnancy rate has fallen in the 1990's.

- Other facts: 72 percent of teen mothers are unmarried, 95 percent of teen pregnancies are unintended, and 50 percent of the fathers of babies born to younger teen mothers (aged 15-17) are adult men ages 20 or older.

Births to Unmarried Women

- The birth rate for unmarried women dropped for the first time in almost 20 years, down 4 percent between 1994 and 1995, from 46.9 to 44.9 per 1,000 unmarried women aged 15-44.

    - However, half of the decline is due to changes in reporting procedures in California, which improved the estimate of marital status of Hispanic mothers in 1995.

    - Nonetheless, even if data for California are excluded, non-marital childbearing declined in 1995.

- From 1994 to 1995, the number, rate, and proportion of births to unmarried mothers all declined, the first time all three measures have dropped **simultaneously** since national data were first compiled in 1940. The number of non-marital births fell 3 percent to approximately 1,248,000, the rate of births to unmarried women dropped 4 percent to 44.9 per 1,000 unmarried women aged 15-44, and the proportion of all births to unmarried mothers declined 2 percent to an estimated 32 percent.

* ***Note: Preliminary data from 1995 are based on up to 90 percent of all birth records reported to the states. This is the first time that detailed birth data have been available on a preliminary basis. Births for teens aged***

W/ Illegitimacy

BROOKINGS POLICY BRIEF

August 1996 No. 5

An Analysis of Out-Of-Wedlock Births in the United States

Around 1970, the United States experienced a reproductive technology shock. The legalization of abortion and dramatic increase in the availability of contraception gave women the tools to control the number and timing of their children. Over the ensuing 25 years, however, there have been huge increases in the number of single-parent families headed by unmarried mothers. The usual economic explanations—welfare benefits and the declining availability of good jobs—explain only a small fraction of the change. In our view, it was the technology shock itself that, by eroding the age-old custom of shotgun marriage, paradoxically raised out-of-wedlock birth rates instead of lowering them. If so, cuts in welfare benefits will have little effect on out-of-wedlock births, serving mainly to lower the standard of living of the country's poorest children. Better family planning education, birth control advice, and requirements forcing fathers to pay child support are more promising policies to reduce out-of-wedlock births.

BY George A. Akerlof AND Janet L. Yellen

COMMON AND UNCOMMON SENSE FROM THE BROOKINGS INSTITUTION

An Analysis of Out-of-Wedlock Births in the United States*

BY
George A. Akerlof

AND
Janet L. Yellen

Since 1970, out-of-wedlock birth rates have soared. In 1965, 24 percent of black infants and 3.1 percent of white infants were born to single mothers. By 1990 the rates had risen—to 64 percent for black infants, 18 percent for whites. Every year about one million more children are born into fatherless families. If we have learned any policy lesson well over the past 25 years, it is that for children living in single-parent homes, the odds of living in poverty are great. The policy implications of the increase in out-of-wedlock births are staggering.

Searching for an Explanation

Efforts by social scientists to explain the rise in out-of-wedlock births have so far been unconvincing, though several theories have a wide popular following. One argument that appeals to conservatives is that of Charles Murray, who attributes the increase to overly generous federal welfare benefits. But as David Ellwood and Lawrence Summers have shown, welfare benefits could not have played a major role in the rise of out-of-wedlock births because benefits rose sharply in the 1960s and then fell in the 1970s and 1980s, when out-of-wedlock births rose most. A study by Robert Moffitt in 1992 also found that welfare benefits can account for only a small fraction of the rise in the out-of-wedlock birth ratio.

Liberals have tended to favor the explanation offered by William Julius Wilson. In a 1987 study, Wilson attributed the increase in out-of-wedlock births to a decline in the marriageability of black men due to a shortage of jobs for less educated men. But Robert D. Mare and Christopher Winship have estimated that at most 20 percent of the decline in marriage rates of blacks between 1960 and 1980 can be explained by decreasing employment. And Robert G. Wood has estimated that only 3-4 percent of the decline in black marriage rates can be explained by the shrinking of the pool of eligible black men.

Yet another popular explanation is that single parenthood has increased since the late 1960s because of the change in attitudes toward sexual behavior. But so far social scientists have been unable to provide a convincing explanation of exactly how that change came about or to estimate in any convincing way its quantitative impact. In recent work we have been able to provide both.

The Answer: No More Shotgun Marriages

In the late 1960s and very early 1970s (well before *Roe v. Wade* in January 1973) many major states, including New York and California, liberalized their

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abortion laws. At about the same time it became easier for unmarried people to obtain contraceptives. In July 1970 the Massachusetts law prohibiting the distribution of contraceptives to unmarried people was declared unconstitutional. We have found that this rather sudden increase in the availability of both abortion and contraception—we call it a reproductive technology shock—is deeply implicated in the increase in out-of-wedlock births. Although many observers expected liberalized abortion and contraception to lead to fewer out-of-wedlock births, in fact the opposite happened—because of the erosion in the custom of "shotgun marriages."

Until the early 1970s, shotgun marriage was the norm in premarital sexual relations. The custom was succinctly stated by one San Francisco resident in the late 1960s: "If a girl gets pregnant you married her. There wasn't no choice. So I married her."

Since 1969, however, shotgun marriage has gradually disappeared (see table 1). For whites, in particular, the shotgun marriage rate began its decline at almost the same time as the reproductive technology shock. And the disappearance of shotgun marriages has contributed heavily to the rise in the out-of-wedlock birth rate for both white and black women. In fact, about 75 percent of the increase in the white out-of-wedlock first-birth rate, and about 60 percent of the black increase, between 1965 and 1990 is directly attributable to the decline in shotgun marriages. If the shotgun marriage rate had remained steady from 1965 to 1990, white out-of-wedlock births would have risen only 25 percent as much as they have. Black out-of-wedlock births would have increased only 40 percent as much.

Table 1. America's Reproductive Technology Shock, 1965-84

	1965-69	1970-74	1975-79	1980-84
Births (in thousands)				
Total	3599.0	3370.0	3294.0	3646.0
White	2990.0	2760.0	2660.0	2915.0
Black	542.0	583.0	540.0	590.0
Birthrates per 1000 Married Women, Age 15-44				
White	119.4	103.6	93.1	94.5
Black	129.1	110.3	93.3	90.6
Birthrates per 1000 Unmarried Women, Age 15-44				
White	12.7	12.6	13.7	18.9
Black	91.0	94.6	85.5	81.7
Women Married, Age 15-44 (percent)				
White	67.8	65.3	61.6	58.8
Black	55.9	52.9	45.2	39.9
Out-of-Wedlock Births (in thousands)				
Total	322.0	406.0	515.0	715.0
White	144.0	166.0	220.0	355.0
Black	169.0	230.0	280.0	337.0
Women Age 16 with Sexual Experience (percent)				
White	13.6	23.2	28.1	32.8
Black	35.0	42.3	50.8	49.9
Unmarried Women Using the Pill at First Intercourse (percent)				
Total	5.7	15.2	13.4	NA
Abortions, Unmarried Women 15-44 (in thousands)				
Total	88.0	561.0	985.0	1271.0
First Birth Shotgun Marriage Rate (percent)				
White	59.2	55.4	45.7	42.0
Black	24.8	19.5	11.0	11.4
Adoptions (in thousands)				
Total	158.0	156.0	129.0	142.0
Ratio of Adoptions to Mothers Not Married Within Three Years of Birth				
Total	49.0	38.4	29.0	19.8

What links liberalized contraception and abortion with the declining shotgun marriage rate? Before 1970, the stigma of unwed motherhood was so great that few women were willing to bear children outside of marriage. The only circumstance that would cause women to engage in sexual activity was a promise of marriage in the event of pregnancy. Men were willing to make (and keep) that promise for they knew that in leaving one woman they would be unlikely to find another who would not make the same demand. Even women who *would* be willing to bear children out-of-wedlock could demand a promise of marriage in the event of pregnancy.

The increased availability of contraception and

abortion made shotgun weddings a thing of the past. Women who were willing to get an abortion or who reliably used contraception no longer found it necessary to condition sexual relations on a promise of marriage in the event of pregnancy. But women who wanted children, who did not want an abortion for moral or religious reasons, or who were unreliable in their use of contraception found themselves pressured to participate in premarital sexual relations without being able to exact a promise of marriage in case of pregnancy. These women feared, correctly, that if they refused sexual relations, they would risk losing their partners. Sexual activity without commitment was increasingly expected in premarital relationships.

Advances in reproductive technology eroded the custom of shotgun marriage in another way. Before the sexual revolution, women had less freedom, but men were expected to assume responsibility for their welfare. Today women are more free to choose, but men have afforded themselves the comparable option. "If she is not willing to have an abortion or use contraception," the man can reason, "why should I sacrifice myself to get married?" By making the birth of the child the physical choice of the mother, the sexual revolution has made marriage and child support a social choice of the father.

Many men have changed their attitudes regarding the responsibility for unplanned pregnancies. As one contributor to the Internet wrote recently to the Dads' Rights Newsgroup, "Since the decision to have the child is solely up to the mother, I don't see how both parents have responsibility to that child." That attitude, of course, makes it far less likely that the man will offer marriage as a solution to a couple's pregnancy quandary, leaving the mother either to raise the child or to give it up for adoption.

Before the 1970s, unmarried mothers kept few of their babies. Today they put only a few up for adoption because the stigma of unwed motherhood has declined. The transformation in attitudes was captured by the *New York Times* in 1993: "In the 'old days' of the 1960s, '50s, and '40s, pregnant teenagers were pariahs, banished from schools, ostracized by their peers or scurried out of town to give birth in secret." Today they are "supported and embraced in their decision to give birth, keep their babies, continue their education, and participate in school activities." Since out-of-wedlock childbearing no longer results in social ostracism, literally and figuratively, shotgun marriage no longer occurs at the point of the shotgun.

The Theory and the Facts

The preceding discussion explains why the increased availability of abortion and contraception—what we shall call the reproductive technology shock—could have increased the out-of-wedlock birth rate. How well do the data fit the theory?

In 1970 there were about 400,000 out-of-wedlock births out of 3.7 million total births. In 1990 there were 1.2 million out-of-wedlock births out of 4 million total. From the late 1960s to the late 1980s, the number of births per unmarried woman roughly doubled for whites, but fell by 5-10 percent for blacks. The fraction of unmarried women rose about 30 percent for whites, about 40 percent for blacks. The fertility rates for married women of both races declined rapidly (also, of course, contributing to the rise in the out-of-wedlock birth ratio).

If the increased abortions and use of contraceptives caused the rise in out-of-wedlock births, the increase would have to have been very large relative to the number of those births and to the number of unmarried women. And as table 1 shows, that was indeed the case. The use of birth control pills at first intercourse by unmarried women jumped from 6 percent to 15 percent in just a few years, a change that suggests that a much larger fraction of all sexually active unmarried women began using the pill. The number of abortions to unmarried women grew from roughly 100,000 a year in the late 1960s (compared with some 322,000 out-of-wedlock births) to more than 1.2 million (compared with 715,000 out-of-wedlock births) in the early 1980s.

Thus the data do support the theory.

Indeed, the technology shock theory explains not only the increase in the out-of-wedlock birth rate, but also related changes in family structure and sexual practice, such as the sharp decline in the number of children put up for adoption. The peak year for adoptions in the United States was 1970, the year of the technology shock. In the five years following the shock the number of agency adoptions was halved from 86,000 to 43,000. In 1969, mothers of out-of-wedlock children who had not married after three years kept only 28 percent of those children. In 1984, that rate was 56 percent; by the late 1980s it was 66 percent.

Unlike the other statistics we have mentioned, the shotgun marriage rate itself underwent only gradual change following the early 1970s. Why did it not change as dramatically as the others? For two reasons. The first is that shotgun marriage was an accepted social convention and, as such, it changed slowly. It took time for men to recognize that they did not have to promise marriage in the event of a pregnancy in exchange for sexual relations. It may also have taken time for women to perceive the increased willingness of men to leave them if they demanded marriage. As new expectations formed, social norms readjusted, and the shotgun marriage rate began its long decline.

In addition, the decreasing stigma of out-of-wedlock childbirth reinforced the technology-driven causes for the decline in shotgun marriage and increased retention of out-of-wedlock children. With premarital sex the rule, rather than the exception, an out-of-wedlock childbirth gradually ceased to be a sign that society's sexual taboos had been violated. The reduction in stigma also helps explain why women who would once have put their baby up for adoption chose to keep it instead.

One final puzzle requires explanation. The black shotgun marriage ratio began to fall earlier than the white ratio and shows no significant change in trend around 1970. How do we account for that apparent anomaly? Here federal welfare benefits may play a role. For women whose earnings are so low that they are potentially eligible for welfare, an increase in welfare benefits has the same effect on out-of-wedlock births as a decline in the stigma to bearing a child out-of-wedlock. The difference in welfare eligibility between whites and blacks and the patterns of change in benefits—rising in the 1960s and falling thereafter—may then explain why the decline in the black shotgun marriage ratio began earlier than that for whites. Because blacks on average have lower incomes than whites, they are more affected by changes in welfare benefits. As a result, the rise in welfare benefits in the 1960s may have had only a small impact on the white shotgun rate but resulted in a significant decrease in the black shotgun marriage rate.

Policy Considerations

Although doubt will always remain about the ultimate cause for something as diffuse as a change in social custom, the technology shock theory does fit the facts. The new reproductive technology was adopted quickly and on a massive scale. It is therefore plausible that it could have accounted for a comparably large change in marital and fertility patterns. The timing of the changes also seems, at least crudely, to fit the theory.

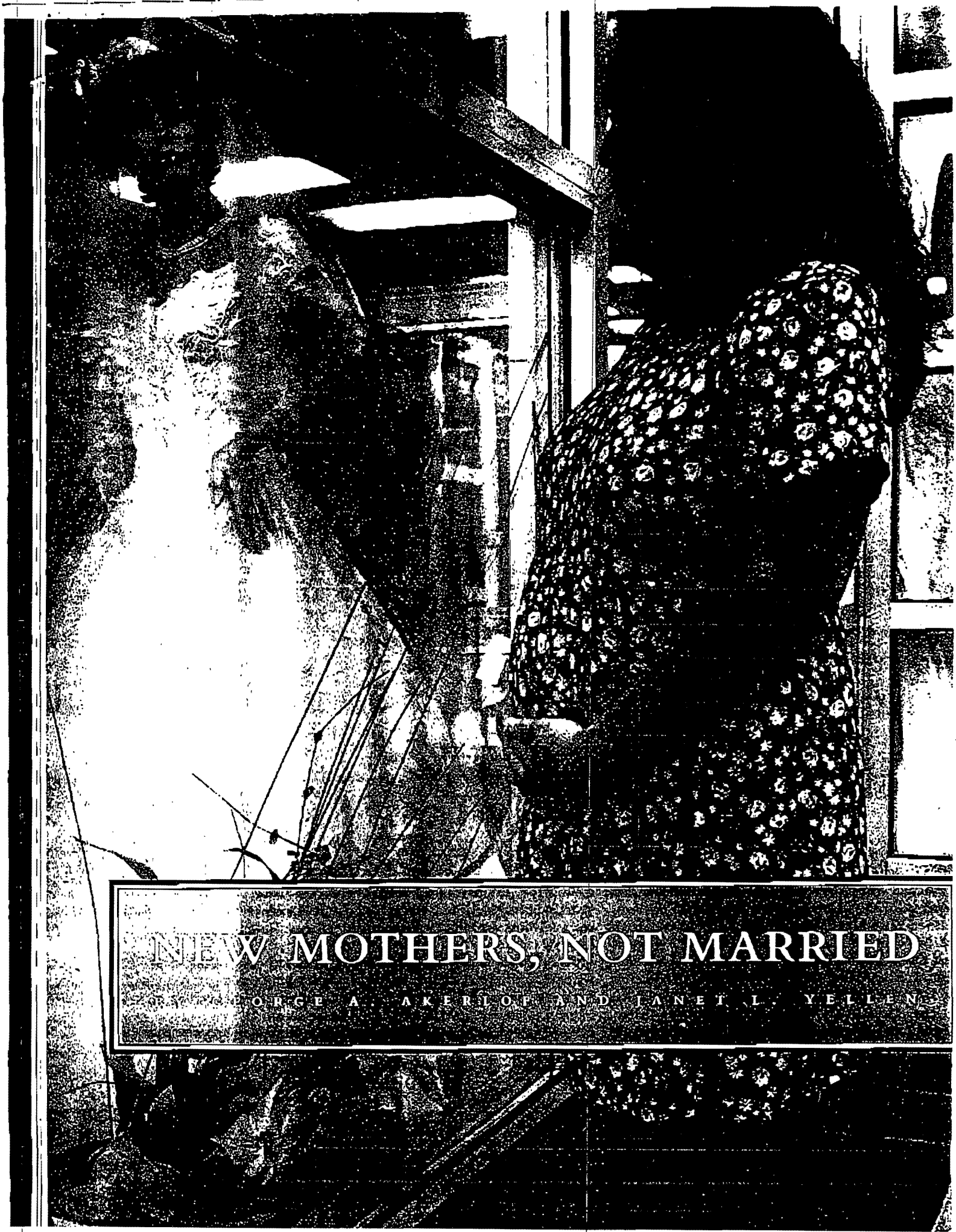
Attempts to turn the technological clock backwards by denying women access to abortion and contraception are probably not possible. Even if such attempts were possible, they would now be counterproductive. In addition to reducing the well-being of women who use the technology, such measures would lead to yet greater poverty. With sexual abstinence rare and the stigma of out-of-wedlock motherhood small, denying women access to abortion and contraception would only increase the number of children born out-of-wedlock and reared in impoverished single-parent families. Most children born out-of-wedlock are reported by their mothers to have been "wanted" but "not at that time." Some are reported as not wanted at all. Easier

access to birth control information and devices, before sexual participation, and easier access to abortion, in the event of pregnancy, could reduce both the number of unwanted children and improve the timing of those whose mothers would have preferred to wait. Because of mothers' ambivalence toward out-of-wedlock pregnancies, greater availability of these options has considerable promise for reducing the number of out-of-wedlock births.

Most important, our analysis of the changes in out-of-wedlock birth suggests that a return to the old system of shotgun marriage will not be brought about by significant reductions in welfare benefits, and possibly not even by very large reductions. With sexual activity taking place early in relationships and with little social stigma enforcing the norm of shotgun marriage, fathers no longer have strong extrinsic reasons for marriage. Cuts in welfare therefore have little effect on the number of out-of-wedlock births, while reducing dollar-for-dollar the income of the poorest segment of the population. The initial goal of the welfare program was to see that the children in unfortunate families were adequately supported. The support of poor children—not the alteration of the behavior of potential mothers—should remain the major policy goal of welfare in the United States. This level of support must be tempered by equity between those who collect welfare and do not work and those who do work and also are paying taxes that, at least in part, go to pay for the less fortunate. In this regard a generous Earned Income Tax Credit serves two roles. Not only does it reward those who work, but by increasing the differential between the working poor and the nonworking poor, it allows greater benefits equitably to be paid to nonworking mothers.

