

THE SOCIO-ECONOMIC CHARACTERISTICS AND KAP[†] OF TEENAGE MOTHERS IN TAIPEI CITY, 1978

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INTRODUCTION

A. Objectives of the study

Compared with developed and developing countries, teenage fertility is quite low in Taiwan, Republic of China. It is about 35 per 1000 women in Taiwan area and about 25 per 1000 in Taipei city, for the age group 15-19, covering 8% and 5-7% of total births for the two respective areas between 1971-1978 (Ministry of Interior, 1971-1978). For married women at age 15-19, their fertility rate was even up to 700/1000 in Taipei city (Ministry of Interior, 1971-1978). The data suggest that the premarital conception rate among these mothers could be quite high.

Reducing births from teenagers will help to decrease the whole crude birth rate or the fertility rate more rapidly. What are the socio-economic characteristics of these teenage mothers? What are the factors for them to become teenage mothers? How about the differences between premarital and postmarital conception group? What are the difficulties they faced? How about their knowledge, attitude and practice regarding family planning. These questions need to be answered in order to find their problems and make some suggestions as to how to reduce the incidence of teenage mothers.

Actually, teenage fertility is still decreasing in Taipei city (it was 9 per 1,000 women aged 15-19 in 1985). The births from teenage mothers covered only 2.5% of total births at the same time in Taipei city (Ministry of Interior, 1985).

† Knowledge, attitude and practice regarding family planning.

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The author did a survey for teenage mothers in 1978. Although it was completed several years ago, there are still some valuable information about the teenage mothers in the survey.

Some obstacles to promote sex education for the youth still exist in this country. The author likes to present the result now to let the policy makers, health educators realize some of the teenage fertility behavior and be aware of the importance of sex education for the youth.

In addition, the World Fertility Survey (WFS) just published in recent years, renders some values for comparison and discussion. The author hopes that some of the strategies for the prevention of youth problems including education, employment, marriage and reproductive health etc. can be more explicitly implemented in future in this country.

B. A brief review of previous research

(a) Teenage fertility in developing & developed countries

Fertility rate among women aged 15-19 and percentage of women giving birth before age 20 were studied in the World Fertility Survey in many developing countries between 1974-1983. Most of them showed higher teenage fertility ranging from 53 to 189 per 1,000 women except South Korea (14/1000, of 1974), Sri Lanka (31/1000, of 1975) and Philippines (35/1000, of 1978). And 23%-80% of women at age 20-24 during the specific survey period gave birth before age 20 except South Korea (6% in 1974); and Sri Lanka (18% in 1975).

The lowest fertility rate among women aged 15-19 is found in Japan, at 3.9 per 1,000 women aged 15-19 (United Nations). In the United States, the rate was 52 per 1,000 women aged 15-19, but over half of these births were to unmarried women (United States, National Center For Health Statistics).

In the World Fertility Survey, We found the proportion of young women giving birth during adolescence having increased, however, in at least six developing countries with survey data - Bangladesh, Ghana, Jamaica, Kenya, Nepal and Syria (These are countries where there has been little or no increase in age at marriage). While the rest of surveyed countries showed declining fertility with the indicator by dropping

the percentage of women who give birth before age 20 (World Fertility Survey 1974-1983).

(b) Early marriage & early childbearing promote the population growth

Women who marry or enter into a consensual union at an early age tend to have larger families than those who marry later. The association between age at marriage and completed family size remained even after differences in contraceptive use were taken into account (Lightbourne et al. 1982). Differences in Family size by age at marriage are particularly marked in Latin America (McDonald, 1984).

Early marriage also increases population growth by shortening the time between generations, thus increasing the total number of children born in a given time span (Population Report Series M-4, 1979).

(c) Sexual problems among teenagers

As young men and women struggle to acquire more education, move to cities to find jobs, age at marriage increases and the time that girls spend between menarche and marriage is extended. Where once childhood ended abruptly with marriage, now an intermediate period, past childhood but not yet adulthood, often intervenes for both boys and girls. Whether these young people are called teenagers, adolescents, or youth, they face new problems because they reach sexual maturity before they have reached physical, emotional, social, or economic maturity. For boys, sexual desires grow strong before they are ready or able to support a family. For girls, opportunities to go to school, to hold a job, or to find a suitable husband may be jeopardized by sexual activity at an early age, leading perhaps to an unwanted pregnancy, sexually transmitted disease (STD), or infertility. Both boys and girls need information and guidance to help them through this difficult period, but their access to such help is often limited. Besides, more young men and women are sexually active than before and they are beginning sexual activity younger (Zelnik, et al. 1980; Hofmann, 1984). For both sexes, but especially for the young woman who risks an unwanted pregnancy, this can be a difficult and frightening time.

Premarital sexual activity among young women is more common in developed countries and in Africa and the Caribbean than in Latin America, Asia, or the Middle East. In the late 1970s in the United States, the Netherlands, France, and England and Wales, 40 to 50 percent of girls had had intercourse by age 17; in Sweden, about

80 percent (Andersch, et al. 1982; Dunnell, 1979; Jones, et al. 1985, Zelnik, et al. 1980). Similarly, surveys of unmarried young women in urban Nigeria and Liberia found that 50 to 60 percent were sexually active by age 19 (Ladipo, et al. 1983; Woods, et al. 1985). In contrast, in Mexico City, about 8 percent of unmarried girls aged 15-19 report premarital intercourse (Morris, et al. 1985). In Thailand and South Korea less than 6 percent of unmarried girls are sexually active by age 19 (Porakham, 1985).

