childbearing is constantly changing. Thus, girls who entered adolescence in the mid-1990s faced a different environment than did those who were teenagers in the 1980s. For example, the percentage of teenagers growing up in a two-parent family declined from 77% in 1980 to 69% in 1995.7

Another life-course principle is that life transitions, such as the transition to parenthood, can be understood only within the context of the institutions and relationships in which a person is involved. Numerous studies have found evidence that teenage parenthood is affected by variables from multiple contexts, including family background, individual characteristics and partner factors.8 Understanding changes in teenage motherhood will thus involve assessing changes in multiple contexts that influence adolescent behavior.

• Family background. Many aspects of family background affect teenage childbearing, including race and ethnicity, parental education and income, family structure and religiosity.9 Family disruption or instability, reflected by changes in parents’ marital status, also influences adolescent and nonmarital childbearing.10

• Individual and school characteristics. Adolescent fertility is related not only to educational attainment but to individual educational performance and engagement in school.11 Sex education in school is associated with increasing knowledge, but has minimal effects on behavior.12 The effects of sex education on sexual behavior are difficult to assess, in large part because the content of sex education curricula varies widely, including topics ranging from reproductive health to abstinence education. In addition, the types of sex education targeted to adolescents have changed over time, especially in response to the AIDS epidemic.13

Two proximate determinants of teenage fertility are the timing of first sexual intercourse and the effective use of contraceptives. Younger teenagers who are sexually active are less likely to practice contraception effectively and spend a longer time at risk of an adolescent birth.14 In contrast, sexually active teenagers who consistently use a contraceptive have reduced odds of an unintended birth.15

• Partner characteristics. Teenagers who have had nonvoluntary sexual experiences are more likely to be sexually active at an early age and to engage in behaviors that place them at a greater risk of adolescent childbearing.16 Those who were youngest at first sex appear to be the group most likely to have had nonvoluntary sexual experiences.17 Recent research indicates that the proportion of young teenage mothers with an older male partner may have been exaggerated;18 however, adolescent females with much older male partners are at a greater risk of early pregnancy.19 In addition, recent research suggests that a substantial minority of teenagers are involved in nonromantic sexual relationships, which are associated with such risky sexual behaviors as failure to use contraceptives.20

Data
The research discussed in this article used 1995 NSFG data to compare three cohorts of women who passed through adolescence between 1980 and 1995. The NSFG, conducted by the National Center for Health Statistics, is designed to provide estimates of factors affecting the U.S. birthrate and the reproductive health of U.S. women of childbearing age. The total of 10,847 interviews completed in 1995 included an oversample of Hispanic women.

Cohort Definitions
We created three retrospective cohorts to include all respondents who were aged 12–19* and living in the United States at some point during the three time periods: 1980–1986 (Cohort 1), 1987–1991 (Cohort 2) and 1992–1995 (Cohort 3).† For some, membership in a cohort was short (e.g., lasting only one month, from age 19 years, 11 months, until age 20), while others contributed multiple months. A woman who did not experience a teenage birth could be in two or even three cohorts; for example, a woman who was 12 in 1986 would have been in her teenage years in all three periods. The samples include 4,883 women who were adolescents in 1980–1986, 3,672 in 1987–1991 and 2,168 in 1992–1995. Although the comparison cohorts overlap, women who became teenage mothers between 1980 and 1995 are included in only one cohort, depending on the year in which they had their first birth. There were 580 teenage mothers in Cohort 1, 387 in Cohort 2 and 234 in Cohort 3.

The dependent variable is measured as age, in months, at first teenage birth. For women who did not have a teenage birth during a given period, the dependent variable was measured either as age, in months, at the end of the period (e.g., December 1986 for Cohort 1) or as age 20 for those who turned 20 during the period. Recent trend data suggest that rates of repeat birth among teenagers have declined to a greater extent than rates of first birth.21 However, for modeling purposes, we test only factors associated with the risk of a first teenage birth across the three cohorts. Because of underreporting of abortion in individual-level surveys, our analyses focus on births instead of pregnancies.22

*Because the average age at menarche for respondents in the three cohorts ranged from 12.4 to 12.7 years, the term “teenager” is loosely defined as any respondent who was at least 12 years old at some point in the cohort.
†Women who were adolescent mothers in a prior cohort, however, were not included. For example, a woman who had a teenage birth at age 15 in 1979 was not included in Cohort 1, even though she was 16 in 1980, because she was no longer at risk of a first teenage birth.