This children-oriented approach to welfare should also inform the requirements of welfare. It only makes sense to cut mothers off welfare after two years, for example, if jobs and child care are available so that mothers can support their families and their children can receive adequate child care. It should be remembered that the proper care and nourishment of children should be the first goal of our society.

It has been suggested that measures should be taken to make fathers pay for the support of their out-of-wedlock children. While probably difficult to enforce, such measures give the correct incentives. They will make men pause before fathering such children and they will at least slightly change the terms between fathers and mothers. Such measures deserve serious consideration.



NEW MOTHERS, NOT MARRIED

GEORGE A. AKERLOF AND JANET L. YELLEN

Technology Shock, the Demise of Shotgun Marriage, and the Increase in Out-of-Wedlock Births

In 1970 a permanent cure to poverty in America seemed on the horizon. Federal poverty warriors appeared to be gaining ground, and decisions by state courts regarding abortion and by state legislatures regarding the availability of contraception seemed to be giving poor families the tools to control the number and the timing of their children. The dream of eliminating poverty, however, has remained unfulfilled. Not only have U.S. poverty rates stayed stubbornly constant over the intervening 25 years, but also poor families have seen their lot worsen as huge increases in single-parent families—more and more headed by unmarried mothers—have led to the feminization of poverty in America.

Since 1970, out-of-wedlock birth rates have soared. In 1965, 24 percent of black infants and 3.1 percent of white infants were born to single mothers. By 1990 the rates were 64 percent for black infants, 18 percent for whites. Every year one million more children are born into fatherless families. If we have learned any policy lesson well over the past 25 years, it is that for children living in single-parent homes, the odds of living in poverty are great. The policy implications of the increase in out-of-wedlock births are staggering.

Searching for an Explanation

Efforts by social scientists to explain the rise in out-of-wedlock births have so far been unconvincing, though several theories have a wide popular following. One argument that appeals to conservatives is that of Charles Murray, who attributes the increase to overly generous federal welfare benefits. But as David Ellwood and Lawrence Summers have shown, welfare benefits could not have played a major role in the rise of out-of-wedlock births because benefits rose sharply in the 1960s and then fell in the 1970s and 1980s, when out-of-wedlock births rose most. A study by Robert Moffitt in 1992 also found that welfare benefits can account for only a small fraction of the rise in the out-of-wedlock birth ratio.

Liberals have tended to favor the explanation offered by William Julius Wilson. In a 1987 study, Wilson attributed the increase in out-of-wedlock births to a decline in the marriageability of black men due to a shortage of jobs for less educated men. But Robert D. Mare and Christopher Winship have estimated that at most 20 percent of the decline in marriage rates of blacks between 1960 and 1980 can be explained by decreasing employment. And Robert G. Wood has estimated that only 3–4 percent of the decline in black marriage rates can be explained by the shrinking of the pool of eligible black men.

Yet another popular explanation is that single parenthood has increased since the late 1960s because of the change in attitudes toward sexual behavior. But so far social scientists have been unable to explain exactly how that change came about or to estimate in any convincing way its quantitative impact. In recent work we have been able to provide both.

The Answer: No More Shotgun Marriages

In the late 1960s and very early 1970s (well before *Roe v. Wade* in January 1973) many major states, including New York and California, liberalized their abortion laws. At about the same time it became easier for unmarried people to get contraceptives. In July 1970 the Massachusetts law prohibiting the distribution of contraceptives to unmarried people was declared unconstitutional. We have found that this sudden increase in the availability of both abortion and contraception—we call it a reproductive technology shock—is deeply implicated in the increase in out-of-wedlock births. Although many observers expected liberalized abortion and contraception to lead to fewer out-of-wedlock births, the opposite happened—because of the erosion in the custom of "shotgun marriages."

Until the early 1970s, shotgun marriage was the norm in premarital sexual relations. The custom was succinctly stated by one San Francisco resident in the late 1960s: "If a girl gets pregnant you married her. There wasn't no choice. So I married her."

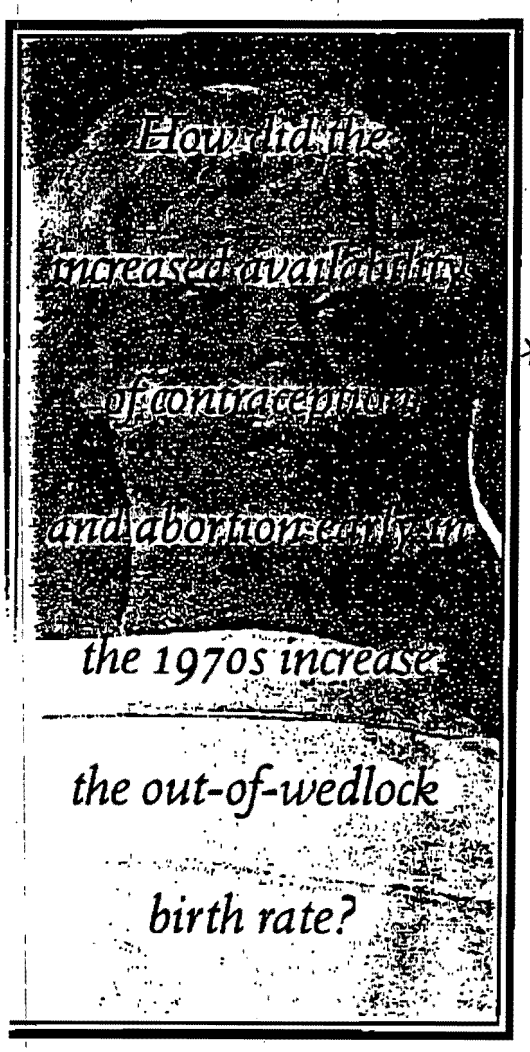
Since 1969, however, the tradition of shotgun marriage has seriously eroded (see table 1 for the trend from 1965 through 1984). For whites, in particular, the shotgun marriage rate began its decline at almost the same time as the reproductive technology shock. And the decline in shotgun marriages has contributed heavily to the rise in the out-of-wedlock birth rate for both white and black women. In fact, about 75 percent of the increase in the white out-of-wedlock first-birth rate, and about 60 percent of the black increase, between 1965 and 1990 is directly attributable to the decline in shotgun marriages. If the shotgun marriage rate had remained steady from 1965 to 1990, white out-of-wedlock births would have risen only 25 percent as much as they have. Black out-of-wedlock births would have increased only 40 percent as much.

What links liberalized contraception and abortion with the declining shotgun marriage rate? Before 1970, the stigma of unwed motherhood was so great that few women were willing to bear children outside of marriage. The only circumstance that would cause women to engage in sexual activity was a promise of marriage in the event of pregnancy. Men were willing

George A. Akerlof is a senior fellow in the Brookings Economic Studies program and professor of economics at the University of California at Berkeley. Janet L. Yellen is on the Board of Governors of the Federal Reserve System. *The article is adapted from "An Analysis of Out-of-Wedlock Childbearing in the United States," which appeared in the May 1996 issue of the* Quarterly Journal of Economics.

to make (and keep) that promise for they knew that in leaving one woman they would be unlikely to find another who would not make the same demand. Even women who would be willing to bear children out-of-wedlock could demand a promise of marriage in the event of pregnancy.

The increased availability of contraception and abortion made shotgun weddings a thing of the past. Women who were willing to get an abortion or who reliably used contraception no longer found it necessary to condition sexual relations on a promise of marriage in the event of pregnancy. But women who wanted children, who objected to abortion for moral or religious reasons, or who were unreliable in their use of contraception found themselves pressured to participate in premarital sexual relations without being able to exact a promise of marriage in case of pregnancy. These women feared, correctly, that if they refused sexual relations, they risked losing their partners. Sexual activity without commitment was increasingly expected in premarital relationships.



Advances in reproductive technology eroded the custom of shotgun marriage in another way. Before the sexual revolution, women had less freedom, but men were expected to assume responsibility for their welfare. Today women are more free to choose, but men have afforded themselves the comparable option. "If she is not willing to have an abortion or use contraception," the man can reason, "why should I sacrifice myself to get married?" By making the birth of the child the physical choice of the mother, the sexual revolution has made marriage and child support a social choice of the father.

Many men have changed their attitudes regarding the responsibility for unplanned pregnancies. As one contributor to the Internet wrote recently to the Dads' Rights Newsgroup, "Since the decision to have the child is solely up to the mother, I don't see how both parents have responsibility to that child." That attitude, of course, makes it far less likely that the man will offer marriage as a solution to a couple's pregnancy quandary, leaving the mother either to raise the child or to give it up for adoption.

Before the 1970s, unmarried mothers kept few of their babies. Today they put only a few up for adoption because the stigma of unwed motherhood has declined. The transformation in attitudes was captured by the *New York Times* in 1993: "In the 'old days' of the 1960s, '50s, and '40s, pregnant teenagers were pariahs, banished from schools, ostracized by their peers or scurried out of town to give birth in secret." Today they are "supported and embraced in their decision to give birth, keep their babies, continue their education, and participate in school activities." Since out-of-wedlock childbearing no longer results in social ostracism, literally and figuratively, shotgun marriage no longer occurs at the point of the shotgun.

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The preceding discussion explains why the reproductive technology shock could have increased the out-of-wedlock birth rate. How well do the data fit the theory?

In 1970 there were about 400,000 out-of-wedlock births out of 3.7 million total births (see table 1). In 1990 there were 1.2 million out-of-wedlock births out of 4 million total. From the late 1960s to the late 1980s, the number of births per unmarried woman roughly doubled for whites, but fell by 5–10 percent for blacks. The fraction of unmarried women rose about 30 percent for whites, about 40 percent for blacks. The fertility rates for married women of both races declined rapidly (also, of course, contributing to the rise in the out-of-wedlock birth ratio).

If the increased abortions and use of contraceptives caused the rise in out-of-wedlock births, the increase would have to have been very large relative to the number of those births and to the number of unmarried women. And as table 1 shows, that was indeed the case. The use of birth control pills at first intercourse by unmarried women jumped from 6 percent to 15 percent in just a few years, a change that suggests that a much larger fraction of all sexually active unmarried women began using the pill. The number of abortions to unmarried women grew from roughly 100,000 a year in the late 1960s (compared with some 322,000 out-of-wedlock births) to more than 1.2 million (compared with 715,000 out-of-wedlock births) in the early 1980s. Thus the data do support the theory.

Indeed, the technology shock theory explains not only the increase in the out-of-wedlock birth rate, but also related changes in family structure and sexual practice, such as the sharp decline in the number of children put up for adoption. The peak year for adoptions in the United States was 1970, the year of the technology shock. Over the next five years the number of agency adoptions was halved from 86,000 to 43,000. In 1969, mothers of out-of-wedlock children who had not married after three years kept only 28 percent of those children. In 1984, that rate was 56 percent; by the late 1980s it was 66 percent.

Unlike the other statistics we have mentioned, the shotgun marriage rate itself underwent only gradual change following the early 1970s. Why did it not change as dramatically as the others? For two reasons. The first is that shotgun marriage was an accepted social convention and, as such, it changed slowly. It took time for men to recognize that they did not have to

promise marriage in the event of a pregnancy in exchange for sexual relations. It may also have taken time for women to perceive the increased willingness of men to leave them if they demanded marriage. As new expectations formed, social norms readjusted, and the shotgun marriage rate began its long decline.

In addition, the decreasing stigma of out-of-wedlock childbirth reinforced the technology-driven causes for the decline in shotgun marriage and increased retention of out-of-wedlock children. With premarital sex the rule, rather than the exception, an out-of-wedlock childbirth gradually ceased to be a sign that society's sexual taboos had been violated. The reduction in stigma also helps explain why women who would once have put their baby up for adoption chose to keep it instead.

One final puzzle requires explanation. The black shotgun marriage ratio began to fall earlier than the white ratio and shows no significant change in trend around 1970. How do we account for that apparent anomaly? Here federal welfare benefits may play a role. For women whose earnings are so low that they are potentially eligible for welfare, an increase in welfare benefits has the same effect on out-of-wedlock births as a decline in the stigma to bearing a child out-of-wedlock. The difference in welfare eligibility between whites and blacks and the patterns of change in benefits—rising in the 1960s and falling thereafter—may then explain why the decline in the black shotgun marriage ratio began earlier than that for whites. Because blacks on average have lower incomes than whites, they are more affected by changes in welfare benefits. As a result, the rise in welfare benefits in the 1960s may have had only a small impact on the white shotgun rate but resulted in a significant decrease in the black shotgun marriage rate.

Policy Considerations

Although doubt will always remain about the ultimate cause for something as diffuse as a change in social custom, the technology shock theory does fit the facts. The new reproductive technology was adopted quickly and on a massive scale. It is therefore plausible that it could have accounted for a comparably large change in marital and fertility patterns. The timing of the changes also seems, at least crudely, to fit the theory.

From a policy perspective, attempts to turn the technology clock back by denying women access to abortion and contraception is probably not possible. Even if it were, it would almost surely be counterproductive. In addition to probably reducing the well-being of women who use the technology, such measures could lead to yet greater poverty. With sexual abstinence rare and the stigma of out-of-wedlock motherhood small, denying women access to abortion and contraception would probably increase the number of children born out of wedlock and reared in impoverished single-parent families. On the contrary, efforts should be made to ensure that women can use the new technologies if they choose to do so.

Finally, if the technology shock theory does explain the rise in single motherhood, cuts in welfare as currently proposed would only further immiserize the victims. Such cuts would have little impact on the number of children born out-of-wedlock while impoverishing those already on welfare yet further. Instead, policy measures to make fathers pay to support their out-of-wedlock children would not only directly contribute to the well-being of children, but also tax men for fathering such children, thereby offsetting at least partially the change in terms between fathers and mothers. Such measures deserve serious policy consideration. ■

Table 1. America's Reproductive Technology Shock, 1965–84

	1965–69	1970–74	1975–79	1980–84
BIRTHS (THOUSANDS)				
Total	3599	3370	3294	3646
White	2990	2760	2660	2915
Black	542	583	540	590
BIRTHRATES PER 1000 MARRIED WOMEN, AGE 15–44				
White	119.4	103.6	93.1	94.5
Black	129.1	110.3	93.3	90.6
BIRTHRATES PER 1000 UNMARRIED WOMEN, AGE 15–44				
White	12.7	12.6	13.7	18.9
Black	91.0	94.6	85.5	81.7
WOMEN MARRIED, AGE 15–44 (PERCENT)				
White	67.8	65.3	61.6	58.8
Black	55.9	52.9	45.2	39.9
OUT-OF-WEDLOCK BIRTHS (THOUSANDS)				
Total	322	406	515	715
White	144	166	220	355
Black	189	230	280	337
WOMEN AGE 16 WITH SEXUAL EXPERIENCE (PERCENT)				
White	13.8	23.2	28.1	32.8
Black	35.0	42.3	50.8	49.9
UNMARRIED WOMEN USING THE PILL AT FIRST INTERCOURSE (PERCENT)				
Total	5.7	15.2	13.4	NA
ABORTIONS, UNMARRIED WOMEN, AGE 15–44 (THOUSANDS)				
Total	88	561	985	1271
FIRST BIRTH SHOTGUN MARRIAGE RATE (PERCENT)				
White	59.2	55.4	45.7	42.0
Black	24.8	19.5	11.0	11.4
ADOPTIONS (THOUSANDS)				
Total	158	156	129	142
RATIO OF ADOPTIONS TO BIRTHS TO MOTHERS NOT MARRIED WITHIN THREE YEARS OF BIRTH				
Total	49.0	38.4	29.0	19.8

Source: George A. Akerlof, Janet L. Yellen, and Michael L. Katz. "An Analysis of Out-of-Wedlock Childbearing in the United States." *Quarterly Journal of Economics*, May 1996.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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Date: 10/3 Total Number of Pages: _____

Comments:

FYI - Here are key talking points, Q&A, & press release on e-TDC.

M.

200 Independence Avenue, S.W., Bldg., HH11, Room 647-D, Washington, D.C. 20201

Talking Points on CDC Report
(To be released Friday, October 4)

1. This report is good news for the country. It shows that public health trends are moving in the right direction. Births to teenagers are down. Birth to unmarried mothers are down for the first time in 20 years. Infant mortality is down. Homicides are down. And prenatal care is up.

2. I believe the most interesting trend is the decline in teen birth and births to unmarried mothers. Preventing teen pregnancy is one of President's Clinton's highest priorities, and he has a favorite statistic which shows why these findings are so important. If you look at children born to unmarried, teenage mothers, 80% of them are poor. But only eight percent of children born to married mothers over 20 who've finished high school are poor.

3. This report looks only at the data, and the reasons for this decline are complex. But certainly in the past few years, we've been able to forge a consensus about the importance of personal responsibility and community. We've promoted abstinence education. We've cracked down on child support enforcement. We've promoted prenatal care. We've worked with states to expand health coverage. We've put more cops on the street and passed the Brady Bill to get handguns away from criminals. We certainly need to do more, but the President and I believe we're on the right track.

4. This report comes on the heals of a Census Bureau report that also included extraordinary good news. We have 10.5 million new jobs. The deficit has gone down four years in a row – the typical American family had more income. The number of people living in poverty declined in the biggest drop in 27 years.

HHS NEWS

w/- Illegitimacy

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED FOR: 7 A.M. EDT
Friday, Oct. 4, 1996

Jeff Lancashire, 301-436-7551
Sandra Smith, 301-436-7551
NCHS/CDC Press Office

VITAL STATISTICS REPORT SHOWS BROAD GAINS IN THE NATION'S HEALTH

HHS Secretary Donna E. Shalala today released annual preliminary vital statistics findings for 1995, showing broad gains in national health indicators.

According to the report, the U.S. last year achieved:

- an historic low infant mortality rate;
- continued increase in the number of women obtaining early prenatal care;
- the first decline in the birth rate for unmarried women in almost 20 years;
- continued decline in the teen birth rate;
- a dramatic decline in homicide rates;
- a leveling in the HIV/AIDS death rate, for the first time since the epidemic took hold;
- continued increase in life expectancy.

"Today we have good news about America's health," Secretary Shalala said. "I'm particularly pleased to see that the teen birth rate is continuing to decline, and the out-of-wedlock birth rate has decreased for the first time in nearly two decades. Preventing teen pregnancies has been one of President Clinton's top priorities since taking office, and we must all work together to ensure these trends continue."