Premarital sex is relatively common in Taiwan. In 1980, 47.9% of currently married women in the 20-24 year aged group (born 1955-59) said that they had had premarital sex (Lin, 1983). Illegitimate pregnancies are also on the rise. Taiwan sample surveys show a fivefold increase in premarital pregnancy incidence among those who were under 20 years of age at first marriage (and therefore, under 20 when pregnant), from 3.7% in 1965 to 12.9% in 1973 to 19.2% in 1980 (Lin, 1983). In a survey in Taipei city in 1981 it was 39.6% (Chiang, 1987). Besides, about two-thirds of the married women from the 1980 Taiwan Survey felt that their first birth had occurred too early when its pregnancy was premarital (Lin, 1983). The incidence of premarital sex among senior high vocational school students is 16.95% for male and 5.43% for female (Chin, 1987) in Taiwan.

If premarital pregnancies do not lead to early childbearing, they may lead to illegal abortion instead.

(d) Migration consequence

Young migrants often find themselves lacking the guidance that they need in the face of difficult and important choices. Some may experience the health and social risks of early sexual intercourse — sexually transmitted diseases, unwanted pregnancy, or illegal abortion. In the extreme, they may stumble into crime, alcoholism, or drug addiction (Mckay, 1984).

(e) Contraceptive use among unmarried youth

The young unmarried woman is particularly buffeted by conflicting social pressures. On one hand, much in her environment promotes sexual involvement — the mass media, her boyfriend, even traditional values that urge childbearing on a young woman, and, in some areas, do not tie it strongly to marriage (Jones, 1985). In fact, where fertility is highly valued, proven fertility before marriage may make

a young woman more desirable as a wife (Jagdeo, 1981). Men may demand proof of fertility as a precondition for marriage. On the other hand, social values also urge a young woman to remain chaste until marriage — in thought as well as deed. These conflicting pressures may make a young woman feel uncertain or guilty. She may be unable to make a firm decision to say “No” or, alternatively, to plan in advance to use contraception (Antonovsky, 1978; Furstenberg, 1985; Jones, 1985). She may not want to think of herself as “the kind of girl who prepares to have sex” (Furstenberg 1985); she may equate using contraception with promiscuity or an unacceptably strong desire for sex (Greydanus, 1983); or she may feel that sex should be “natural” and spontaneous, involving no planning on her part. In short, as one researcher from the United States theorizes, the psychological “costs” of using contraception can outweigh the benefits (Luker, 1975). In other cases, young women may not use contraception because they do not intend to have sexual relations, and their involvement is not entirely voluntary. Some young women may actually seek pregnancy — or at least may not seek to avoid it — for other reasons. For some, pregnancy may be a way of rebelling against parents, obtaining attention, or forcing marriage (Dickens, 1983; Greydanus, 1982). Poor young women, without school or jobs as alternatives, may see motherhood giving them a role in life, even if they are not married (Ryan, 1980).

There is little information on contraceptive use among sexually active unmarried youth around the world. Surveys most often ask youth whether they have ever used contraception at any time. In most surveys fewer than half of sexually active youth report that they have ever used any contraception. The percentages vary widely, from a low of 10 percent in Costa Rica and Kenya to over 90 percent in Australia and some European countries (Population Report Series M-9, 1985). A smaller proportion are using contraception consistently. In the Nigerian survey, sexually active young women, 45 percent of whom had been pregnant, most often cited lack of information as the reason for not using contraception. Sexually active young men also cited this reason most often (Ladipo, et al. 1983).

Whatever knowledge young people have about fertility and contraception, have been picked up mostly from friends and the media (Anigan, 1979; Divekar, 1979; Kirby, 1980; Boloko, 1981). Information from friends and the media is often incomplete, misleading, or wrong.

(f) Limited family planning access

Young people find it more difficult to obtain contraceptives than older, married couples. In most countries laws restrict young people's access to family planning information and services much more than they do toward older men and women (IPPF, 1977). A few countries prohibit all distribution of contraceptives to the unmarried or to young people.

Some countries have modified laws to make it less difficult for sexually active young people to prevent unwanted pregnancy.

Family planning service programs have varying policies on serving unmarried people. At one extreme, some refuse to do so. In Taiwan it became legal to provide contraceptives to the unmarried since 1983 and legalize artificial abortion for married & unmarried women since 1985 under some conditions.

(g) Contraceptive use among young married couples

In much of the developing world, contraceptive use is low among married women age 15-19. Except in Latin America, few young women use contraception between marriage and first pregnancy. Thus in most countries at least 70 percent of women who marry young have at least one child before age 20. After giving birth to one child, however, some women begin using contraception to space their next births. In 15 of 23 countries with available WFS data, contraceptive use was markedly higher among young women with one living child than among those with no children (Population Report Series M-9: 355, 1985). In general, the percentage of married women aged 15-19 using contraception is about half as high as the percentage for all married women of reproductive age (Population Report Series M-9: 356, 1985). In Taipei city the contraceptive use among young women less than twenty years of age between marriage and first birth was 15.7% in 1983 (Chiang, 1987).

In contrast to the developing countries, in the United States and Europe contraceptive use among young married couples is quite common, and often usage levels are similar to those among all married women of reproductive age (Population Report Series M-9: 356, 1985). On one hand, pressure to have a child immediately are weaker. Parents and friends may encourage the young couple to finish school or encourage a young woman to keep working until she and her husband can better afford a child. On the other hand, as in developing countries, early marriage may

be the result of unplanned pregnancy. In that case, young married couples in developed countries often use contraception immediately after the first birth to delay a second birth until they are ready for more children.

(h) Socio-economic & educational consequences of early motherhood

Compared with a woman who delays childbearing until her 20's, the woman who has her first child before age 17 is likely to:

obtain less education,

be out of work,

have a lower-paying job and less income,

be separated from her partner or divorced.

Attitudes about early childbearing vary in different areas. In developed countries and in some developing areas such as the Caribbean, many women marry or enter consensual unions after age 20, and most early pregnancies are unplanned and unwanted. In contrast, in many developing countries, especially in South Asia and Africa, girls marry young, and early childbearing within marriage brings social status and respect. Thus the social consequences are very different depending on whether a young woman is married or not, even though most women who have children very young face limited education, limited job opportunities, limited choices for the future, and a high degree of dependency (Population Report Series M-9:3, 1985).

For a young girl in secondary school or university, an unwanted pregnancy can be a catastrophe. In developing countries, school girls who become pregnant almost always leave school, whether they are married or not (Mckay, 1983). An unmarried girl usually is not allowed to stay in school or to return after the birth of her child (IPPF, 1985; Oronsaye, 1982). In a Nigerian study of 127 pregnant school girls, for example, 52 percent were expelled from school, 20 percent were "too ashamed to return", 15 percent could not return because their parents refused to pay tuition, and 8 percent were forced to marry (Oronsaye, 1982). In Kenya, pregnancy forces about 10 percent of the girls enrolled in secondary schools to drop out each year (Khasiani, 1985). In Swaziland, about 5 percent of female students in urban schools and 6 percent in rural schools become pregnant each year (Family Life Association of Swaziland, 1984). About 80 percent of Swazi girls who drop out of school leave because of pregnancy (Gule, 1985). Many young girls resort to dangerous illegal

abortions to avoid leaving school.

In the United States and the Caribbean, more girls drop out of school because of pregnancy than for any other reason (AGI, 1981; Jagdeo, 1985). Some might have dropped out of school anyway (Rindfuss, 1984), but early pregnancy makes returning to school more difficult (Card, 1978; Kiernan, 1980).

Some developing countries, such as Jamaica and Ghana, are modifying policies and allowing girls to return to school after their babies are born, although usually not to the same school that they first attended (Gyepi-Garbrah, 1985). The burden and expense of childcare prevent most girls from taking advantage of the opportunity, however (Gyepi-Garbrah, 1985). Women's centers designed to help such young women finish school and find jobs are opening in a very few countries (Population Report Series M-9:374, 1985), but they scarcely begin to fill the need.

(i) Reproductive health problems

Efforts to prevent illness and death caused by human reproduction have usually been devoted to the older woman, over age 35, who already has had many children at close intervals. Today it is becoming increasingly clear that sexually active young people face serious health risks, too. The young person who is physically and emotionally unprepared for sexual intercourse, pregnancy, and childbearing faces possible lifelong harm. Moreover, if young people have children, their children also face greater health risks. These risks are preventable, yet many families and communities are not aware of the full extent of the reproductive health problems of young people. Thus efforts to prevent these problems are new and tentative (Population Report Series M-9:363-366, 1985).

Among the major reproductive and sexually related health hazards that face young people are: Sexually transmitted diseases (STDs), unwanted pregnancy, including illegal abortion and complications of abortion, higher risks of maternal morbidity and mortality, low birth weight and prematurity among the children of very young mothers, and higher risks of infant morbidity and mortality.

(j) Counseling and health services for youth

The extent of sexual activity, pregnancy, and their health and social consequences among young people of fertile age is only now being recognized as a major