- MORE -

"We still have challenges in every category, but we are making significant progress, and we should press ahead toward the goal of better health for all Americans."

The report, "Births and Deaths for 1995," prepared by the National Center for Health Statistics, part of HHS' Centers for Disease Control and Prevention, contains the latest preliminary U.S. natality and mortality statistics. Highlights include:

--The infant mortality rate reached a record low of 7.5 infant deaths per 1,000 live births in 1995, a 6 percent reduction from the previous year. Declines occurred among neonatal infants (infants under 28 days old) as well as postneonatal infants (28 days through 11 months), and among both white and black infants.

--The proportion of mothers beginning care in the first trimester (81 percent) continued to rise for the sixth consecutive year.

--The teen birth rate dropped an estimated 3 percent from 1994 to 1995 (56.9 per 1,000 women aged 15-19) and 8 percent from 1991 (62.1) to 1995. Declines were recorded for white, American Indian, Asian or Pacific Islander, and Hispanic teens; the rate for black teens dropped 9 percent from 1994 to 1995 and 17 percent from 1991 to 1995. This is the fourth straight year that teen birth rates have declined; teen pregnancy rates are also declining.

--The birth rate for unmarried women dropped 4 percent from 46.9 births per 1,000 unmarried women aged 15-44 years in 1994 to 44.9 in 1995. This is the first decline in nearly two decades. The number of nonmarital births also declined three percent in 1995 to approximately 1,248,000, and the proportion of births to unmarried mothers fell two percent to an estimated 32 percent in 1995. The proportions for white (25.3 percent) and black births (69.5 percent) were about one percent lower than in 1994, while the proportion for Hispanic women (40.8 percent) was five percent lower than in 1994. This is the first time that the number, rate, and proportion of births to unmarried mothers have all declined since national data were first compiled in 1940.

--Preliminary age-adjusted homicide rates fell sharply in 1995, by an estimated 15 percent, accounting for the largest decline among leading causes of death between 1994 and 1995. Mortality from firearms also declined between 1994 and 1995.

--For the first time, HIV/AIDS death rates did not increase from the previous year. The age-adjusted death rate from HIV infection was 15.4 deaths per 100,000 population in 1995, the same rate as in 1994. Despite the plateau in mortality rates from HIV/AIDS, however, the number of deaths from the disease rose from 42,114 in 1994 to approximately 42,500 in 1995, the highest total ever reported.

--The cesarean section rate declined for the sixth consecutive year (20.8 percent of live births in 1995).

--Estimated life expectancy in 1995 matched the record high of 75.8 years attained in 1992, and was slightly above the estimate of 75.7 years of 1994. Although racial disparities still exist, life expectancy for both white and black males (73.4 and 65.4, respectively) and black females (74.0) was higher in 1995 than in previous years. For white females, life expectancy was unchanged at 79.6 years from the previous year, and slightly below the record high of 79.8 reached in 1992.

Vital statistics data are issued annually each fall. However, Secretary Shalala said, today's report represents the results of a new initiative to improve the timeliness and quality of vital statistics in the U.S.

These preliminary data are based on up to 90 percent of all birth and death records reported to the states. In the past, "provisional" annual data on deaths were based on a 10 percent sample of records. And this is the first time that detailed birth data have been available on a preliminary basis.

"We're putting a system into place that effectively addresses the growing public demand for faster and more accurate health information," CDC Director David Satcher said. "We are now on a schedule to provide near-final vital statistics at least a year earlier than we used to be able to do."

The report is available from the National Center for Health Statistics, 6525 Belcrest Rd., Hyattsville, Md. 20782 or by e-mail at paoquery@nch10a.em.cdc.gov.

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Note: HHS press releases are available on the World Wide Web at: http://www.dhhs.gov.

WR-Illegitimacy

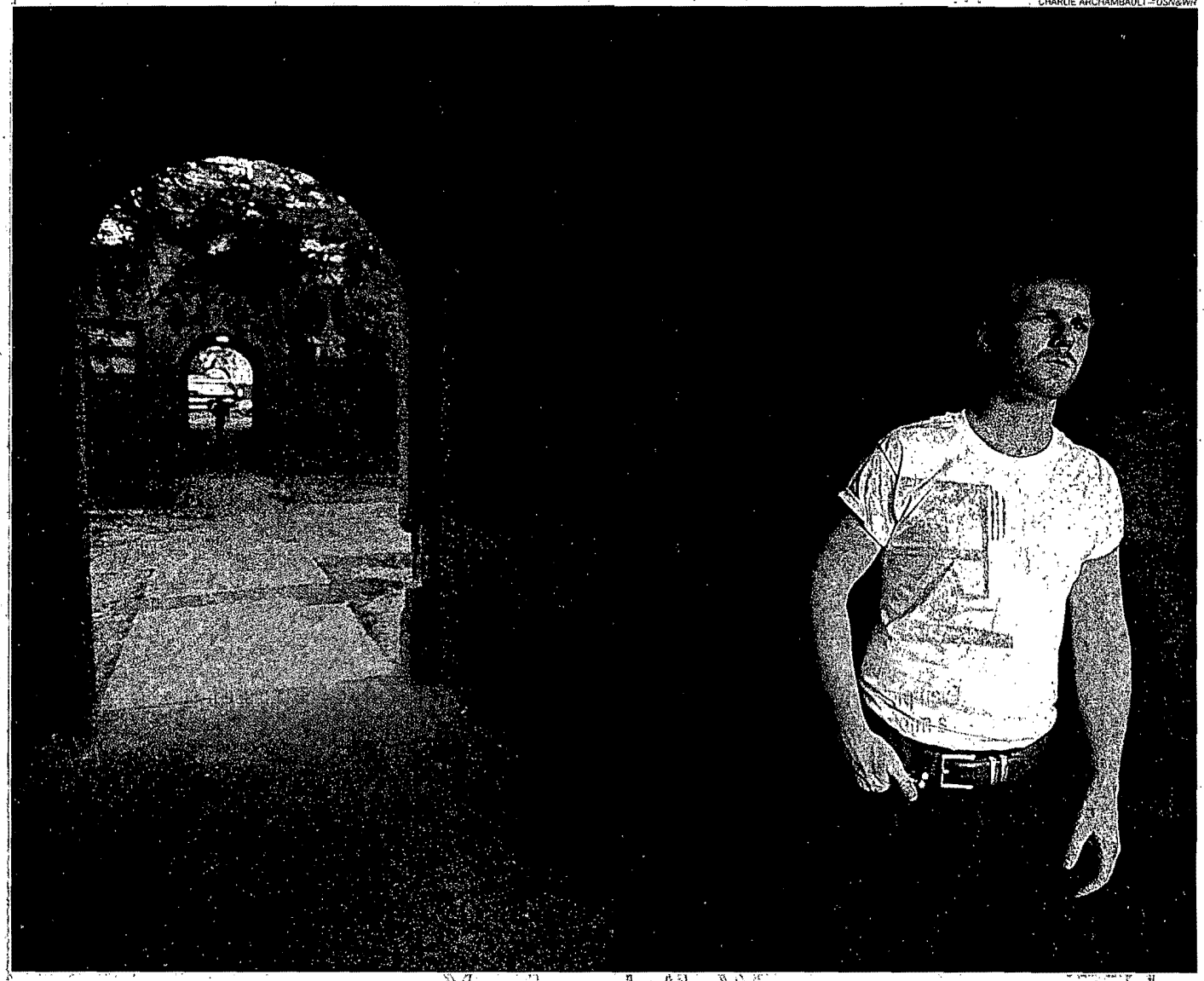
SPECIAL REPORT

THE WHITE UNDERCLASS

Does the rise in out-of-wedlock babies and white slums foretell a social catastrophe?

Years later, he can still remember the fingers. He was on his way to school one morning when he spotted three human fingers with bloody stumps, oozing tiny red droplets on the floor of the passageway underneath his housing projects. Michael was no naif. He had lived in other projects, but none like Old Colony in South Boston. When his mother and eight siblings first moved in, kids from the other welfare families shattered their windows with rocks and beer bottles for almost a year. Later, one brother jumped off the roof to his death; Michael's rebellious teenage sister was pushed off another roof and became partly paralyzed. Next, an older

CHARLIE ARCHAMBAULT—USN&WR



THE PROJECTS, WHITE STYLE. Michael MacDonald found three severed fingers in this tunnel at Boston's Old Colony housing project.

brother was shot while robbing an armored car, his accomplices covered him with garbage bags and stuffed him under a seat in a getaway car, where he bled to death from a minor wound.

One year in the mid-1980s, when the cocaine dealers started working Old Colony, Michael's mom attended 37 funerals for people dead from drugs or violence. Michael himself moved his bed away from the window to avoid stray bullets, yet the chaos of the streets seeped in anyway. In 1990 his little brother was watching television with a friend when his buddy started playing with a .357 Magnum. Somehow, the gun went off, and the 13-year-old friend lay in a puddle of blood on the living room rug, shot fatally over his left eye.

Oh, one last thing about Michael. His full name is Michael Patrick MacDonald. He is Irish Catholic and white, and so were most of his impoverished, troubled neighbors.

America has always housed poor whites: German and Irish immigrants huddled in New York's disease-laden tenements at the turn of the century; Okies from the Great Plains filled California's dusty roads in the 1930s; and the gaunt faces of Appalachian families dotted newscasts in the early 1960s. Yet the specter of a white underclass is something potentially far more fearsome and novel. It suggests images of crime, drugs, gangs, mothers having kids out of wedlock and shiftless men—images of whites rarely displayed on the evening news.

At present, the white underclass is still tiny—less than 2 percent of all non-Hispanic whites. All told, non-Hispanic black ghettos contain three to four times as many residents as white slums, but some experts predict that the white underclass may start to explode, posing a huge burden for taxpayers and social services. As Ronald Mincy of the Ford Foundation points out, only a small proportion of blacks—between 5 and 17 percent, depending on how tightly "underclass" is defined—live in underclass neighborhoods, yet they exact a heavy toll in U.S. cities.

According to Mincy and researchers at the Urban Institute in Washington, D.C., the 1990 census showed that the population of white underclass neighborhoods numbers somewhere between 378,000 and 1.6 million, depending on the definition used. Most of the underclass areas are concentrated not in media-saturated cities like New York, Los Angeles or Washington but, in places like Duluth, Minn., and Portland, Maine.

Using 1990 census and Urban Institute data, *U.S. News* pinpointed the worst white underclass areas. There, *U.S. News* reporters found people like Roy Church of Detroit's rough southwest neighborhoods, whose three daughters dropped out of school in junior high and bore eight kids out of wedlock. They found Tina Metcalf of Portland's Bayside area, who started doing drugs in ninth grade and, before she quit 15 years later, had a friend die of a heroin overdose. They found baby-faced Kristina Neff of Waterloo, Iowa, who got pregnant in seventh grade but never married her boyfriend after he went to jail for robbery.

Evolution of a debate. The rise of the white underclass was heralded last fall by Charles Murray, a libertarian social critic with the American Enterprise Institute. He pointed out in the *Wall Street Journal* that 22 percent of the children born to white women in 1991 were born out of wedlock, a rate close to the 23.6 percent illegitimacy rate that prevailed among blacks when Daniel Patrick Moynihan drafted his famous 1965 report presaging the breakdown of the black family. "In the white low-income communities you are going to see the kind of social disintegration we've seen in the inner city," Murray later declared. "Just think of the amount of anxiety and fear that is created by the inner city right now. Imagine that six times larger." In the controversial new book *The Bell Curve*, Murray and co-author Richard Herrnstein say that most white women who give birth out of wedlock have below-average IQs. They conclude that these women are poorly equipped for the labor market, often poorly equipped to be mothers, and there is no reason to think that the outcomes for their children will be any better than those for the children of black unwed mothers.

Ironically, both conservatives and liberals have embraced the notion of a white underclass. For conservatives like Murray, its formation accords with his argument that perverse government policies have enabled more women—black and white alike—to have babies out of wedlock. That theory lends support to his draconian proposal to eliminate welfare benefits for single

Where the white underclass lives

White slums are concentrated in the Midwest and Northeast, usually in areas of manufacturing decline

Neighborhood	White female-headed families with kids		Total population
	Number	*Rate*	
1. Boston (Southern tip of South Boston)	453	73%	4,660
2. Portland, Maine (Bayside and Parkside, N.W. of downtown)	383	70%	4,593
3. Newport, Ky. (West side, on Licking and Ohio rivers)	356	65%	3,856
4. Minneapolis (Parts of Phillips and Whittier)	330	65%	21,982
5. Duluth, Minn. (East Hillside and Central Hillside)	370	60%	5,478
6. Flint, Mich. (Central city, east and south sides)	387	56%	10,723
7. Waterloo, Iowa (East side)	324	54%	6,295
8. Baltimore (Mount Clare, west of downtown)	512	51%	8,879
9. Rockford, Ill. (Kishwaukee St. area, S.E. of downtown)	317	51%	7,017
10. Jackson, Mich. (Downtown and areas to N., S. and E.)	500	50%	9,276
11. Detroit (S.W. corner on Detroit River: Delray)	321	50%	7,167
12. Syracuse, N.Y. (Near, west side)	491	49%	11,793
13. Columbus, Ohio (The Bottoms, W. of Scioto River)	640	49%	12,315
14. Toledo, Ohio (Vestula and LaGrange-Central, on E. side)	593	46%	12,968
15. Jamestown, N.Y. (Chadakoin, Monroe and Murray)	306	45%	6,651

Note: Data pertain to non-Hispanic whites and may include only parts of neighborhoods, depending on census tract boundaries. *USN&WR*—Basic data: The Urban Institute; U.S. Census Bureau's data user services division

KEVIN HORAN FOR USN&WR

TRAPPED. This 37-year-old grandfather (foreground) wants to move his wife (holding grandson) and daughter (background) back to Tennessee from Detroit. But he can't afford to leave town.

mothers. Mincy and liberals including President Clinton cite the plight of the white underclass as proof that many problems afflicting poor blacks are colorblind, driven by economic forces.

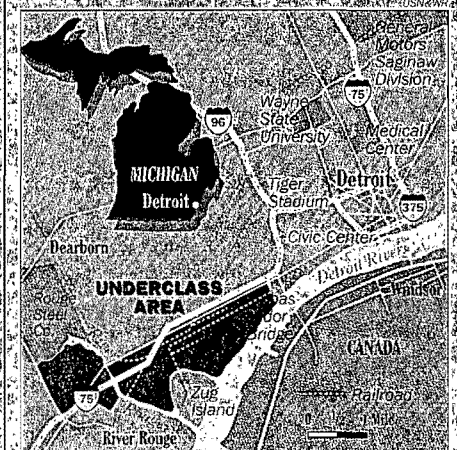
For now, the status of the white underclass depends in part on how one defines "underclass." Researchers generally employ two definitions. The broader one classifies any urban census tract that is extremely poor—that is, where 40 percent or more of the residents live below the official poverty line—as part of a ghetto. The Urban Institute found that the number of Americans living in ghettolike tracts where most residents were non-Hispanic whites shot up in the 1980s—from 863,000 to 1.6 million, an increase of 85 percent.

The narrower underclass definition measures dysfunctional behavior instead of concentrated poverty. Using this standard, underclass neighborhoods are those with high rates of female-headed families, welfare dependency and labor force and school dropouts. The population of these troubled white neighborhoods stayed roughly constant from 1980 to 1990—at about 380,000.

In two important respects white and black ghettos are similar no matter how they are defined. Mincy's tabulations show that both white and black underclass areas are filled with men who abandoned the work force and residents who dropped out of high school. In 1990, in the typical bad behavior white underclass tract, 55 percent of the men did not participate in the work force and 42 percent of the residents had dropped out of school; the corresponding figures for black tracts were 62 percent and 36 percent. However, black underclass areas are still more likely to have female-headed families and residents on welfare; in the average black tract, 71 percent of the families were headed by women, but in the white one, 53 percent were.

To locate white underclass neighborhoods, *U.S. News* used a conservative definition: urban areas of at least two contiguous census tracts where a majority of residents were non-Hispanic whites, where 40 percent or more of the residents lived in poverty and where more than 300 white, female-headed families with children resided. From that universe, *U.S. News* identified the 15 underclass areas that had the highest rates of female-headed families, the best proxy available in census figures for unwed motherhood (table, Page 41).

The atmosphere. From city to city, white underclass neighborhoods look much the same. Most do not contain high-rise housing projects or chockablock tenements. Instead, the streets look innocuously decrepit, filled with row houses with peeling paint and an occasional abandoned house. On warm nights, groups of men can sometimes be seen drinking on street corners or in parks, congregating in taverns or kibitzing on front stoops. An occasional prostitute may wander by to solicit her johns. Inside the row houses, young mothers, sometimes joined by their parents, pursue lives of cigarettes, television and Nintendo. The apartment walls often sport cheap reproductions of portraits of Jesus or Leonardo da Vinci's *Last Supper*. Commercial strips are lined with bars, small grocery stores, pawnshops and liquor outlets, but the neighborhoods nonetheless feel isolated from the rest of the city, cut off by railroad tracks, rivers, highways or industrial areas.



Roy Church—he was too embarrassed to use his real name—couldn't believe how sour it had all turned. A native Detroiter, he met his wife in 1970 when she moved from rural Kentucky. For 20 years, he worked as a rail inspector for Conrail. Then he was diagnosed with diabetes, he was laid off, and his family collapsed. His four children dropped out of school around the seventh grade. His three daughters, all eventually on welfare or disability, bore eight children out of wedlock. At 47, Church, along with his wife, was temporarily caring for most of their grandchildren, since their own daughters were plagued by drug addiction or mental illness.

This southwest neighborhood, always had its toughs, but not white gangs like those there now. Al's Lounge, an old haunt of Hungarian workers, is boarded up, the walls covered with gang emblems. Several

largely white "crews," such as the Cash Flow Posse and the Square Boys, patrol the streets like vigilante Guardian Angels, keeping outside troublemakers away. Everyone knows the Cash Flow Posse bangs to the left, meaning they cock their hats to the left, roll up their left pant cuffs and display bandannas in their left pockets. Most nights, Church heard gunfire. Then, three weeks ago, he died of complications from diabetes. Five days later, his wife finally raised enough money from relatives to pay for his funeral.