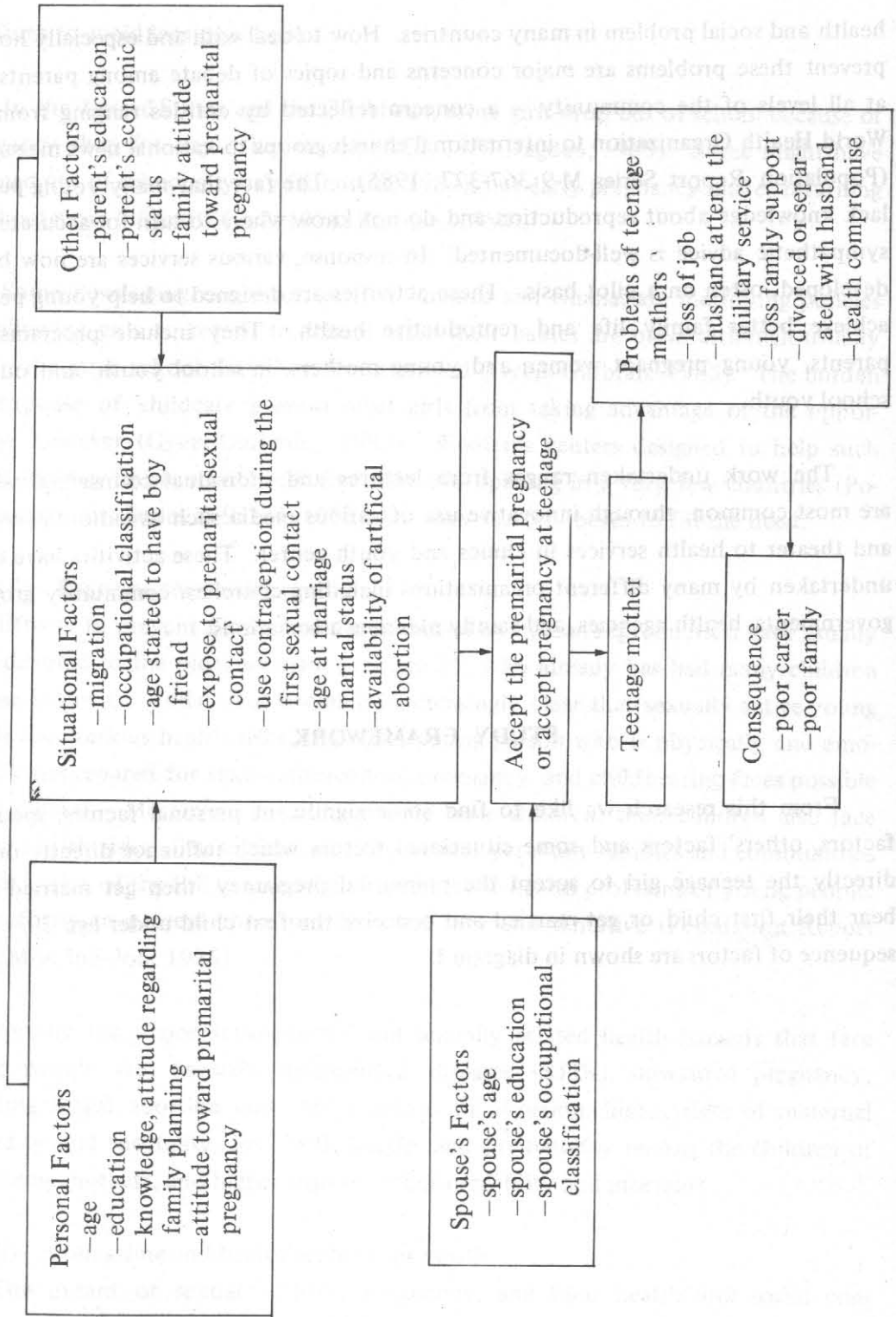
health and social problem in many countries. How to deal with and especially how to prevent these problems are major concerns and topics of debate among parents and at all levels of the community — a concern reflected by entities ranging from the World Health Organization to international church groups to national news magazines (Population Report Series M-9:367-377, 1985). The fact that many young people lack knowledge about reproduction and do not know where to turn for accurate and sympathetic advice is well-documented. In response, various services are now being developed, often on a pilot basis. These activities are designed to help young people achieve better family life and reproductive health. They include programs for parents, young pregnant women and young mothers, in-school youth, and out-of-school youth.

The work undertaken ranges from lectures and individual counseling, which are most common, through innovative use of various media such as radio, television, and theater to health services in clinics and youth center. These activities have been undertaken by many different organizations including churches, community groups, governments, health agencies, and family planning associations.

STUDY FRAMEWORK

From this research we like to find some significant personal factors, spouse's factors, others' factors and some situational factors which influence directly or indirectly the teenage girl to accept the premarital pregnancy, then get married and bear their first child or get married and conceive the first child under age 20. The sequence of factors are shown in diagram I.

Diagram I
Study framework



DATA AND METHODS

From the perusal of birth registration records of Taipei city in 1978, the author found 1375 teenage mothers with their first births registered. Among them 828 cases (60.2%) were interviewed at home visits between March-May 1979. Data including age at marriage and delivery of the first child, marital status, family and educational backgrounds, occupation history, premarital sex behavior as well as KAP to family planning were collected using a predesigned questionnaire. Out of the 828 cases interviewed, only 786 cases contained reliable data.

RESULTS AND DISCUSSION

45.8% of these mothers were at age of 19 years old, 28.8% at age of 18, 17.8% at age of 17, and only 7.6% aged under 17. The mean age at first birth in this group was 18.1 years as compared with 24.7 years in the general primipara (Ministry of Interior, 1978).

The total illegitimate births was 8.4%. It was higher than that of the total mothers which was 2% only (Birth registration, 1978), and the younger the age of these teenage mothers the higher the percentage of illegitimate births. It was only 4.2% in group at age of 19, but doubled (8.8%) at the age of 18, and almost doubled again (15.5%) at the age below 18 (Table 1) and the differences are statistically significant ($P < 0.01$). Usually they lost the opportunity for higher education as we compared their educational level with that of the general 12-19 years old female population in Taipei city (Table 2), and the difference is also statistically significant ($P < 0.001$).

Table 1. Percentage distribution of illegitimate births by age at delivery

	Age at delivery						Total	
	19		18		≤ 17			
	N	%	N	%	N	%	N	%
Legitimate birth	345	95.8	206	91.2	169	84.5	720	91.6
Illegitimate birth	15	4.2	20	8.8	31	15.5	66	8.4
Total births	360	100.0	226	100.0	200	100.0	786	100.0

$$\chi^2 = 21.55 \quad df = 2, \quad P < 0.05$$

Table 2. Educational status among 786 Teenage mothers

	Teenage mothers %	General female population aged 12-19, in 1978 %
Illiterate	1.2	0.2
≤ Primary school	41.9	14.0
Junior high	35.6	42.9
Senior high	20.2	34.7
College/university	1.1	8.2
Total	100.0 (N=786)	100.0 (N=176,653)

$$\chi^2 = 575.63 \quad df = 4 \quad P < 0.001$$

Among them, 22.3% did not complete their schooling, they withdrew from school in the midway. The reasons that they could not graduate from the school were mostly due to poor family (43.8%) and poor school achievement (31.8%); but there were still 10.8% due to marriage and 6.3% due to pregnancy. Table 3 shows the age distribution at marriage. The majority of them got married at ages between 16-19 years (93.5%). There were only 3.1% unmarried, 1.4% divorced and 0.7% separated at the time of interview; while the child was born, there were 8.4% unmarried (66 cases), and 41 cases of them got married after the child was born. The mean age at marriage was 17.6 years old. It was 6.9 years earlier than that of the total first married brides (Ministry of Interior, 1978; IPPF, 1985) in Taipei city (aged under 50).

Table 3. Age at marriage among 759 teenage mothers*

Age	14	15	16	17	18	19	20	21	Total
N	11	30	92	166	290	162	5	3	759
%	1.4	4.0	12.9	21.9	38.2	21.3	0.7	0.3	100

* Total 759 cases, another 2 cases the age of marriage were unknown, and another 25 cases were unmarried. Mean age of marriage was 17.6 years old.

Most of their spouses (80.9%) were chosen by themselves first and then got approval from their parents; 11.2% decided by themselves only; 7.6% were chosen by their parents. The spouses of the premarital conception mothers had higher percentage of teens than that of postmarital conception mothers, 15.9% vs 10.5%, and the younger the age of these teenage mothers, the higher the percentage of their spouses were also teens. In total, 14% of their spouses were in their teens. Besides, 28% of their siblings also married under age 20.

Before marriage, 51.6% of the cases worked as producers/transportation operators, 14.3% as services workers, 12.0% as sales workers, 10.0% as clerical workers, 1.1% as professional/technical workers and only 10.9% had no job. But after marriage, 67.9% had no job; while 13.4% still worked as producers/transportation operators, 10.4% as sales workers, 5.2% as service workers, 3.0% as clerical workers and only 0.1% as professional/technical workers. Both occupational distributions showed statistically significant difference from those of the married women, aged 15-44 years old, in general population (Chiang, et al. 1980), the differences (Table 4) are statistically significant ($p < 0.001$), with higher percentage of producers/transportation operators, service workers and clerical workers in these teenage mothers.

90% of the teenage mothers who did not work expressed that they could not work because they should take care of their children. They failed to make the grade in the career struggle. 91.4% of their spouses had a job (ILO, 1983) before marriage and only 85.3% of them still had job after marriage (Table 5). Most of them worked as producers/transportation operators or coolies (about 40%), and as sales workers (27.4%). The remainder worked as clerical workers (9.9%) and as service workers (8%). The categories of administrative and professional/technical workers combined together were only 2.7%. The occupational distributions of these spouses are also quite different from those of the spouses of general married women aged 15-44 years ($p < 0.001$) in 1980's survey, (Chiang, et al. 1980), with higher percentage of producers, transportation operators or coolies and attending military service.

Table 4. Occupational status among the teenage mothers before and after marriage

	A(%) Before marriage	B(%) After marriage	C(%) Married women aged 15-44 in 1980 survey
Professional/technical and administrative workers	1.1	0.1	5.0
Clerical workers	10.0	3.0	3.6
Sales workers	12.0	10.4	11.5
Services workers	14.3	5.2	1.9
Producers/transportation operators	51.6	13.4	1.8
Farmer	0.1	0.0	0.0
Military	0.0	0.0	0.6
No Job	10.9	67.9	75.6
Total	100.0 (N=783*)	100.0 (N=760**)	100.0 (N=722)

Note 1: Between A and B, $\chi^2 = 562.05$ df = 5, $P < 0.001$

2: Between A and C, $\chi^2 = 821.10$ df = 5, $P < 0.001$

3: Between B and C, $\chi^2 = 113.85$ df = 5, $P < 0.001$

4: The farmer and military are excluded in these comparisons.

*In 3 cases, their occupations were unknown.

**25 cases of unmarried and one unknown case were excluded.

Table 5. Occupational status among the spouses* before marriage vs. after marriage

	A(%) Before marriage	B(%) After marriage	C(%) Spouses of the married women in gene- ral popula- tion (15-44) years) in 1980 survey
Professional, technical workers	1.8	2.9	9.7
Administrative workers	0.9	0.1	3.3
Clerical workers	9.9	7.3	9.2
Sales workers	27.4	29.4	41.8
Services workers	8.0	6.3	4.0
Farmer	0.5	0.8	0.7
Producers, transportation operators or coolies	40.4	36.1	27.0
Military	2.4	2.4	3.1
Military service	3.3	13.2	0.0
Student	1.6	0.7	0.0
No Job	3.7	0.8	1.2
Total	100.0 (N=757)	100.0 (N=758)	100.0 (N=722)

Note 1: Between A and B, $\chi^2 = 75.75$ df = 10, $P < 0.001$

2: Between A and C, $\chi^2 = 142.62$ df = 8, $P < 0.001$

3: Between B and C, $\chi^2 = 163.61$ df = 8, $P < 0.001$

In the Notes 2 and 3 about spouses serving military service and students are considered as "no job" category.