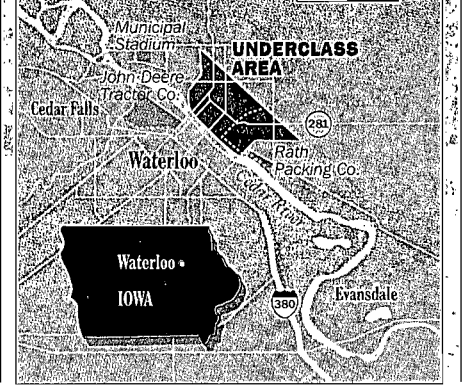
The origins. While its roots are diverse, the white underclass often sprouts in the shadows of shuttered factories and what were once hard-drinking, blue-collar sections of town. The list of cities with white ghettos – including Detroit, Flint and Jackson, Mich., and Duluth, Minn. – reads like a roll call of rust belt decay. Waterloo, Iowa, a town of 67,000, lost about 9,000 jobs to layoffs at Deere & Co. in the mid-1980s and another 1,500 when Rath Packing Co., one of the nation's largest hog-slaughtering operations, closed its doors. Today, one of the Rath family homes is a halfway house for mentally ill homeless men.

Hardly any of the cities in the *U.S. News* top 15 are in the West or the South, although the South is the poorest region in the nation. In fact, some white slums in the North contain significant numbers of Southern whites who migrated years ago from Appalachia looking for work. Most of the migrants succeeded, but some – or at least their children – now live in white hillbilly ghettos in cities like Detroit, Cincinnati and Baltimore. Novels such as Harriette Arnow's *The Dollmaker* captured the loss of place that many migrants felt in big cities, where tending a garden or helping a neighbor was no longer routine. A man might be dirt poor in Kentucky, but he could still maintain his dignity – that was much harder in Roy Church's Detroit.

Michelle Loomis, 28, opened the Waterloo Courier and gasped. The headline blared: "Two Men Arrested in 16 Burglaries." One of the men was the unwed father of her two youngest children. Her own mother had given birth to her when she was 14 and was so poor growing up that the family collected bath water off the roof. Loomis dropped out of school at 13 and subsequently had five kids, several of whom she supported with welfare and food stamps over nine years. Today, however, all her children are living with relatives, at the behest of either the courts or Loomis herself. On a recent visit with Loomis, her daughter Stephanie points to a man in a photo album. "That's my daddy," she says. But the man in the photo is Chuck, the recently arrested, alleged burglar with whom Michelle hitched up after Stephanie was born. No one corrects the little girl.

KEVIN HORAN FOR *USN&WR*

BROKEN FAMILIES. Michelle Loomis struggles in Iowa with poverty, fickle men and losing her children to foster care.



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The next evening, Kristina Neff, 17, stops by to play Nintendo. An older black man who lived downstairs from her impregnated Neff in seventh grade. The fact is, there's no shame in getting pregnant as a teen in East Waterloo. In 1992, 259 teens gave birth in the county, 228 of them out of wedlock. At nearby West High, half of the 21 babies born this past school year had moms in the ninth or 10th grade. At first it was kind of fun," says Neff, but now her 2-year-old boy is having seizures. She will wait until her son is 3 or 4 before she gets pregnant again. "I like them," she says, "when they're babies."

The unwed mom. A disturbing little secret, shared among social workers who help poor whites, is that many young women are perfectly content to have babies out of wedlock. Most of those interviewed by *U.S. News* don't believe in abortion or adoption, and they have easy access to cheap contraception. Pregnant students treated at the South Boston Community Health Center often insist that having a baby will give them somebody to love. Poor unwed mothers explain that welfare makes it easier to get by without a husband. Typically fathers disappear within a year or two of a child's arrival; most are unemployed, underemployed, on drugs, drinking or in prison, or have moved on to another girlfriend. Many mothers, meanwhile, are fleeing abusive families, and those who aren't often still want their own place. Welfare – and if they are lucky enough to get it, housing assistance – helps make the move possible. In only seven states are minors still required to live with an adult caretaker to get their own welfare checks.

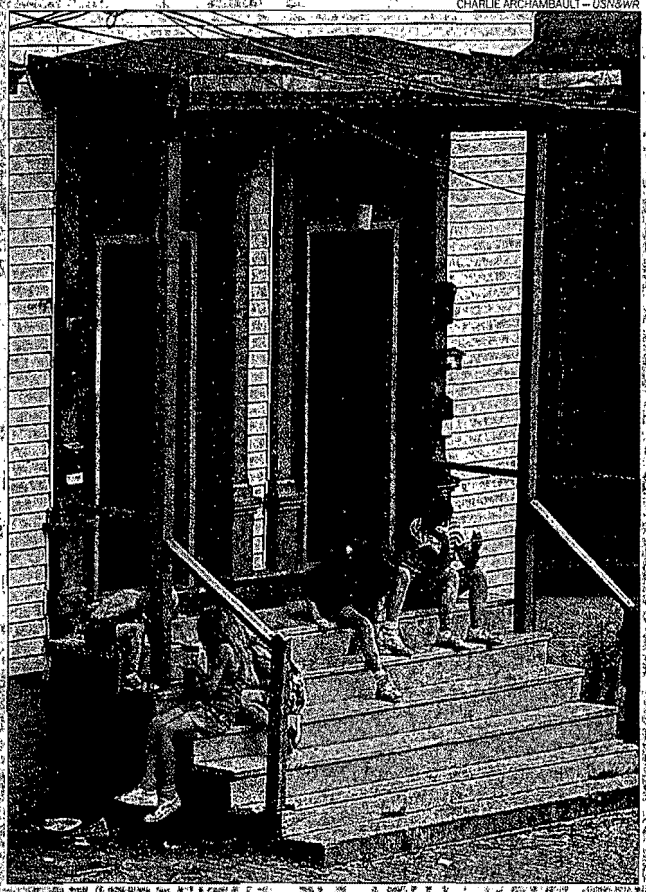
Recently in the rough Kennedy Park section of Portland, Maine, a revealing scene played out as youth worker Mike Rodriguez helped three teens put together an AIDS prevention video. Shawn Burton, a 17-year-old high school dropout, was the trio's leader. He disdains the father he rarely saw because he "wasn't mature enough." Back on camera, however, Laurie, a pert 8-year-old, has just said a line thrown to her by Shawn: "Kids are having kids." When a reporter suggested Laurie could say, "Kids *shouldn't* be having kids," Shawn interjected. "No, that would be a judgment call," he said. "The kids would get turned off."

The low point for Tina Metcalf was the

funeral of her lifelong friend, Bruce. "If I ever die, don't cry for me—party for me," Bruce always told Metcalf. Then 23, she took that admonition to heart and went on a two-week binge that culminated in her and some of her friends smoking coke for three days before they watched Bruce's funeral procession in a driving rainstorm.

Metcalf has been drug free for four years now, but not before enduring 15 years of dissipation. Raised in Portland's Bayside neighborhood, she started taking drugs in ninth grade and quickly progressed from marijuana to speed, LSD, THC, Valium, cocaine and alcohol, along the way she had two kids out of wedlock. Metcalf's mother, who worked hard to stay off welfare, wasn't around much. According to Metcalf, her alcoholic father ended up living in a nearby park. When Metcalf was 5, he showed up one day for a visit—and took the kids panhandling. When she turned 13, she says, he gave her some "rush," a cheap liquid inhalant, and some pot.

CHARLIE ARCHAMBAULT—USN&WR



INNOCUOUSLY DECREPIT. White slums, like this Portland neighborhood, don't fit the sprawling-tenement stereotype.

Whites and blacks. In every city *U.S. News* visited with a significant black or Hispanic population, poor minorities tended to be worse off than poor whites. The white ghettos had less poverty than the black ones, lower proportions of female-headed families and lower homicide rates. Some residents of white slums seized on conditions in nearby black ghettos to show that things were not that bad for them. Others, however, found white poverty doubly humiliating. Charlene Manley, Michelle Loomis's mother in Waterloo, explained: "If you're white and you're poor, you had all the help in the world and blew it. But if you're black, people say there's an excuse for it."

Given the disparities between white and black ghettos, it's not surprising that white slums tend to be less violent and chaotic. Predominantly black ghettos have more families missing a father who might control errant children; they afford less opportunity for mobility out of the ghetto because of the persistence of housing discrimination and racism; and the communities have had longer to deteriorate. While crime is rampant in white underclass neighborhoods, random violence and murders are infrequent and drive-by shootings almost unheard of. Flint, Mich., had 48 homicides in 1993, but it was a rare event last year when two white teens got shot after they wandered into a black part of town to buy crack cocaine. Crack use—and the violence it can spawn—is comparatively rare among poor whites, and that accounts in part for the differing patterns of violence in white and black underclass areas. Even so, heroin has made a troubling resurgence in white slums.

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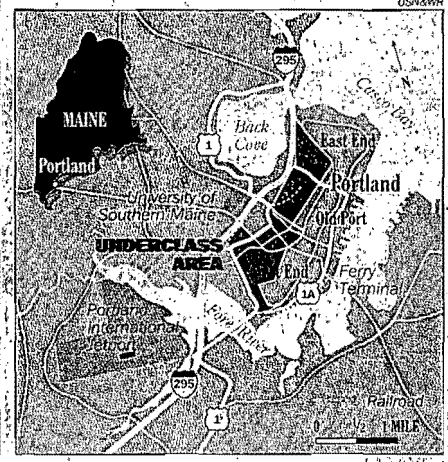

The scourge of the white underclass still is alcohol. The poor white neighborhood near downtown Jackson, Mich., has the highest reported crime rate in the city, with much of it connected to alcohol—domestic violence, disorderly conduct and personal assaults. Officer Beth Whaley, who patrols Flint's mainly white south and east sides, says some weeks she is called to the same homes over and over again. With a note of disgust, she observes that "the incidents are almost always alcohol related, and the kids are usually right in the middle of it—watching it all."

Predominantly white gangs, like those in Detroit, have proliferated in a number of white ghettos. Mount Clare, in Baltimore, has two loosely organized "posses," the Lumberyard Gang and the Doghouse Gang. Bayside, in Portland, has the Grant Street posse. For the most part, however, white gangs resemble the Jets and Sharks of *West Side Story* more than the Bloods and Crips of South Central Los Angeles. Except in Detroit, white gang fights are generally resolved with fists, or perhaps with a bat or beer bottle, not with Uzis.

Patty Duquette, one of 12 children in her French Catholic family, grew up in public housing in South Boston, and for the past 10 years, she and her four sons have lived off welfare in the Old Colony project. The sporadic gunfire of the mid-1980s has largely vanished, reportedly at the order of Irish mobsters. Heroin is back, though; most days her kids see syringes in the courtyard outside her entryway, and not long ago one of her neighbors accidentally pricked himself with a needle while gardening. Racial tensions also simmer—roughly a quarter of the 813 families in Old Colony are minorities, and when Duquette walks through the projects, black residents she barely knows sometimes call her "honky."

Still, not everything is bleak. The father of her children stopped using drugs, started working and contributes to his kids' support, though he has a new girlfriend. Duquette got her GED five years ago, teaches at the Boys Club preschool and wants to become a certified Montessori teacher. She'd like to move, but for now Old Colony is a safe, cheap place to live, and there is a

multiyear list of families who want to move in.

Murray, revisited. In his *Wall Street Journal* op-ed, Charles Murray wrote that illegitimacy is the single most important social problem of our time—more important than crime, drugs, poverty, illiteracy, welfare or homelessness, because it drives everything else. If he is right, the southern tip of South Boston should be a shambles. It has the highest proportion of female-headed families of any white underclass area in the nation—73 percent. Yet old women walk their dogs at midnight in the lower end; residents often leave their screen doors unlocked on hot evenings, and if a boy steals a bike, folks will track him down and make him return it. Across the street from the projects are well-kept beaches and a huge park with a half-dozen baseball diamonds, soccer fields and playgrounds. Indeed, project residents would be surprised to hear themselves described as members of a white underclass. Many prominent white Bostonians, including state Senate President Billy Bulger, grew up in "Southie's" projects.

It may be that South Boston's lower end—parochial, wary of outsiders, and still very Catholic—is an anomaly. But even beyond South Boston, there is good reason to question Murray's prediction that the white underclass may soon eclipse its black counterpart. Poor whites, for instance, do not face entrenched housing discrimination. That means poverty among them is less concentrated and they are less likely to live in slums that dominate vast tracts of a city. Mincy's census analysis shows that in 1990, 30 percent of poor blacks lived in extreme-poverty areas; only 7 percent of poor whites did. The absence of discrimination also makes it easier for poor whites than poor blacks to leave the slums behind and harder for the white underclass to calcify for generations.

The search for answers. Liberals account for the rise in white out-of-wedlock births by pointing to the dwindling number of blue-collar jobs for men, while conservatives tend to stress the impact of perverse welfare policies and feminism. Clearly, though, one nonideological factor—a societywide change in attitudes—has weakened the stigma against out-of-wedlock childbearing. Twenty years ago, two thirds of white Americans opposed the idea that it should be legal for adults to have children without getting married. Five years ago, whites were just about evenly split on the issue.

Whatever the cause, policy makers know next to nothing about how to reduce unwed motherhood. Charles Murray's plan to end welfare benefits for single mothers and place poor children, where necessary, up for adoption or in orphanages would likely reduce out-of-wedlock births, but its side effects could be horrific. Secretary of Health and Human Services Donna Shalala calls Murray's plan "a 1994 version" of Jonathan Swift's *A Modest Proposal*—which suggested, satirically, that the best way to deal with food shortages and overpopulation was to eat the babies of the poor.

Michael Patrick MacDonald, who saw those severed fingers many years ago, is searching for solutions, too. The courts overturned his little brother's manslaughter conviction in the shooting of his 13-year-old friend and after the violent deaths of three brothers, the MacDonald family fled their South Boston project. MacDonald moved to the racially mixed Jamaica Plain neighborhood, he now works on juvenile justice issues for a community group and helps run a gun buyback program.

One morning a few months ago, MacDonald went back to the old 'hood and drove slowly around the projects, pointing out the spots where tragedy had befallen his family. Suddenly, he turned wistful. "There is not a victim mentality here," he said. "It's just the opposite. Maybe it was a false sense of security, but it always felt like people watched your back here." Several mothers lounged on the stairs of a project entryway as their toddlers splashed about in a small inflatable pool. "I'm thinking of moving back," MacDonald announced abruptly. "I miss the neighborhood." The ghosts, he said, were tugging at him to return, and several weeks later he did in fact move back. "You've got to understand," he explains. "This is where all my memories are now, good and bad." ■

CHARLIE ARCHAMBAULT—USN&WR

DOING THE RIGHT THING. Patty Duquette is training to get off welfare and move out of her Boston project. Unlike some of her black peers, she will not face housing bias when she makes the move.

BY DAVID WHITMAN AND DORIAN FRIEDMAN WITH AMY LINN IN WATERLOO, CRAIG DOREMUS IN PORTLAND AND KATIA HETTER

TESTIMONY OF THE HONORABLE GEORGE MILLER BEFORE THE SUBCOMMITTEE ON HUMAN RESOURCES OF THE HOUSE COMMITTEE ON WAYS AND MEANS ON WELFARE REFORM

JULY 27, 1994

Mr. Chairman, members of the Subcommittee, I am pleased you have given me the opportunity to present my views on welfare reform. As most of you know, I served as chairman of the House Select Committee on Children, Youth, and Families for nearly a decade and retain from that experience a deep interest in issues relating to children. It is they, after all, that are the reason we have a welfare policy in this nation-- they should be our primary concern when changing it.

It is a hoax for us to go through yet another effort at welfare reform without the financial commitment to back up its promise. In 1988, this Subcommittee considered welfare reform and, with bipartisan support, came up with a very good piece of legislation, the Family Support Act. This law recognized the importance of work, and the education and training that is necessary to equip welfare clients with the means to earn a decent wage. A number of important initiatives have been undertaken under this law, but the full promise of the legislation has not been realized, in part because of insufficient funding by the Federal Government and States.

The Clinton Administration's theme of instilling a sense of responsibility in the welfare client through requiring work is entirely appropriate. But it is equally appropriate-- in fact, critical-- for the Government to meet its obligation to provide low income families with the means to become self-sufficient. I simply do not believe that the $9 billion or so in additional funds will support the WORK program subsidized employment, child care, and other major elements of the bill that are needed to make it the success we all want.

There are some other specific concerns I have with the Administration's proposal. One is the inflexible 2-year time limit on AFDC benefits. This, the ultimate "get tough" provision, is a sop to conservatives that raises more questions than it resolves. Subsidized jobs would be the immediate alternative to cash assistance under this approach, but what guarantees are provided for a self-sustaining job in the long run? The big problem with long-term welfare dependency is not getting a job, it's job retention.

The welfare clientele have a myriad of problems that affect their employability. For example, a recent study found that 27% of mothers receiving welfare have drug and alcohol problems, and that welfare recipients are three times more likely to be addicts than the non-welfare population. Many also incur erratic child care situations or have other family problems that interfere with

WR - Illegitimacy

job stability. We cannot fit individuals with such tough life problems into the 2-years-and-you're-out mold and expect a good result. I can only conclude that the time limit would either be meaningless because so many clients would be designated "exempt" or there would be a huge increase in the homeless population. Neither is good welfare policy.

Another misguided provision of the President's bill relates to its authority for States to impose a "family cap." Welfare policy should not be expected to keep young women from having babies. The combined benefits welfare recipients receive for one child barely bring them to half of the level of basic need under poverty guidelines. An additional $140 per month in AFDC and food stamp benefits is hardly an incentive to have another child to feed and clothe--it's a net loss! The decision to become pregnant results from a complex set of ingredients, but the extra welfare money is not one of them: this has been confirmed in studies by the President's own welfare advisors. Research suggests that policies that do work against illegitimate births are education on pregnancy prevention and ready access to family planning services. This is where our focus should be, but we constantly have opposition from the very members of this body that decry illegitimacy.

I believe that you have before you a well-constructed alternative to the Administration's welfare proposal in Bob Matsui's bill, H.R. 4767. It builds on the Family Support Act, and adjusts it for issues that have arisen from the experience of the last six years. While many of these same concerns are also addressed in the President's bill, the Matsui bill presents more reasoned and realistic alternatives without simplistic draconian measures that are more fitting to a bumper sticker than national policy.

The Matsui bill, for example, emphasizes work by increasing work requirements in the JOBS program rather than by cash assistance cutoffs. It enables States to be fuller participants in the JOBS and child care programs by increasing the Federal match rates. It significantly expands Federal funding for child care by $5 billion over 5 years rather than the $1.5 billion provided in the Administration proposal. Other initiatives, also in the Administration's bill, would enhance child support enforcement and reform of the welfare bureaucracy that will be so essential to changing the approach of welfare offices to client service rather than "box checking."

We must separate fact from fiction as we chart the future course of legislation affecting low income families. Policies should not punish welfare clients and their children out of our frustration with the inability of the American economy to provide full employment and the inability of the Congress to underwrite solid statutes.

alg: SHR
cc: Reed, Galston/Way: fyi
WR - Illegitimacy

THE UNIVERSITY OF MICHIGAN
RESEARCH AND TRAINING PROGRAM ON POVERTY, THE UNDERCLASS AND PUBLIC POLICY
SCHOOL OF SOCIAL WORK

Director:
Sheldon Danziger
Steering Committee:
Mary Corcoran
Paul Courant
Reynolds Farley
Edward Gramlich
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EMBARGOED FOR: 10:30 a.m.
Thursday, June 23, 1994

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RESEARCHERS DISPUTE CONTENTION THAT WELFARE IS MAJOR CAUSE OF OUT-OF-WEDLOCK BIRTHS

Eliminating Welfare Would Hurt Poor Children, They Say

Seventy-six prominent researchers in the areas of poverty, the labor market, and family structure said today that research does not support recent suggestions by Charles Murray and others that welfare is the main cause of rising out-of-wedlock births.

At the same time, the researchers said, there is "strong evidence" that living in poverty harms children and that eliminating welfare for poor children would "do far more harm than good."

In a joint statement, the researchers, led by University of Michigan poverty expert Sheldon Danziger, said they are concerned that the research on the effect of welfare on out-of-wedlock childbearing has been "seriously distorted."

They said they are deeply concerned about rising rates of out-of-wedlock births among single parents but that "the best social science research suggests that welfare programs are not among the primary reasons" for these trends.

"The signers of this statement represent a variety of major institutions, disciplines, and political viewpoints," said Danziger. "They include nearly all the major researchers in the field, including a number of those whose work is sometimes cited by Murray and proponents of his views as supporting their case."

Benefits Fell as Out-of-Wedlock Births Increased

According to the researchers, most studies have found that welfare benefits have either no significant effect, or only a small effect, on whether women have children outside of marriage.

When inflation is taken into account, they noted, the value of cash welfare benefits such as Aid to Families with Dependent Children has fallen over the past 20 years. At the same time, out-of-wedlock childbearing has increased.

— more —

If welfare benefits were the main cause of out-of-wedlock births, Danziger said, a decline in benefits should have prompted a decrease or a slower increase in out-of-wedlock births.

The researchers cited several plausible explanations for rising rates of births outside of marriage. Among them are changed sexual mores, decreased economic opportunity for low-skilled workers, more women in the labor market, and deteriorating neighborhood conditions.

Focusing on welfare as the main cause of rising out-of-wedlock births, the researchers said, "vastly oversimplifies this complex phenomenon..."

Murray, a controversial writer at the American Enterprise Institute, has argued that rising out-of-wedlock births are the nation's most important social problem and that eliminating welfare is the only way to address it.

Poverty Harms Children

While studies do not support the contention that there is a large correlation between welfare and out-of-wedlock childbearing, the researchers said they do strongly show that poverty harms children.

"Research has demonstrated that poor children are more likely than nonpoor children to be too short and too thin for their age. Poor children also tend to develop academic skills more slowly than nonpoor children. And, poor children who live in poor neighborhoods are less likely than more affluent children to complete high school," they said.

Studies here and in other countries indicate that providing employment and income assistance to poor families decreases poverty rates among children, they added.

According to the researchers, denying welfare benefits to poor children is likely to harm their physical and mental development and "increase the incidence of homelessness and hunger among children." In addition, they said, poor families may be forced to place children in foster care or an institution.

"Such parents would be forced to relinquish their children not because they are abusive or neglectful but simply because they are destitute," they said. "This is not in the best interest of children.

"Ending welfare for poor children born out-of-wedlock does not represent serious welfare reform," the researchers concluded. "We strongly urge the rejection of any proposals that would eliminate the safety net for poor children born outside of marriage."

Improvements in AFDC, Other Programs Needed

Rather than denying welfare benefits to poor children, the researchers called for a variety of improvements in programs assisting poor families. Their recommendations included improving the child support system so that young fathers must support their children; innovative approaches to curbing teen pregnancy; and making changes in the welfare system so that more parents move off AFDC, into the workforce, and out of poverty.

In addition to Danziger, signers of the joint statement include Elijah Anderson, professor of sociology at the University of Pennsylvania; Rebecca Blank, economics professor, Northwestern University, and a former Council of Economic Advisers staff member in the Bush Administration; Greg Duncan, economist, Institute for Social Research, University of Michigan; Frank Furstenberg, sociology professor, University of Pennsylvania; Irv Garfinkel, social policy professor, Columbia University; Peter Gottschalk, economics professor, Boston College; Christopher Jencks, sociology and urban affairs professor, Northwestern University; Sara McLanahan, sociology and public policy professor, Princeton University; Robert Moffitt, economics professor, Brown University; Richard Nathan, provost of the Nelson A. Rockefeller College of Public Affairs, State University of New York, Albany, and a former Nixon Administration official; William Julius Wilson, sociology professor, University of Chicago; and Barbara Wolfe, economics and preventive medicine professor, University of Wisconsin.

Danziger, a professor of public policy and social work, oversaw the writing of the joint statement with a team of the other signers and with administrative help from the Center on Budget and Policy Priorities, a nonprofit Washington research organization.

# # # #

WELFARE AND OUT-OF-WEDLOCK BIRTHS
A Research Summary

As researchers who work in the area of poverty, the labor market, and family structure, we are concerned that the research on the effect of welfare on out-of-wedlock childbearing has been seriously distorted. As researchers, we are deeply concerned about the rising rates of out-of-wedlock childbearing and the high incidence of poverty and welfare use among single-parent families. However, the best social science research suggests that welfare programs are not among the primary reasons for the rising numbers of out-of-wedlock births.

Most research examining the effect of higher welfare benefits on out-of-wedlock childbearing and teen pregnancy finds that benefit levels have no significant effect on the likelihood that black women and girls will have children outside of marriage and either no significant effect, or only a small effect, on the likelihood that whites will have such births. Indeed, cash welfare benefits have fallen in real value over the past 20 years, the same period that out-of-wedlock childbearing increased. Thus, the evidence suggests that welfare has not played a major role in the rise in out-of-wedlock childbearing.

There is, however, strong evidence that poverty harms children. Poor families often live in substandard housing and have difficulty purchasing basic necessities such as food and clothing. Research has demonstrated that poor children are more likely than nonpoor children to be too short and too thin for their age. Poor children also tend to develop academic skills more slowly than nonpoor children. And, poor children who live in poor neighborhoods are less likely than more affluent children to complete high school. Research in this and other countries also indicates that programs that provide employment and income assistance to poor families decrease poverty rates among children.

There are several plausible explanations for the rise in out-of-wedlock childbearing, although research has not determined which of these are important factors. Possible explanations include: changed sexual mores, decreased economic opportunity for low-skilled young men and young women, changed roles of women, the increased proportion of women in the labor market, and deteriorating neighborhood conditions stemming from racial segregration and industrial change. *Focusing on welfare as the primary cause of rising rates of out-of-wedlock childbearing vastly oversimplifies this complex phenomenon.*

Recently some have suggested that poor children born to unmarried parents should not be eligible for Aid to Families with Dependent Children, food stamps, or subsidized housing. Proponents of these drastic policies defend them as necessary to decrease the number of children born outside of marriage. We question the efficacy of such policies.

Policies that deny poor children basic income and nutrition assistance are likely to harm their physical and academic development and increase the incidence of homelessness and hunger among children. In addition, families that are left with no means to support their children may find that the only way their children's basic needs can be met is to place them in foster care or in an institution. Such parents would be forced to relinquish their children not because they are abusive or neglectful but simply because they are destitute. This is not in the best interests of children. While some signers of this statement believe that welfare has some modest impact on out-of-wedlock childbearing, we all agree that the damage done to children by denying assistance to their families would be far too great to justify eliminating the safety net for them.

We need significant improvements both in the welfare system and in other policy areas. Improvements in the child support system must be made so young men understand that if they father a child they will be required to provide financial support for that child for 18 years and so fathers assume more parenting responsibilities. Changes in the welfare system must be made so more parents can move off welfare, into the workforce, and out of poverty. And, innovative approaches to curbing teen pregnancy should be pursued and strategies found effective widely implemented.

But ending welfare for poor children born out-of-wedlock does not represent serious welfare reform, and would inflict harm on many poor children. *We strongly urge the rejection of any proposal that would eliminate the safety net for poor children born outside of marriage. Such policies will do far more harm than good.*

Signatories:

Larry Aber	Columbia University
Greg Acs	Urban Institute
Elijah Anderson	University of Pennsylvania
John Antel	University of Houston
Sheila Ards	University of Minnesota
Rebecca Blank	Northwestern University
Larry Bobo	University of California, Los Angeles
Larry Bumpass	University of Wisconsin
Martha Burt	Urban Institute
Glen G. Cain	University of Wisconsin
Maria Cancian	University of Wisconsin
Anne Case	Princeton University
Andrew Cherlin	Johns Hopkins University
Thomas Corbett	University of Wisconsin
Mary Corcoran	University of Michigan
Sandra Danziger	University of Michigan
Sheldon Danziger	University of Michigan
Greg Duncan	University of Michigan
Kathryn Edin	Rutgers University
George Farkas	University of Texas at Dallas
Ren Farley	University of Michigan
Ronald Ferguson	Harvard University
Frank Furstenberg	University of Pennsylvania
Irv Garfinkel	Columbia University
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Kathleen Mullan Harris	University of North Carolina at Chapel Hill
Robert Haveman	University of Wisconsin
Martha Hill	University of Michigan
Jennifer Hochschild	Princeton University
Saúl Hoffman	University of Delaware
Robinson Hollister	Swarthmore College
Marjorie Honig	Hunter College
Joe Hotz	University of Chicago
Robert Hutchens	Cornell University
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Sheila B. Kamerman	Columbia University
Thomas Kane	Harvard University
Joleen Kirschenman	University of Georgia

Marieka Klawitter	University of Washington
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Jeff Lehman	University of Michigan
Robert Lerman	American University
Kristen Luker	Princeton University
Irene Lurie	State University of New York at Albany
Douglas Massey	University of Chicago
Sara McLanahan	Princeton University
Jane Miller	Rutgers University
Robert Moffitt	Brown University
Kristin Moore	Child Trends, Inc.
Samuel L. Myers, Jr.	University of Minnesota
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Robert Plotnick	University of Washington
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Lee Rainwater	Harvard University
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Philip Robins	University of Miami
Gary Sandefur	University of Wisconsin
Dona Schwartz	University of Minnesota
Theda Skocpol	Harvard University
Timothy Smeeding	Syracuse University
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Marta Tienda	University of Chicago
Harold Watts	Columbia University
Julie Boatright Wilson	Harvard University
William Julius Wilson	University of Chicago
Doug Wissoker	Urban Institute
Barbara Wolfe	University of Wisconsin

WR - Illegitimacy

MEMORANDUM

TO: Bruce

FROM: Jofi

RE: General trends in teenage pregnancy, out-of-wedlock births, and teenage abortions.

DATE: April 29, 1994

GENERAL DATA ON ILLEGITIMACY

The number of illegitimate births nearly quadrupled in the period between 1986 and 1960, despite the fact that half a million more babies were born in 1960 than in 1986. By 1986, more than 23% of all births were identified as illegitimate. Contrary to popular impressions, the problem of illegitimacy is far from a teenage-only problem. National Centers for Health Statistics (NCHS) data reveal that two-thirds of out-of-wedlock births occur among women who are over 20. In addition, almost a quarter of out-of-wedlock births occur among unmarried couples who live together. While this situation is far from socially desirable, the children in such households are likely to be in a better economic situation than those in a female-headed household.

RECENT RISE IN TEENAGE PREGNANCIES

Beginning in 1987, following three decades of holding constant, the teen pregnancy rate took a sharp turn upward, confounding demographers and other experts. The fact sheet put out by Child Trends, Inc. demonstrate the numerical increases; from 1986 to 1991, the birth rate to teens aged 15-19 rose 24%, from 50.2 to 62.1 births per 1000 females in this age group. What are the underlying causes for this increase in teenage out-of-wedlock births?

(1) Teenagers are having more sex at an earlier age. In 1988, 27% of unmarried teens had already had sex, compared to 19% in 1982 (Governing, January 1993). In addition, younger teens are less likely to use contraception, and even if they do so, to use it correctly.

(2) Reduced number of abortions, stemming from factors discussed later in this memorandum.

(3) Influx of Hispanic immigration: Of all births to teens 15 to 19 nationwide since 1986, Hispanic girls make up more than a third of the increase (Child Trends); in fact, in California, Hispanic girls accounted for 75% of the total increase in teen

births between 1986 and 1989. As second and third-generation Hispanic women become inured to American moral norms, they are less likely to follow the traditional practice of marrying early and will carry their pregnancies to term out-of-wedlock.

In addition, whereas the teen birth rate remained constant from 1960 to 1986, the number of non-marital births in this age group quadrupled while the number of marital teen births declined by 68%. Among the reasons for this disparity include changing societal attitudes towards marriage, the pattern of delaying marriage until the late 20's, the reduced social stigma of bearing a child out-of-wedlock, and the emergence of abortion as a means for a male to avoid the obligation to marry his pregnant girlfriend (he can argue that she could have had an abortion).

THE OUT-OF-WEDLOCK CRISIS: NOT JUST A BLACK PROBLEM.

It is true that black out-of-wedlock birth rates are roughly four times higher than those for whites. Yet, according to the National Center for Health Statistics (NCHS), since 1970, the white rate has increased by 67% while the black rate has declined by 15%. In addition, of all births to teens ages 15 to 19 nationwide since 1986, Hispanic girls make up more than a third of the increase, although they make up only 9% of all adoloscent females, according to Child Trends, the D.C.-based research group. Single mothers now head up nearly a quarter of Hispanic families--up from 13% in 1970.

Nevertheless, African-Americans still bear the vast brunt of the burden in terms of illegitimate births. Whereas in 1960, 2 out of 5 first births to black women were out of wedlock, the numbers now stand at 2 out of 3 first births (Newsweek, 8/30/93). A black child born today only has a 1 in 5 chance of growing up with two parents until the age of 16, according to the University of Wisconsin demographer Larry L. Bumpass. Among the poor, an astounding 65% of never-married black women have children; nevertheless, out-of-wedlock births cross across all economic lines. 22% of never-married black women with incomes over $75,000 have children, almost 10 times as many as whites. In fact, in every economic group, black women are two to six times more likely to have a child before marriage than white women. Hence, the majority of black families with children--62%--are now headed by one parent (Newsweek).

Conflicting statistics exist regarding the proclivity of African-American women to marry. On the one hand, the Census Bureau last year reported that less than 75% of black women are likely to ever marry, compared with 90% of whites. The factor most responsible for this reluctance to marry among black women is the simple lack of available black men. Another telling explanation lies in the reliance black women on a network of extended kin to raise their children, a tradition rooted in the African saying, "It takes a whole village to raise a child". Nevertheless, according to a study by Bumpass and Sweet, almost half of both black and white out-of-wedlock mothers marry within five years, and nearly 70% marry within 15 years.

TEENAGE ABORTIONS

While the number of abortions being performed on pregnant teenagers has grown slightly, the percentage of teens choosing abortions overall has been declining. According to statistics from the Centers for Disease Control, the percentage of teens under age 15 who chose abortion dropped significantly from 1984 to 1989. In 1984, for every 1000 live births, 1200 young women chose abortions. In 1989, this number had dropped below 900. The hypotheses for this decrease include the decline in the number of abortion clinics, reductions in state funding for abortions of poor women, strong anti-abortion campaigns in some states, and state laws that set restrictions on abortion, such as parental notification.

ILLEGITIMACY AND HEALTH

The high U.S. infant mortality rate is commonly linked to our poverty rate; poor women supposedly will bear more low-weight children. However, the actual data reveals otherwise, as Nicholas Eberstadt of the Harvard Center for Population and Development Studies has shown; in one study, child poverty rates in Australia and the U.S. were almost indentical in 1980, yet the U.S. infant mortality rate was nearly one-fifth higher. Nor can we blame inadequate health care; at any given birth weight, American infants have a higher survival rate than Japanese or Norweigian infants, countries which nevertheless have a much lower overall rate of infant mortality.

Two specific linkages have been discovered as predictors of infant mortality. Heavy smoking by pregnant women clearly leads to problems; according to a 1982 survey by the National Center for Health Statistics, babies born to mothers who smoked 15 or more cigarettes a day had an incidence of low birth weight three times greater than those born to nonsmokers. However, the other correlation is more intriguing; bearing a child out of wedlock significantly reduces a child's chances of survival in the U.S.. Derived from 1991 NCHS data, the following figures on the correlation between marital status and low birth weight were reported:

	Married	Unmarried
% of low-weight babies born to white women	5.2 %	8.0%
% of low-weight babies born to black women	10.8%	14.9%

(See attached table for more information)

Hence, unmarried white women have a 54% greater chance of

1/2 again as likely to give birth to low birthweight

giving birth to low-weight babies than married white women, and unmarried black women have a 38% greater chance of doing so than married black women. Overall, regardless of race/ethnic divisions, unmarried women have an 86% greater chance of giving birth to low-weight babies than married women in the U.S.. However, unmarried black women still have an 86% (yes, 86% again!) greater chance of giving birth to low-weight babies than unmarried white women.

Birth weight plays a consequential role in the infant's subsequent chances for survival. In a 1980 study conducted by the CDC, the infant-mortality rate for low-birth-weight babies was estimated to be about 20 times higher than for other babies. Part of the explanation for the correlation between marital status and low-birth weight may lie in the use of pre-natal medical care. According to Eberhardt, black babies who receive no pre-natal care are two and a half times more likely to be born low-birth-weight as those whose pre-natal care begins in the first or second month of pregnancy; for whites, the risk increases by a factor of almost three. Indeed, unmarried black mothers were two and one-half times as likely as married black mothers to go without prenatal care; for white mothers, the differential between unmarried and married mothers in recieving prenatal care is a factor of over five.

We must rely on low birth weight statistics as opposed to actual infant mortality rates because the latter data is not compiled on an uniform basis throughout all 50 states. Nevertheless, in other Western countries, perinatal mortality is recorded as significantly higher for illegitimate children in every country. The NCHS is currently attempting to link up the country's birth and death records for children under the age of 1 year; however, because state data-keeping does not adhere to any uniform standards, the NCHS has only completed final data on 1985-1986 as its latest year. Yet, as one indication, preliminary data for 1983 indicate that infant-mortality rates were 35% higher for illegitimate black babies than for legitimate ones, and more than 60% higher for illegitimate white babies than for legitimate ones. Therefore, a college-educated woman who bore an illegitimate child in 1982 was more likely to lose her child within a year than even a grade-school dropout who was married.