* Before marriage, the occupational status of 4 spouses were unknown and another 25 cases had no spouses. While after marriage, 3 spouses had unclear occupational status and another 25 cases had no spouses.

** Spouses of the married women in general population (15-44 years) in 1980 survey.

The rate that the spouses should attend the military service increased from 4.0%, before marriage to 13.6%, after marriage. Consequently, some of the teenage mothers have to take care of the family alone or need help from others. Nearly 70% of them earns a family income of below NT\$10,000 per month.

The family backgrounds of these teenage mothers were as follow: 50.5% live in the city since her childhood, 42.8% lived in the countryside before moving to the city (Population Report Series M-7 1983; Population Report Series M-352 1985) and only 6.7% never live in the city before delivery of the child. During their childhood (0-11 years old), more than 92% of them lived with both parents and the remainder 7% lived with either single parent (1.3-3.1%) or others: while between the age of 12-15, 84.2% of them still lived with both parents, 4.2% lived with single parent and 11.6% lived with others. However, after the age of 15, only 59.1% lived with both parents, and 4.9% lived with single parents, while the proportion who lived with others increased to 33.2% (in this category, friends/colleague, 77.3%; sibilings, 9.2%; foster parents, 5.8% and other relatives, 7.6%); and even 2.7% of them started to live alone (Table 6). So the family constraints became weak after the age of 15.

Table 6. Family status among the teenage mothers during their childhood

Age	Live with	Live with	Live with	Live with	Total	
	Both parents %	Father %	Mother %	Others %	N	%
< 6 yrs	94.5	0.5	0.8	4.2	784	100
6-11 yrs	92.9	1.7	1.7	4.0	784	100
12-15 yrs	84.2	1.9	2.3	11.6	784	100
> 15 yrs	59.1	2.0	2.9	35.9*	782	100

* 21 cases (2.7%) lived alone.

The educational status of fathers of these teenage mothers were also less educated as compared with that of the general male population in Taipei city (17.1% vs 3.4% were illiterate, 65.3% vs 37.3% were preliminary education, 9.3% vs 17.6% and 6.3% vs 22.8% were graduated from junior high and senior high school respectively, and only 2.0% vs 19.0% were graduated from college/university) and the difference is statistically significant ($\chi^2=819.28$, $p < 0.05$). The figures also show statistically significant differences among these fathers by age of the teenage mothers (Table 7A) and by the marital status during conception of these teenage mothers (Table 7B). Higher proportion of less educated were noted among younger mothers' fathers and higher proportion of illiterate and college/university educated were noted among fathers of premarital conception group as compared with that of the post-marital conception group.

The occupational status among their fathers were 28.2% farmers, 26.3% employees of private enterprise; 25.5% merchants of self-employed enterprise and only 11.6% government employees. The economic status of the majority of these families were classified as middle class (65.8%), 16.2% as middle-lower and 14.9% as middle-upper while only 2% were classified as lower and 1% as upper class. The economic status by age of these teenage mothers showed statistically no significant difference and no significant difference was observed between the premarital conception group and the postmarital conception group too. 3.7% of their parents were divorced or separated.

The age distribution of teenage mothers who started to have boy friends was shown in Table 8. Only 2.7% started to have boy friend before the age of 14; 3.0% started at age of 14, 10.2% at age of 15, 22.8% at age of 16, 30.9% at age of 17, 22.7% at age of 18 and 7.8% at age of 19. The figures showed statistically significant differences by age of these mothers. The younger the age of teenage mothers, the earlier they had a boy friend.

Table 7A. The educational status among the fathers by age of the teenage mothers

Educational level of teenage mothers' fathers	Age of teenage mothers					
	19		18		17	
	No.	%	No.	%	No.	%
Illiterate	59	16.7	33	14.9	39	20.5
≤ Primary	220	62.3	158	71.5	121	63.7
Junior high	40	11.3	18	8.1	13	6.8
Senior high	26	7.4	11	5.0	11	5.8
College/University	8	2.3	1	0.5	6	3.2
Total	353	100.0	221	100.0	190	100.0

$$\chi^2 = 18.65 \quad df = 8 \quad p < 0.05$$

Table 7B. Educational status among the fathers between the group of premarital conception and postmarital conception

	Premarital conception		Postmarital conception	
	No.	%	No.	%
Illiterate	96	18.6	35	14.2
≤ Primary	71	13.7	49	19.8
Junior high	255	49.3	124	50.2
Senior high	45	8.7	26	10.5
College/University	50	9.7	13	5.3
Total	517	100.0	247	100.0

$$\chi^2 = 10.41 \quad df = 4 \quad p < 0.05$$

Table 8. Age started to have boy friends by age of teenage mothers

Yr	Age of mothers						Total	
	19		18		≤ 17		N	%
	N	%	N	%	N	%	N	%
≤ 13	10	2.8	4	1.8	7	3.6	21	2.7
14	6	1.7	4	1.8	13	6.6	23	3.0
15	22	6.2	12	5.5	45	22.8	79	10.2
16	50	14.0	62	27.8	65	33.0	177	22.8
17-19	268	75.2	141	63.3	67	34.0	476	61.3
Total	356	100.0	223	100.0	197	100.0	776	100.0

$$\chi^2 = 113.5 \quad df = 8 \quad P < 0.001$$

* 3 cases had no boy friend before marriage and another 7 cases refused to answer the question.

After making acquaintance with the boy friend, 625 teenage mothers (79.5%) had experienced premarital sexual contact (Population Reports, 1985:M-357). Among the 499 cases responded to the question regarding time of premarital sexual contact after making acquaintance with the boy friends, 21.4% started to have sexual contact within three months, 27.2% between 4-6 months and 27.4% between 7-12 months (Table 9A). There was no significant difference in this duration distribution of premarital sexual contact by age of these mothers. Of course, there was significant difference between the premarital conception group and the postmarital conception group, but 37.1% of postmarital conception group still experienced premarital sexual contact (Table 9B). Among these teenage mothers, 94.1% used no contraceptive at the first sexual contact (Population Report Series 1985: M-355; M-358); while only 2.3% used pill, 2.2% used condom, and 1.4% used rhythm method or others. 13.8% had experienced one or more artificial abortions before the first birth. The premarital conception rate in these deliveries was up to 67.4% (Table 10) with no significant difference in age of teenage mothers. While the percentage of illegitimate birth showed significant difference in age of these mothers as discussed in Table 1.

Most of these cases favored to get married and bear the child after the occurrence of premarital pregnancy (Table 11), although only 32.6% of the deliveries are wanted, 30.5% unwanted and another 36.9% are not planned but they accept to bear the child after the pregnancy happened.

Table 9A. Duration distribution of first premarital sexual contact after making acquaintance with boy friend by age of teenage mothers

Duration	Age of the mothers							
	19		18		≤ 17		Total	
	N	%	N	%	N	%	N	%
< 1M	12	3.3	12	5.3	9	4.5	33	4.2
1M-3M	32	8.9	18	8.0	24	12.0	74	9.4
4M-6M	64	17.8	44	19.5	28	14.0	136	17.3
7M-9M	17	4.7	11	4.9	12	6.0	40	5.1
10M-12M	42	11.7	25	11.1	30	15.0	97	12.3
> 12M	54	15.0	36	15.9	29	14.5	119	15.1
Subtotal	221	61.4	146	64.7	132	66.0	499	63.5
Yes, but the exact time is unclear	62	17.2	35	15.5	29	14.5	126	16.0
No premarital sexual contact	77	21.4	45	19.9	39	19.5	161	20.5
Total	360	100.0	226	100.0	200	100.0	786	100.0

$$\chi^2 = 6.8 \quad df = 10 \quad p > 0.05$$

Table 9B. Duration distribution of first premarital sexual contact after making acquaintance with boy friend by the group of premarital conception and postmarital conception

Duration (month)	Premarital conception		Postmarital conception	
	N	%	N	%
< 1M	18	3.4	15	5.7
1-3M	60	11.3	14	5.5
4-6M	111	20.9	25	9.8
7-9M	36	6.8	4	1.6
10-12M	82	15.5	15	5.9
> 12M	109	20.6	10	3.9
Uncertain	114	21.5	12	4.7
No premarital sexual contact	0	0.0	161	62.9
Total	531	100.0	256	100.0

Table 10. Distribution of marital status relating to conception by age of teenage mothers

Marital status	Age of the mother							
	19		18		≤ 17		Total	
	N	%	N	%	N	%	N	%
Conception happened after marriage	122	33.9	73	32.3	61	30.5	256	32.6
Married after conception	223	61.1	133	67.7	108	69.5	464	67.4
Married after childbirth	10		11		20		41	
Unmarried during childbirth	5		9		11		25	
Total	360		226		200		786	100.0

$$\chi^2 = 0.68 \quad df = 2 \quad p > 0.05$$

Table 11. Attitude about the management of the premarital pregnancy

	%
Get married and bear the child	84.0
Artificial abortion	5.2
Bear the child and rear the child	2.6
Bear the child then for adoption	0.6
Depend on situation	7.6

Total: 786 cases

In general, they had poor knowledge regarding menstruation, conception and contraception (Population Report Series 1985:M-359; Palan, 1976). 42.4% had never received the knowledge of menstruation in school. Before their menarche, 33.1% of the cases had not yet received the knowledge of menstruation, while 28.8% were told by mothers, 14.5% by friends, 12.2% by teachers, 6.3% by sisters and 5.1% by others. 28.2% of them are still lack of knowledge of conception even during the interview (Table 12). In general, the younger the age the higher the percentage they are lacking in knowledge.

Table 12. Knowledge about conception Among 780* teenage mothers

	Age of mother during delivery							
	19		18		≤ 17		Total	
	N	%	N	%	N	%	N	%
Lack of	76	21.4	66	29.5	78	39.0	200	28.2
Totally correct	252	70.8	134	59.8	109	54.5	495	63.5
Know, but can not describe	25	7.0	22	9.8	11	5.5	58	7.4
Partially correct	3	0.8	2	0.9	2	1.0	7	0.9
Total	356	100.0	224	100.0	200	100.0	780	100.0

$\chi^2 = 25.066$ df = 6 p < 0.01 *6 cases did not answer the question

The information regarding conception (Population Report Series 1983:M-361) mostly were obtained from books/magazines (46.4%), friends/classmates (25.8%) and less from teachers (10.9%) and mothers (5.7%). 88.8% of the interviewed did not receive the knowledge of contraceptive methods in school (Khasiani, 1985) and 44.5% of them had never known any contraceptive method before the marriage. It is of interest that during the interview, 83.5% of the interviewees approved the provision of premarital guidance about contraceptive methods. The reasons why they didn't use contraceptives (Population Report Series 1985:M-359; Ladipo, 1986) before their first pregnancy was shown in Table 13. 44.7% of the respondents had never expected the pregnancy to happen or to have happened so quickly, so they ignored the conception or were reluctant to use contraceptives; 22.5% said they could accept the pregnancy if it happened; 15.6% didn't know how to use contraceptives; while 10.8% planned to have a child; in a few cases, their family disapprove of using contraceptives (3.9%); others were afraid of side effects or ashamed to use contraceptives (2.5%). The difference was not statistically significant between the age group of these mothers but was statistically significant between the premarital conception group and postmarital conception group. More unexpected pregnancies happened in the premarital conception group, so they can not use contraceptives in advance or reluctant to use contraceptives.