What explains this apparent connection between marital status and infant mortality? As mentioned above, prenatal medical care, or the lack thereof, plays a large role. In addition, unmarried women are predominantly young, i.e. in their teen years or early twenties. Younger women are more likely in general to bear low-weight children, as they tend to possess a lower educational background, practice poor health practices, and are less likely to receive prenatal care. Unmarried women are more likely to smoke (26.9%) than married women (14.2%); as shown above, smoking is a definite cause of low-birth babies. Finally, unmarried women, conscious of their social stigma in bearing children out-of-wedlock, are less likely to gain the proper and needed weight during their pregnancies, hoping to conceal their

pregnancies. Hence, one cannot say that out-of-wedlock birth is a direct cause of higher infant mortality rates, but it has proven to be a consistent and reliable marker of this epidemic.

NOTE: Bruce, I am working on the other projects on welfare fraud, SSI benefits to drug addicts, and state innovations in welfare programs; I had to take some time off this month to visit graduate schools and attend a foreign affairs conference at the Naval Academy, which explains my slowness in completing these assignments.

P.S.: I'm going to your alma mater as a M.P.A. candidate in the Woodrow Wilson Class of 1997!

Table 1-110. Percent Low Birth Weight by Marital Status and Age of Mother, Live-Birth Order, and Race of Mother: United States, 1991

[Live-birth order refers to number of children born alive to mother. Low birth weight is defined as weight of less than 2,500 grams (5 lb 8 oz). For most States, marital status of mother is reported on the birth certificate, and for the other States, mother's marital status is inferred; see Technical Appendix. Figures for marital status not classifiable are included in births to married women]

Marital status of mother, live-birth order, and race of mother	Total	Age of mother											
		Under 15 years	15-19 years						20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years
			Total	15 years	16 years	17 years	18 years	19 years						
ALL BIRTHS														
All races [1]	7.1	13.7	9.3	11.5	10.5	9.5	9.2	8.5	7.2	6.3	6.6	7.5	8.4	8.2
First births	7.3	13.2	8.6	10.9	9.8	8.8	8.3	7.8	6.7	6.2	7.8	9.7	11.3	11.6
Second and higher order births	7.0	23.8	11.4	19.5	14.9	12.7	11.6	10.1	7.7	6.3	6.2	7.0	7.7	6.8
Birth order not stated	10.8	*	13.7	13.3	13.7	14.7	12.7	14.0	12.2	9.8	9.5	9.7	11.5	*
White	5.8	11.2	7.6	9.4	8.4	8.0	7.6	6.9	5.8	5.1	5.4	6.5	7.2	6.3
First births	6.3	10.9	7.2	9.0	8.1	7.5	7.1	6.4	5.7	5.5	6.8	8.8	10.2	*
Second and higher order births	5.4	18.3	9.1	17.4	11.9	10.8	9.4	8.0	6.0	4.9	4.9	5.9	6.5	7.9
Birth order not stated	9.0	*	12.3	*	*	14.7	12.4	12.0	10.8	7.7	8.1	7.7	9.7	*
Black	13.6	15.9	13.4	14.4	14.1	13.0	13.8	12.9	12.6	13.3	15.1	16.0	16.9	14.5
First births	12.8	15.3	12.5	13.6	13.9	12.2	12.9	11.9	11.8	12.6	15.7	19.1	20.5	*
Second and higher order births	14.0	27.7	15.0	20.8	17.3	15.2	15.2	14.1	13.0	13.5	14.9	15.5	15.6	14.7
Birth order not stated	16.7	*	16.3	*	21.7	15.4	12.7	16.7	15.8	17.3	16.7	17.0	*	*
BIRTHS TO MARRIED WOMEN														
All races [1]	5.7	11.0	7.4	9.5	8.3	7.9	7.6	6.8	5.7	5.1	5.5	6.5	7.4	8.0
First births	6.1	10.5	6.8	8.7	7.8	7.4	7.0	6.2	5.5	5.5	6.8	8.9	10.2	*
Second and higher order births	5.4	*	8.6	18.3	11.2	9.9	8.0	7.9	5.8	4.9	5.0	5.9	6.7	7.5
Birth order not stated	6.3	*	11.9	*	*	*	12.2	13.3	9.5	7.6	7.4	7.9	10.2	*
White	5.2	10.0	6.9	9.4	7.9	7.5	7.1	6.4	5.3	4.7	5.0	6.9	6.7	7.1
First births	5.7	9.8	6.5	8.8	7.5	7.1	6.6	5.9	5.1	5.1	6.5	8.4	9.5	*
Second and higher order births	4.8	*	8.0	18.7	11.0	9.3	8.5	7.3	5.3	4.4	4.5	5.3	6.0	6.8
Birth order not stated	7.5	*	11.1	*	*	*	*	10.2	8.8	6.7	7.2	6.6	9.5	*
Black	10.8	16.7	12.7	10.9	12.3	13.9	13.5	12.1	10.3	9.9	11.1	12.4	13.6	*
First births	11.3	*	11.7	9.7	11.5	13.0	12.7	11.0	10.0	10.6	12.7	16.5	18.2	*
Second and higher order births	10.6	*	14.0	*	14.8	15.6	14.9	13.0	10.5	8.6	10.7	11.7	12.9	*
Birth order not stated	12.2	*	14.3	*	*	*	*	*	12.8	12.0	9.2	14.5	*	*
BIRTHS TO UNMARRIED WOMEN														
All races [1]	10.6	13.9	10.2	11.8	11.0	10.1	10.3	9.6	9.5	11.0	13.1	13.9	13.4	14.8
First births	9.5	13.5	9.3	11.2	10.3	9.3	8.9	8.5	8.5	10.2	12.8	14.1	15.8	*
Second and higher order births	11.6	26.0	12.8	18.8	15.8	13.7	12.9	11.8	10.8	11.3	13.1	13.8	12.7	15.1
Birth order not stated	15.8	*	14.4	15.0	14.9	16.0	12.8	14.4	15.2	16.2	18.4	17.2	*	*
White	8.0	11.4	8.1	9.4	8.6	8.3	8.0	7.5	7.2	8.0	9.2	10.7	10.7	14.7
First births	7.7	11.1	7.8	9.1	8.3	7.7	7.4	7.0	6.8	8.2	10.1	11.5	13.6	*
Second and higher order births	8.3	23.1	10.1	18.7	12.5	12.0	10.3	8.9	7.5	7.9	8.9	10.3	9.8	14.6
Birth order not stated	13.1	*	12.9	*	*	15.4	11.7	13.5	13.7	12.0	13.8	14.4	*	*
Black	14.9	15.9	13.4	14.5	14.2	13.0	13.4	13.1	13.4	16.2	19.8	20.7	19.9	*
First births	13.3	15.3	12.5	13.8	13.4	12.1	12.2	12.0	12.4	14.7	19.9	22.8	23.4	*
Second and higher order births	15.9	28.2	15.2	20.8	17.4	15.2	15.2	14.3	13.9	16.5	19.5	20.3	19.2	*
Birth order not stated	19.6	*	16.8	*	22.8	17.1	14.3	16.4	17.3	21.9	25.2	20.3	*	*

[1] Includes races other than white and black.

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TEEN PREGNANCY

CHILD TRENDS, INC.

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January, 1994

TO: Individuals and Organizations Concerned About Teenage Pregnancy and Childbearing

FROM: Kristin A. Moore, Ph.D.

SUBJECT: Release of *Facts at a Glance*, reporting 1991 data on teen fertility in the United States

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The most recent data on births among adolescents indicate that the teen birth rate in 1991 continued the rise that began in the latter years of the 1980s. Between 1986 and 1991, the rate of births to teens aged 15-19 rose 24 percent, from 50.2 to 62.1 births per 1,000 females aged 15-19.

This increase in the birth rate has occurred among both younger and older teens, and in nearly all states. Increases have been largest among Hispanic teens, though the birth rate has risen since 1986 among non-Hispanic white and African American teens as well.

Several explanations for this surprising trend have been offered, including a declining use of abortion among teens in some states, lesser availability and greater cost associated with obtaining contraceptive services, decaying life circumstances in some communities, and immigration of Hispanics and other relatively high fertility sub-groups in some areas.

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A microcomputer data file providing state data for 1991 and previous years and another file providing detailed national data are available from Child Trends ($25 for one and $35 for both). These files are designed for use on a microcomputer with LOTUS 1-2-3 software. Files can be ordered or further information can be obtained by writing or faxing Child Trends.

If this fact sheet has reached an inappropriate office, please forward it to the appropriate person. If you would like to be added to our list of more than 6,000 persons who receive *Facts at a Glance*, or if you would like to have an address corrected or deleted, please write to me at our new address, as shown on this letterhead.

This informational effort is funded by the Charles Stewart Mott Foundation of Flint, Michigan

FACTSFACTSFA

AT A GLANCE

January, 1994

BIRTH RATE TRENDS

- For the fifth consecutive year, the birth rate among U.S. teens has increased. From a low of 50 births per thousand females 15-19 in 1986, the rate rose to 62 in 1991.

Birth Rate: Births Per 1,000 Females, by Age

Age:	1970	1975	1980	1985	1986	1987	1988	1989	1990	1991
15-17	39	36	33	31	31	32	34	36	38	39
18-19	115	85	82	80	80	79	80	84	89	94
15-19	68	56	53	51	50	51	53	57	60	62

- The birth rate is highest among black teens; however, the recent increase in the teen birth rate has been particularly large among Hispanic youth.

Birth Rate: Births Per 1,000 Females Aged 15-19, by Race/Ethnicity

Race/Ethnicity	1980	1986	1989	1990	1991
Hispanics	82	80	91	100	107
Non-Hispanic Blacks	105	104	112	116	118
Non-Hispanic Whites	41	36	40	43	43

Note: 1980 data reported for 22 states, accounting for 90% of Hispanic births; 1986 data are for 30 states and DC; 1989 data are for 47 states and DC; 1990 data are for 48 states and DC; 1991 data are for 49 states and DC.

- U.S. women vary substantially in the timing of their first birth. A study of females 15-44 in 1988 found that one-quarter had a first birth by 21.1 years of age; half had a first birth by age 26.0; and three-quarters had a first birth by age 32.4.

- The pace of childbearing varies by race and ethnicity. Among U.S. females 15-44 in 1988, one quarter of blacks have had a first birth by 18.7 years of age, while a quarter of Hispanics have had a child by 19.6 years of age, and a quarter of non-Hispanic whites have had a child by 22.1 years of age.

- Teenage mothers are more likely to have daughters who have babies as teens themselves. Among mothers in the National Survey of Children who were 19 or younger when they first became mothers, half of those with daughters had at least one daughter who became a teen parent, compared with one in four mothers who were at least 20 when they had their first child.

NON-MARITAL BIRTHS

- The number of non-marital births to teens has quadrupled since 1960, while the number of marital teen births has declined substantially.

15% married in 1960
70% married in 1991

Births to Females Under Age 20, by Marital Status

	1960	1965	1970	1975	1980	1985	1991	
Married	502,046	469,462	456,560	361,380	290,529	197,397	163,140	- down 2/3
Unmarried	91,700	129,200	199,900	233,500	271,801	280,308	368,451	- quadrupled since 1960
Total	593,746	598,662	656,460	594,880	562,330	477,705	531,591	- down 10%

- Among unmarried teens who gave birth in the mid-1980s, about one in five were cohabiting (living with a partner).

- On average, for women there are 7 years, and for men 10 years, between first intercourse and marriage.

TABLE 1: NUMBER OF BIRTHS IN 1991 TO MOTHERS

	NUMBER OF BIRTHS TO MOTHERS AGED:				BIRTHS TO MOTHERS UNDER AGE 20:		OF ALL BIRTHS TO MOTHERS UNDER AGE 20, %	OF ALL FIRST BIRTHS IN STATE, %	NUMBER OF BIRTHS TO HISPANIC**
	Under 15	15-17	18-19	Total Under 20	White*	Black*	NONMARITAL	TO TEENS	TEENS
ALABAMA	328	4,202	7,070	11,600	5,770	5,791	65%	32%	50
ALASKA	17	395	820	1,232	721	69	67%	22%	56
ARIZONA	192	3,728	6,194	10,114	8,321	621	75%	29%	4,342
ARKANSAS	179	2,493	4,387	7,059	4,489	2,511	60%	35%	66
CALIFORNIA	1,469	25,950	44,492	71,911	59,558	8,436	68%	23%	41,412
COLORADO	107	2,234	4,025	6,366	5,485	680	68%	22%	2,284
CONNECTICUT	95	1,465	2,438	3,998	2,773	1,166	84%	14%	1,279
DELAWARE	50	486	834	1,370	681	675	81%	22%	82
DISTRICT OF COLUMBIA	97	856	1,093	2,046	43	1,895	95%	30%	114
FLORIDA	755	9,737	16,463	26,955	15,630	11,116	73%	24%	3,490
GEORGIA	553	6,841	11,055	18,449	8,654	9,689	72%	28%	371
HAWAII	29	707	1,366	2,102	389	59	74%	20%	415
IDAHO	20	724	1,497	2,241	2,163	9	50%	29%	335
ILLINOIS	652	9,038	15,624	25,314	13,564	11,532	81%	24%	4,237
INDIANA	214	4,095	8,053	12,362	9,641	2,670	72%	27%	333
IOWA	43	1,278	2,766	4,087	3,685	329	74%	22%	141
KANSAS	68	1,433	3,101	4,602	3,686	790	68%	24%	414
KENTUCKY	204	3,342	5,911	9,457	8,034	1,395	53%	31%	23
LOUISIANA	447	4,802	7,484	12,733	5,112	7,520	75%	33%	96
MAINE	16	567	1,238	1,821	1,780	7	75%	20%	12
MARYLAND	261	2,966	4,981	8,208	3,534	4,564	79%	18%	218
MASSACHUSETTS	122	2,519	4,377	7,018	5,454	1,334	86%	14%	1,773
MICHIGAN	414	6,773	12,632	19,819	11,351	8,184	69%	25%	908
MINNESOTA	94	1,749	3,596	5,439	4,076	684	82%	16%	270
MISSISSIPPI	317	3,670	5,392	9,379	3,396	5,906	75%	39%	17
MISSOURI	204	3,912	7,209	11,325	7,597	3,634	72%	27%	185
MONTANA	12	402	909	1,323	1,014	5	72%	25%	42
NEBRASKA	36	761	1,568	2,365	1,917	341	74%	21%	187
NEVADA	44	962	1,836	2,842	2,210	496	68%	24%	603
NEW HAMPSHIRE	8	335	821	1,164	1,150	7	76%	14%	--
NEW JERSEY	244	3,685	6,216	10,145	5,366	4,675	84%	15%	2,639
NEW MEXICO	70	1,695	2,823	4,588	3,790	136	74%	34%	2,652
NEW YORK	598	9,586	16,645	26,829	16,656	9,809	81%	17%	7,768
NORTH CAROLINA	406	6,004	10,128	16,538	8,514	7,554	71%	27%	262
NORTH DAKOTA	6	235	534	775	580	7	75%	20%	11
OHIO	423	7,875	14,846	23,144	16,176	6,836	76%	26%	564
OKLAHOMA	167	2,733	5,307	8,207	5,621	1,431	58%	32%	381
OREGON	87	1,765	3,375	5,227	4,733	257	69%	24%	674
PENNSYLVANIA	428	6,348	11,506	18,282	12,098	6,007	83%	20%	1,447
RHODE ISLAND	31	506	902	1,439	1,129	227	85%	17%	238
SOUTH CAROLINA	272	3,569	5,946	9,787	4,426	5,326	73%	30%	83
SOUTH DAKOTA	13	395	797	1,205	792	6	75%	25%	12
TENNESSEE	299	4,712	8,156	13,167	8,461	4,635	64%	30%	65
TEXAS	1,246	18,653	30,935	50,834	39,872	10,554	39%	30%	23,910
UTAH	45	1,275	2,554	3,874	3,652	26	50%	24%	455
VERMONT	5	225	514	744	732	4	72%	19%	2
VIRGINIA	265	3,648	7,242	11,155	6,294	4,725	71%	20%	375
WASHINGTON	156	2,907	5,583	8,646	7,386	589	70%	21%	1,289
WEST VIRGINIA	52	1,272	2,628	3,952	3,733	213	56%	32%	9
WISCONSIN	145	2,439	4,831	7,415	4,798	2,233	81%	20%	442
WYOMING	9	277	651	937	861	10	58%	29%	102
U.S. TOTAL	12,014	188,226	331,351	531,591	357,548	157,375	69%	24%	107,135

*Births are reported by the National Center for Health Statistics by race of mother, not race of child as done prior to 1989.

**Hispanic persons may be of any race.

Source: Unpublished data from the National Center for Health Statistics, Department of Health and Human Services; forthcoming in *Vital Statistics of the United States, 1991, Vol. 1, Natality.*

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE U.S. CITIES IN 1991

City	Births to Teens: Total Under 20	Births to Teens: 17 and Younger	Births to Teens: Ages 18-19	Of All Births in City, % to Mothers Under Age 20	Births to Unmarried Teen Mothers: Total Under 20	Births to Unmarried Teen Mothers: 17 and Younger	Births to Unmarried Teen Mothers: Ages 18-19	Of all Births to Mothers Under Age 20, Percent Nonmarital	Number of Births to Teens: White*	Number of Births to Teens: Black*
AKRON, OH	711	280	431	18%	618	263	355	87%	311	389
ALBUQUERQUE, NM	1,045	409	636	14%	830	366	464	79%	938	51
AMARILLO, TX	564	207	357	19%	199	101	98	35%	493	64
ANAHEIM, CA	820	289	531	12%	541	219	322	66%	776	23
ANCHORAGE, AK	484	158	326	10%	327	128	199	68%	320	48
ARLINGTON, TX	514	175	339	10%	191	74	117	37%	418	83
ATLANTA, GA	1,878	878	1,000	21%	1,785	856	929	95%	147	1,725
AURORA, CO	462	173	289	11%	337	156	181	73%	303	143
AUSTIN, TX	1,308	539	769	15%	495	240	255	38%	946	343
BAKERSFIELD, CA	1,285	527	758	17%	957	455	502	74%	1,099	172
BALTIMORE, MD	2,870	1,313	1,557	21%	2,515	1,195	1,320	88%	495	2,365
BATON ROUGE, LA	770	318	452	15%	643	299	344	84%	171	596
BIRMINGHAM, AL	975	423	552	21%	853	395	458	87%	115	859
BOSTON, MA	1,107	468	639	11%	1,018	446	572	92%	403	665
BRIDGEPORT, CT	532	230	302	18%	470	213	257	88%	317	205
BUFFALO, NY	1,079	490	589	17%	976	472	504	90%	423	639
CHARLOTTE, NC	1,060	464	596	14%	933	438	495	88%	278	757
CHATTANOOGA, TN	628	250	378	23%	518	234	284	82%	245	382
CHESAPEAKE, VA	344	115	229	13%	253	103	150	74%	154	190
CHICAGO, IL	11,482	4,878	6,604	19%	10,170	4,590	5,580	89%	3,551	7,827
CINCINNATI, OH	1,473	628	845	21%	1,336	603	733	91%	466	998
CLEVELAND, OH	2,292	902	1,390	20%	2,073	858	1,215	90%	797	1,488
COLORADO SPRINGS, CO	702	228	474	12%	415	195	220	59%	563	117
COLUMBUS, GA	653	253	400	21%	503	224	279	77%	247	405
COLUMBUS, OH	1,745	667	1,078	16%	1,429	603	826	82%	899	819
CORPUS CHRISTI, TX	871	346	525	18%	257	113	144	30%	817	48
DALLAS, TX	3,937	1,683	2,254	18%	2,605	1,252	1,353	66%	2,068	1,818
DAYTON, OH	800	334	466	22%	703	319	384	88%	299	501
DENVER, CO	1,431	585	846	16%	1,122	502	620	78%	1,023	356
DES MOINES, IA	531	216	315	14%	445	202	243	84%	416	94
DETROIT, MI	5,591	2,282	3,309	24%	5,169	2,167	3,002	92%	607	4,946
EL PASO, TX	2,171	829	1,342	16%	800	364	436	37%	2,111	53
FLINT, MI	785	338	447	22%	501	249	252	64%	284	498
FT. LAUDERDALE, FL	624	268	356	15%	550	247	303	88%	141	480
FORT WAYNE, IN	606	212	394	16%	505	200	305	83%	362	239
FORT WORTH, TX	1,569	666	903	17%	696	365	331	44%	952	597
FREMONT, CA	191	73	118	6%	131	60	71	69%	147	23
FRESNO, CA	1,817	796	1,021	17%	1,249	592	657	69%	1,254	218
GARDEN GROVE, CA	374	135	239	11%	231	102	129	62%	322	4
GARLAND, TX	423	150	273	12%	191	76	115	45%	321	92
GARY, IN	576	239	337	25%	545	231	314	95%	88	486
GLENDALE, CA	187	64	123	7%	113	48	65	60%	168	4
GRAND RAPIDS, MI	679	289	390	16%	405	195	210	60%	356	312
GREENSBORD, NC	399	160	239	14%	335	148	187	84%	129	265
HARTFORD, CT	740	346	394	24%	696	330	366	94%	443	288
HIALEAH, FL	283	107	176	10%	157	73	84	55%	267	16
HONOLULU, HI	428	144	284	7%	307	130	177	72%	71	14
HOUSTON, TX	6,621	2,715	3,906	16%	3,428	1,622	1,806	52%	3,935	2,607
HUNTINGTON BEACH, CA	179	63	116	6%	109	45	64	61%	171	1
HUNTSVILLE, AL	381	165	216	15%	299	151	148	78%	147	232
INDIANAPOLIS, IN	2,372	968	1,404	16%	1,985	898	1,087	84%	1,248	1,118
IRVING, TX	372	151	221	12%	180	90	90	48%	328	34
JACKSON, MS	682	296	386	19%	619	280	339	91%	76	604
JACKSONVILLE, FL	1,903	717	1,186	16%	1,406	616	790	74%	874	1,014
JERSEY CITY, NJ	714	297	417	15%	629	268	361	88%	310	392
KANSAS CITY, KS	571	230	341	21%	487	216	271	85%	270	292
KANSAS CITY, MO	1,355	565	790	17%	1,200	539	661	89%	480	862
KNOXVILLE, TN	441	173	268	17%	305	145	160	69%	278	161
LAS VEGAS, NV	1,333	474	859	14%	958	404	554	72%	969	311
LEXINGTON-FAYETTE, KY	477	181	296	14%	345	148	197	72%	313	163
LINCOLN, NE	258	89	169	9%	207	79	128	80%	225	22
LITTLE ROCK, AR	572	207	365	19%	481	197	284	84%	136	435
LONG BEACH, CA	1,474	592	882	13%	972	425	547	66%	951	363
LOS ANGELES, CA	11,741	4,629	7,112	13%	8,912	3,826	5,086	76%	9,680	1,895
LOUISVILLE, KY	1,416	612	804	20%	1,200	559	641	85%	696	710
LUBBOCK, TX	636	269	367	19%	249	141	108	39%	515	120
MADISON, WI	201	68	133	7%	167	61	106	83%	110	76
MEMPHIS, TN	2,579	1,165	1,414	21%	2,344	1,111	1,233	91%	357	2,213
MESA, AZ	701	237	464	12%	482	198	284	69%	646	30

(continued)

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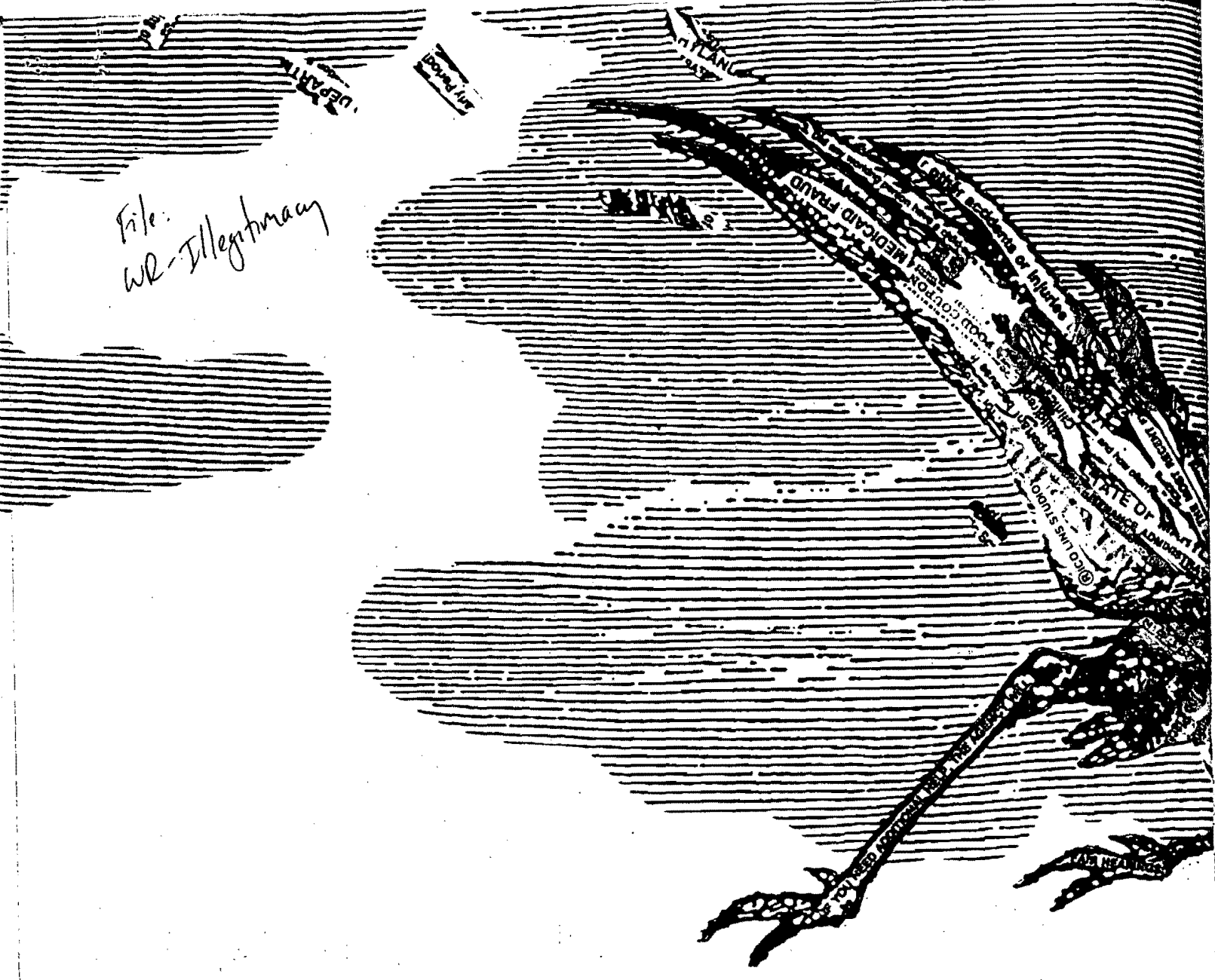

DOES WELFARE BRING MORE BABIES?

BY CHARLES MURRAY
ILLUSTRATION BY RICO LINS STUDIO

The American Enterprise
January/February

Last October, I published a long piece on the op-ed page of the *Wall Street Journal* entitled "The Coming White Underclass." Its thesis was that white illegitimacy—22 percent of all live births as of the latest (1991) figures—is now moving into the same dangerous range that prompted the young Daniel Patrick Moynihan to write about the breakdown of the black family in 1964, and that the ensuing social deterioration in lower-class communities may be as devastating for whites in the 1990s as it was for blacks in the 1960s. The centerpiece of my solution was to abolish all federal support for single women with children.

The response was, for me, unique. It is not just that the piece aroused more intense reaction than anything I have written since *Losing Ground*, but that so many people agreed with me. This is not normal. After I publish something, my mail and phone calls are usually split about 50/50 pro and con. This time, almost everyone agreed that the problem of illegitimacy was just as bad as I described, and a surprising number of people, including some ordinarily prudent people in the public eye, endorsed my radical notion of ending welfare altogether.

All this leads me to believe that illegitimacy is about to replace abortion as the next great national social debate. It should; not because the nation spends too much on welfare but because, as Moynihan said first and best, a community that allows a large number of young men to grow up without fathers "asks for and gets chaos." I believe it is not hyperbole but sober fact that the current levels of illegitimacy already threaten the institutions necessary to sustain a free society.

And so I want to end welfare. But this raises an obvious question: do we have any reason to believe that ending welfare will in fact cause a large-scale reduction in illegitimacy? Does welfare cause illegitimacy?

The answer has seemed self-evident to people ranging from the man in the street to Nobel laureate economists. The answer has not been nearly so clear, however, to social scientists who have studied the problem, nor has the search for an answer been conducted with stately scholarly detachment. It has instead been a hard-fought battle stretching back many years. Almost everyone has brought convictions about what the answer ought to be, for few issues have been so politically charged. But with a few lapses, the combatants have played by the technical rules in making their points, and, after all this time, we have learned at least a few things on which we can agree.

Two detailed reviews summarize the academic evidence. One, by Brown University economist Robert Moffitt, is called "Incentive Effects of the U.S. Welfare System: A Review," and it appeared in the *Journal of Economic Literature* in March 1992. I wrote the other one, called "Welfare and the Family: The U.S. Experience," as part of a special issue of the *Journal of Labor Economics* in January 1993, devoted to a set of articles comparing the American and Canadian social policy sponsored by the William H. Donner Foundation.

What follows summarizes the major area of agreement that has developed over the last 10 years—necessarily simplifying many findings and ignoring nuances. Then I turn to the major remaining area of disagreement. It brings to the attention of a general audience—for the first time, to my knowledge—a major technical error in the understanding of black illegitimacy that has large consequences for the subsequent debate. Bluntly: an important and commonly used argument of those who say that welfare does not cause illegitimacy is 180 degrees wrong.

Where Analysts Agree: Studies of Differences Among States

If the agreement could be summed up in a single sentence, it is that moderate differences in welfare benefits produce some differences in childbearing behavior, but only small ones. The main research strategy for reaching this conclusion has been to explore the effects of variations in AFDC (Aid to Families with Dependent Children) benefits across states. The hypothesis has been that since benefits vary widely, there should be differences in childbearing behavior as well, if indeed welfare is a culprit in producing illegitimacy.

Back in 1983, David Ellwood and Mary Jo Bane—both now senior officials in Clinton's Department of Health and Human Services—wrote the early version of a paper (still being circulated in typescript) during the debate over *Losing Ground* that everyone interpreted as proving that welfare doesn't cause increases in illegitimacy. That's not exactly what the analysis found—their approach to the issue was indirect and used a methodology so complex that evaluating the results is difficult even for specialists—but "Ellwood and Bane" is nevertheless still cited in the media as the definitive study that welfare does not affect illegitimacy.

Since then, several studies have explored the issue more directly, and the consensus has shifted to a tentative conclusion that welfare is implicated, but not dramatically. The results from the recent studies have many differences, and it would be unrealistic to try to draw a consensus from them about the magnitude of the effect of welfare. One study found a fairly large effect on childbearing behavior (for example, a predicted increase of 16 percent in the probability of teen births if welfare benefits rose 20 percent), but the effect was statistically insignificant. (This can happen when samples are small or the variation in results is very large.) Another found an effect that was

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in the same ballpark (a 6 percent increase in childbearing by unmarried women in response to a 10 percent increase in welfare benefits) and was also statistically significant. Other studies have found statistically significant effects without reporting the magnitude.

Until recently, studies of this issue have concluded that the effects of welfare are much easier to find among whites than among blacks. In two of the studies mentioned above, all of the apparent effect of differing welfare benefits on childbearing behavior was accounted for by the behavior of whites. An additional study that was limited to black teenagers found only a small, statistically insignificant effect.

But the situation is changing. A recent detailed study by Mark Fossett and Jill Kiecolt in *Journal of Marriage and the Family* using 1980 census data found a substantial and consistent relationship between the size of public assistance payments and illegitimacy among black women ages 20–24, even after controlling for a wide variety of economic, social, and demographic factors. Why did this study find a relationship where others had not? Partly because the analysis was more tightly focused than the others, using metropolitan areas rather than states; partly because the study focused on a particular age group (women ages 20–24) instead of lumping all women together. Much more work remains to be done regarding black illegitimacy and welfare, but the best bet at this time is that the results for blacks and whites will converge. Using what the social scientists call "cross-sectional data"—comparing different places at the same historical moment—it seems likely that welfare will be found to cause some portion of illegitimacy, but not a lot.

IF THE AREA OF AGREEMENT [IN THE WELFARE/ ILLEGITIMACY DEBATE] COULD BE SUMMED UP IN A SINGLE SENTENCE, IT IS THAT MODERATE DIFFERENCES IN WELFARE BENEFITS PRODUCE SOME DIFFERENCES IN CHILDBEARING BEHAVIOR, BUT ONLY SMALL ONES.

The area of agreement, limited though it may sound, has important policy implications. Even taking the studies showing the largest statistically significant effect of welfare on childbearing, there is no reason to suppose that reducing welfare benefits by 10 percent will produce more than about a 6 percent drop in childbearing among single women. This is not enough to make much difference in anything. More generally, if you were to ask scholars of various political viewpoints in the welfare/illegitimacy debate about the prospective effects of other welfare proposals that have been in the news recently—stopping the increase in benefits that kicks in when a second child is born, toughening workfare requirements, linking welfare to school attendance, and so forth—almost all of us would be pessimistic. We have different reasons for thinking that such changes would be good or bad, but the available data do not give much cause to think that such small changes will produce more than small effects.

Where Analysts Disagree: Variation Across Time

The favored way of examining the effects of welfare, taking advantage of the natural variation in AFDC payments across states, has a number of defects.

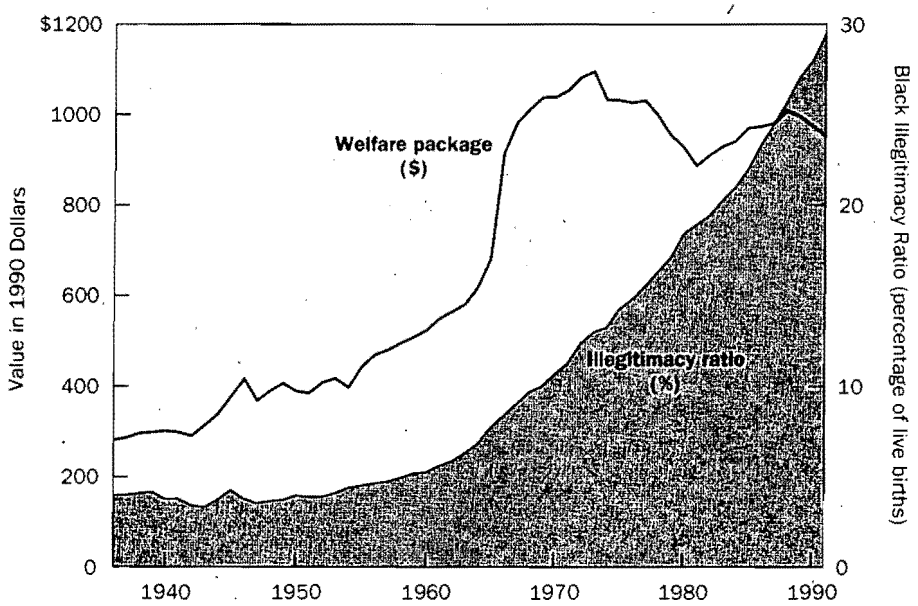
One problem with drawing comparisons across states is that state-by-state differences in welfare benefits are not so great as they seem. When you are first told that Louisiana has an average monthly AFDC payment of $169 and California has a monthly payment of $640 (the 1990 figures), the difference looks huge. But some federal benefits (such as food stamps) are more generous in low AFDC states, and Medicaid is available everywhere. Adding in everything, the proportional differences in the welfare packages available in different states shrink. And when you then put those differences in terms of the local economy, the difference nearly disappears. When the General Accounting Office compared the value of welfare packages in 13 locations across the country in the late 1970s, when state-by-state AFDC differences were near their peak, the agency found that the San Francisco package turned out to provide an income equivalent to 66 percent of the median household income in San Francisco, while the New Orleans package provided an income equivalent to 65 percent of the median household income in New Orleans. Should we be surprised to find that welfare differences between Louisiana and San Francisco do not produce much difference in out-of-wedlock childbearing?

Another problem is that a powerful factor masks the effects of welfare on blacks when scholars base the analysis on states. The black-white difference in illegitimacy goes back to the earliest post-Civil War data. No scholar has ever succeeded in explaining away this racial difference with any combination of economic, social, or educational control variables. The residual difference is astonishingly large. In a large national database (the National Longitudinal Study of Youth), the probability that a baby will be born to a single woman is more than twice as high for blacks as whites *after* controlling for age, education, socioeconomic background, and poverty. For reasons that are still not understood, something in black culture tolerates or encourages birth out of wedlock at higher rates than apply to white culture in any given year, and this has been true before and after welfare was introduced. The problem is that "black culture" (a term I am using because no one knows how to describe it more specifically) is not spread evenly

FIGURE 1

WELFARE BENEFITS AND ILLEGITIMACY

A SIMPLE COMPARISON



Source: Illegitimacy data since 1960: National Center for Health Statistics, "Advance Report of Final Natality Statistics," *Monthly Vital Statistics Report*, vol. 42, no. 3(S) (Sept. 9, 1993), table 16, and comparable tables in earlier volumes. Data prior to 1960: National Center for Health Statistics, *Vital Statistics*. Computation of the welfare package uses budget data from U.S. Bureau of the Census on AFDC, food stamps, public housing, and Medicaid. *Statistical Abstract of the United States*. The method of computation is described in Charles Murray, "Welfare and the Family: The American Experience," *Journal of Labor Economics*, vol. 11, no. 1, part 2, (Jan. 1993).

across the United States. The states in which blacks have the very lowest illegitimacy ratios are places like Idaho, Montana, North and South Dakota, Alaska, Hawaii, New Hampshire, and Maine, where AFDC payments are often well above the national average, but a very small black population lives in the midst of a dominating white culture (with its much lower illegitimacy ratios). Most of the states with the very lowest AFDC payments are in the Deep South, where blacks not only constitute a major portion of the population, but are densely concentrated in given areas—also, in other words, where whatever-it-is about black culture that produces high illegitimacy is likely to permeate the world in which black youngsters grow up. In statistical terms, this means that a great deal of noise is introduced when one analyzes the effect of varying AFDC payments. The same data that show no relationship between welfare and illegitimacy among blacks across states suddenly show such a relationship when one controls for the size and density of the black population.

The main problem with comparisons across states is that they ignore the overriding historical reality that welfare went up everywhere in the United States in a concentrated period of time, producing an overall national change that dwarfs the importance of between-state differences. Focusing on differences between states ignores the main effect.

Even when one takes a historical perspective, the story is a complex one. Here, pictorially, is the main battleground in the debate over whether welfare causes illegitimacy (see Figure 1).

There are many things to argue about in this figure. Probably the one you have heard most often involves the size of the welfare package. I have shown it as a combination of AFDC, food stamps, Medicaid, and public housing subsidies, using conservative methods for valuing these components. Those who argue for an expansion of welfare benefits would have shown a much different figure, showing just the AFDC benefit, which in real terms has retreated to 1950s levels.

But to focus on just the AFDC cash payment is an example of the bogus part of the welfare/illegitimacy debate that most parties to the debate are now beyond, at least when they talk among themselves. Statements such as "welfare benefits are now back to 1950s levels" often show up in congressional testimony and the network news shows, but no serious student will deny that food stamps, Medicaid, and housing benefits are part of the relevant package available to a young woman with a baby and that those have expanded dramatically, along with a hodge podge of other benefits both federal (the Women, Infants, and Children's Supplemental Feeding Program, for example) and state or municipal (heating fuel subsidies, eviction protection, for example). Arguments about the specific value of Medicaid and public housing subsidies could result in minor shifts in the trend line shown in the figure, but the overall shape must remain the same by any method of computation: a very large increase in the last half of the 1960s, a smaller drop in real value in the last half of the 1970s (because of inflation—the nominal value of benefits continued to rise), and only small changes since the early 1980s, when inflation subsided. This basic shape of the trend in welfare benefits sparks the authentic part of the debate, which may be summarized as follows.

Looking at the figure, we see that the real value of the AFDC benefit first available in 1936 begins to rise in the mid-1940s. By the end of the 1940s, the illegitimacy ratio begins a modest rise too. The increase in AFDC steepens somewhat in the mid-1950s, and within a few years the slope of the illegitimacy ratio steepens as well. Then in the mid-1960s the trend lines for both the value of the welfare package and illegitimacy shoot sharply upward. All of this is con-

sistent with an argument that welfare is an important cause of illegitimacy.

But there is another side to this story, as shown in the graph after the early 1970s. After 1973, the value of the welfare package begins to drop, while illegitimacy continues to increase. This is inconsistent with a simple relationship of welfare to illegitimacy. Why didn't illegitimacy decrease a few years after the value of welfare began to decline?

At this point, the published research literature is little help. The "research," if it may be called that, has consisted mostly of pointing to the part of the graph that is consistent with one's position. But the contending parties in the debate must hold certain underlying assumptions about how causation is going to work in such a situation. Let's suppose you want to argue that the trend in illegitimacy should have flattened and reversed when the real value of welfare benefits stopped climbing. It seems to me that this implies two assumptions: (1) fertility behavior is highly sensitive to incremental changes in welfare benefits, independent of existing fertility trends among single women, and (2) young women accurately and quickly discount nominal increases in welfare according to changes in the Consumer Price Index.

I do not find either of those assumptions plausible. In the late 1970s, social scientists knew that the real value of the welfare benefit was declining, but the young woman in the street probably did not. She was, after all, seeing her friends on welfare get checks that were larger every year, and health care and housing benefits that were more important every year as prices went up.

People like me also have to meet a burden, however. The main one, as I see it, is to spell out how a complex causal sequence is working, for, clearly, a simple causal link (fertility behavior among single women goes up and down with the value of the welfare check) doesn't work. One of the key features of my explanation is the assumption that many of the social restraints on illegitimacy erode as out-of-wedlock births become more common. Thus we may argue that the very large increase in benefits in the 1960s was indeed a major culprit in jacking up the illegitimacy ratio, but that the increased prevalence took on a life of its own in the 1970s. I find this plausible but, obviously, many who use the 1970s as evidence that welfare does not cause illegitimacy must not find it plausible. Here, the prescription to improve the quality of the debate is for both sides to spell out the assumptions that go into their causal arguments and test them against the data.

I WAS PERSUADED BY THE EVIDENCE THAT A CASE COULD NOT BE MADE THAT WELFARE CAUSED MORE ILLEGITIMATE BIRTHS, ONLY THAT WELFARE RAISED THE PROBABILITY THAT A GIVEN BIRTH WOULD BE ILLEGITIMATE. I WAS WRONG.

The Great Black Fertility Illusion

This brings us to the issue I mentioned earlier, that on one argument crucial to the debate, the accepted wisdom is 180 degrees wrong. It involves black illegitimacy, which has always been at the center of public concern about illegitimacy, and at the center of debate about causes. Many of you who have followed the welfare debate will recognize it, for the argument is made frequently and volubly. It goes like this:

Yes, the *proportion* of black children born to single women started to shoot up rapidly during the 1960s. But during that same period, the *incidence* of births among single black women was actually going down. If the increases in welfare during the 1960s had such terrible effects, why were fewer single black women having babies? Here are the trend lines for the proportion (represented by the line labeled *proportion*) and incidence (represented by the line labeled *incidence*) (see Figure 2).

As one writer put it: "Unmarried black women were having babies at a considerably lower rate in 1980 than they were in 1960. Further, the birth rate among black single women had fallen almost without a break since its high in 1961." The author? Me, writing in *Losing Ground*. At that time, like everyone else involved in the welfare/illegitimacy debate, I took for granted that the production of black illegitimate babies was falling, even though the proportion of black children born to single women was rising, and that this was something that those who would blame welfare for illegitimacy would have to explain away.

Such explanations are available because fertility rates were falling for married women as well. One may acknowledge that broad social forces can have an overriding influence on the propensity of women to have children and still argue that welfare has an independent role in shaping the marital circumstances surrounding the children who are born. But, given the figure shown here, it becomes implausible to make the more ambitious argument that welfare bribes women to have children, no matter how often social workers tell you that they know of many such cases. That is why, in the example of Harold and Phyllis, which became one of the best-known sections of *Losing Ground*, I was careful to begin the scenario with Phyllis already pregnant. I was persuaded by the evidence summarized in the paragraph above that a case could not be made that welfare caused more illegitimate births, only that welfare raised the probability that a given birth would be illegitimate.

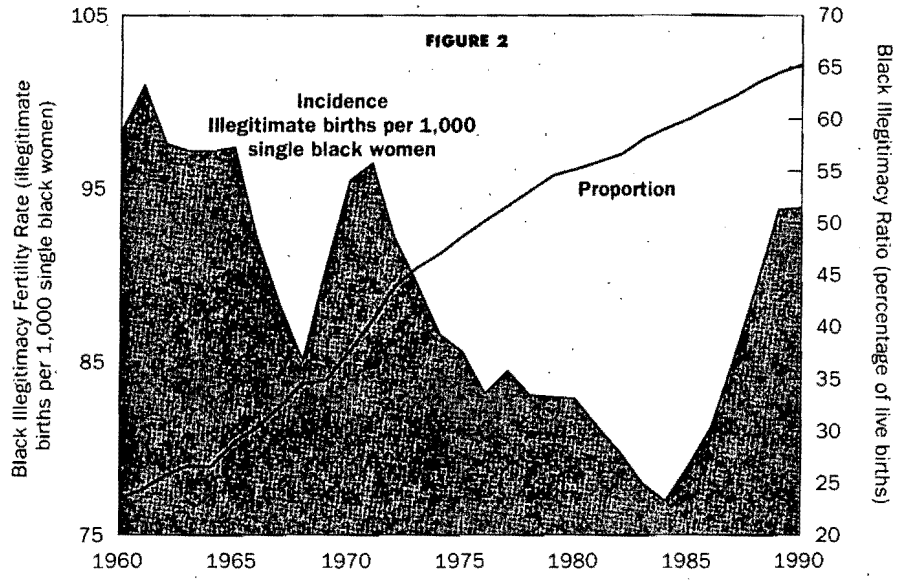
I was wrong. Figure 2 reflects a statistical illusion. Here is the appropriate way to view the production of black ba-

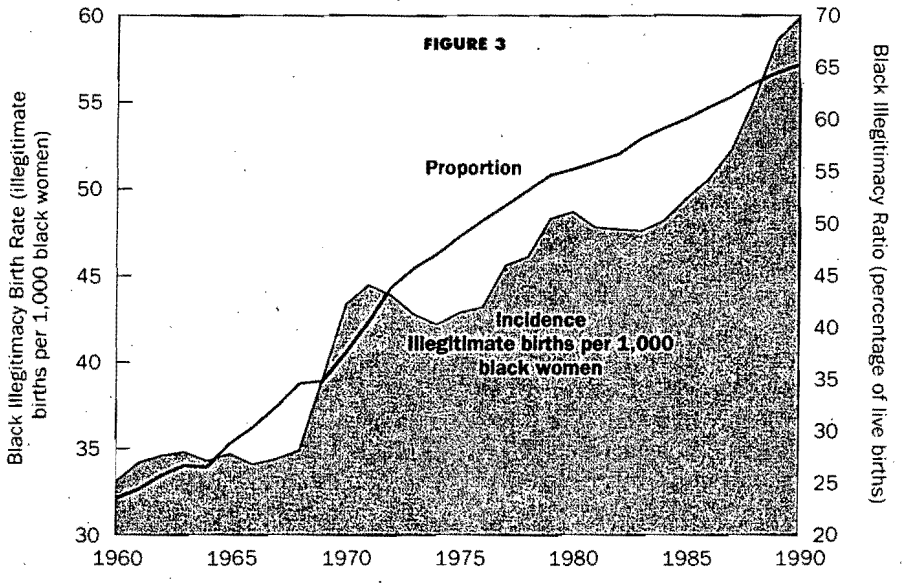
FIGURES 2 & 3

TWO WAYS OF LOOKING AT BLACK ILLEGITIMACY

Illegitimacy can be represented by two measures: the *proportion* and the *incidence* of babies born out of wedlock. Figures 2 and 3 show identical upward lines for the *proportion* (the illegitimacy ratio). Figure 2, however, shows that the *incidence* of out-of-wedlock births has trended downward unevenly until the mid-1980s, while Figure 3 shows an upward trajectory. Both figures measure the *incidence* of births to single black women, but they do so in different ways. Which is the more useful measure to understand the rate at which illegitimate babies are being born?

In Figure 2, the number of illegitimate births to black women is expressed in terms of the population of single black women. That measure would be appropriate if the proportion of single women in the black population held constant. But it didn't; it soared over the period shown here. To get an accurate measure of the changing "production of illegitimate babies," we need to compare illegitimate births to the black female population. The slope of the line in Figure 2 reverses.





Source: Computed from National Center for Health Statistics, "Advance Report of Final Natality Statistics," *Monthly Vital Statistics Report*, vol. 42, no. 3(S) (Sept. 9, 1993), Figure 2: tables 1 and 17, and comparable tables in earlier volumes. Figure 3: tables 1 and 16, and comparable tables in earlier volumes.

bies out of wedlock from 1960 to 1990 (see Figure 3).

The line for the proportion remains unchanged, but what a dramatic difference in the measure of incidence. The incidence of black illegitimacy did not peak in 1960; on the contrary, it remained roughly steady until 1967, when suddenly it shot up and continued increasing with only short breaks through the end of the 1980s.

What statistical game has been played? If you take a careful look at the labels in the figures, you may be able to figure it out for yourself—notice the slight difference in wording between "illegitimate births per 1,000 single black women" in the first graph and "illegitimate births per 1,000 black women."

Statistics don't lie, as long as everyone is clear on precisely what question is being asked and precisely what the statistic measures. Here, we are interested in two separate phenomena: proportion and incidence. Proportion can be measured only one way (divide the number of illegitimate babies by the total number of live births). But in Figures 2 and 3, we used two different ways of measuring incidence, and they showed utterly different results. They cannot both be right. Which one is?

The underlying sense of "incidence" is "frequency relative to a consistent base." If the size of a population were constant, then we could simply use the raw number of illegitimate births as our measure of incidence. But populations do not remain constant. Therefore we need to divide the number of births by some denominator that will hold the population factor constant. The usual way to do this is by using the number of single women as the denominator. This makes intuitive sense, since we are talking about illegitimate births. But it is an inferior measure of incidence because the real issue we are interested in is the production of illegitimate babies per unit of population. What few people, including me, thought about for many years is that it is possible for the production of illegitimate babies per unit

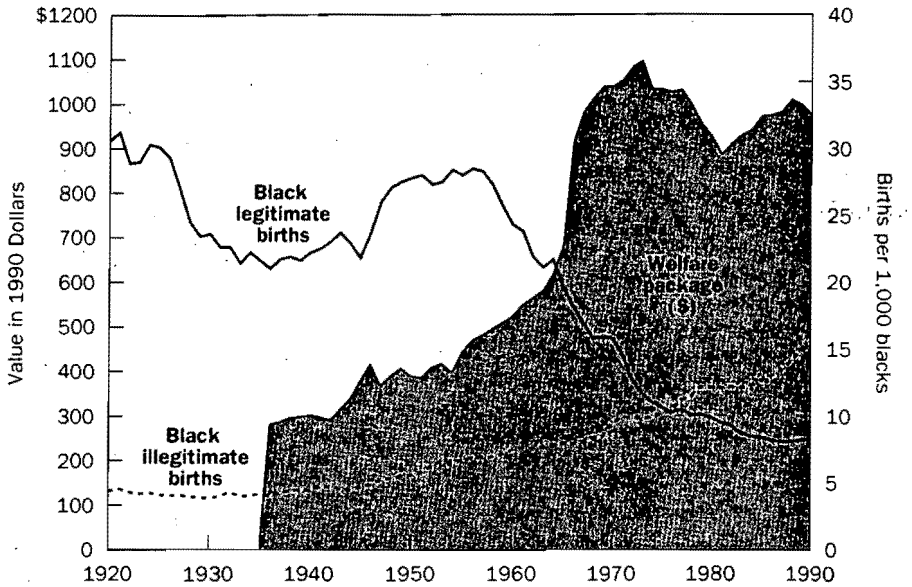
of population to go up even while the probability that single women have babies goes down.

This seeming paradox can occur if the number of single women suddenly changes far out of proportion to the increase in the overall population, and that's what happened to blacks during the 1960s. In a mere five-year period from 1965 to 1970, the proportion of black women ages 15–44 who were married plummeted by 10 percentage points, from 64.4 to 54.6 percent—an incredible change in such a basic social behavior during such a short period of time. (During the same period, the comparable figure for whites fell from 69 to 66 percent.) Black marriage continued to fall throughout the 1970s and 1980s, hitting a low of 34 percent in 1989—barely more than half the proportion that prevailed in 1960.

To see what this does to the interpretation of fertility rates, think of the familiar problem of interpreting Scholastic Aptitude Test (SAT) scores. Whenever the scores go down, you read news stories pointing out that maybe education isn't getting worse but that more disadvantaged students (who always would have scored low, but had not been taking the SAT) have entered the SAT pool, therefore causing the scores to fall. It is a similar scenario with the pool of black single women: By 1970, a large number of black women who would have been married in the world of 1960 were not married. The pool was being flooded. Did these new additions to the pool of single women have the same propensity to have babies out of wedlock as the old pool of single women? The contrast between the two figures suggests that the plausible answer, no, is correct.

The crucial point is that the number of illegitimate babies in the black population—not just the proportion, but the number—produced in any given year among a given number of blacks nearly doubled between 1967 and 1990, even though the fertility rate among single

FIGURE 4
BLACK BIRTHS INSIDE AND OUTSIDE OF MARRIAGE AND WELFARE



Note: Incidence is based on the entire black population to provide a consistent base since 1920.
Source: Same sources used in Figure 1, plus population data from *Historical Statistics of the United States, Colonial Times to 1970*, vol. 1 (Washington, DC: U.S. Bureau of the Census, 1975), Table A23–28, and U.S. Bureau of the Census, *Statistical Abstract of the United States*.

black women fell. It increased most radically from 1967 to 1971, tracking (with a two-year time lag) the most rapid rise in welfare benefits. Or in other words, black behavior toward both marriage and out-of-wedlock childbearing during the period in which welfare benefits rose so swiftly behaved exactly as one would predict if one expected welfare to discourage women from getting married and induce single women to have babies.

When we then take the same measure and look at it over the 70-year sweep from 1920 to 1990, comparing black incidence of birth within marriage and outside marriage, all against the backdrop of the value of the welfare package, this is how the picture looks (see Figure 4).

The figure is not in any way "proof" of a causal relationship. But it is equally important to confront the plain message of these data. At the same time that powerful social and economic forces were pushing down the incidence of black children born to married couples, the incidence of black children born to unmarried women increased, eventually surpassing the rate for married couples. Something was making that particular behavior swim against a very strong tide, and, to say the least, the growth of welfare is a suspect with the means and opportunity.

This new look at black illegitimacy, then, knocks the legs out from under one of the main arguments that has been used to exculpate welfare's role in promoting illegitimacy 20 years from now. This will not stop the debate. The map linking welfare and illegitimacy still has big gaps. Optimistically, the progress we have been making in the last decade will continue. Pessimistically, it had better. For if illegitimacy is as serious a problem as I think, we cannot afford to waste much more time in deciding what needs to be done.

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