Table 13. The reasons why they didn't use contraceptives before the first pregnancy among 436 teenage mothers

Reasons	Premarital conception		Postmarital conception		Total	
	No.	%	No.	%	No.	%
Never expected the pregnancy would happen or happened quickly	173	55.4	22	17.7	195	44.7
It is all right, if pregnancy happens	53	17.0	45	36.3	98	22.5
Don't understand the contraceptive methods	49	15.7	19	15.3	68	15.6
Want to have a child	24	7.7	23	18.5	47	10.8
Family against the use of contraceptives	7	2.2	10	8.1	17	3.9
Afraid of the said effects,ashamed to use of contraceptives, etc.	6	1.9	5	4.0	11	2.5
Total	312	100.0	124	100.0	436	100.0

$$\chi^2 = 61.90 \quad df = 5 \quad p < 0.05$$

After having the first child, 66.7% of them are currently using some contraceptive methods during the interview. Among these contraceptive users, 37.5% are IUD user; 31.5%, condom; 19.8%, pill; 9.6% used rhythm method, and 1.5% used others, so most of them use more effective contraceptive methods. 20.9% of the interviewees use no contraceptives and 12.2% are currently pregnant again. The sources of the contraceptive service were mainly obtained from health stations (50.9%), hospitals/clinics (25.4%) and drug stores (13.2%). The contraceptive rate was similar to that of the teenage married women in our KAP study in 1980 (60%), but it was lower than that of the older age group (78.3%-87.7%). Anyway, they are doing well in family planning after having one child (Population Report Series M-9:355-356, 1985). The reasons why teenage mothers bear the unwanted pregnancies are shown in table 14. 37.9% of them said they have no way because pregnancy happened, 22.3% said they are going to get married, so they can have the first child. The rest of reasons are related to hindrances to do the artificial abortion, such as fear, family objection, moral reason or financial difficulty. Therefore, family attitude toward premarital or unplanned pregnancies or poor availability of artificial abortion services contributed most of the reasons to bear the unwanted pregnancies.

Table 14. The reasons why teenage mothers bear the unwanted pregnancies*

	No.	%
No way because the pregnancy happened	85	37.9
Going to get married	50	22.3
Fear of artificial abortion	32	14.3
Family objected to artificial abortion	22	9.8
Poor physical condition to receive the artificial abortion	11	4.9
Afraid to do artificial abortion again	7	3.1
Parent-in-law prefer to have a grandchild earlier	6	2.7
Too late for artificial abortion	4	1.8
Moral reason	4	1.8
Financial difficulty to have artificial abortion	2	0.9
Failure of artificial abortion	1	0.4
Total	224	100.0

* Among the 266 correspondents 10 cases refuse to answer the question.

CONCLUSIONS

The author investigated the socioeconomic characteristics as well as KAP to family planning by carrying out household interviews, of 786 teenage mothers with their first births registered in Taipei city in 1978. The different characteristics between the premarital and postmarital conception groups were also studied.

92.7% of them were aged between 17-19. They were less educated. 93.5% of them got married between age 16-19. 8.4% of the babies were illegitimate births; and the younger the mothers, the higher was the percentage of illegitimate births. Before becoming a mother, 89% of them had a job; mostly worked in factories. On the other hand only 30.5% of them still worked after childbirth. 14% of the spouses were also teens, (but in the group of premarital conception it is 15.9%) and 13.6% of them attended the military service soon after marriage, while most of the rest had jobs. The family backgrounds of teenage mothers were poor or average in general and 35.9% of them start to live with others after age of 15. So most of them had poor family support and economic consequence after having the child. The younger the age of teenage mothers, the lower the educational level of their fathers, earlier to have boy friends and less knowledge about conception. In the premarital conception group there is significantly higher percentage of less and higher educated fathers than that of postmarital conception group. Due to the lack of reproductive and contraceptive knowledge, 94.1% used no contraception during the first coitus; 79.5% of them had experienced premarital sexual contact and the premarital conception rate was up to 67.4%. After conception, although most of the pregnancies were unplanned, most of them still favored to get married and bear the child, so that they become teenage mothers. But after childbirth, they have had a rather good family planning practice (66.7% use contraceptives).

In order to reduce the occurrence of teenage mothers, sex education including menstruation, conception, and contraception knowledge, as well as family life and responsible parenthood, should be started early at school age through teachers and/or mothers.

We should help the students from poor family or with poor school achievement to complete their schooling in order to have a better chance of career later. If they were out of school, we should try to reach them at home or at work place. Factories,

restaurants, cafeteria, and department stores are the places where family planning workers should try to intensify the education for the young workers who are lack of contraception knowledge and practice. In addition, we should provide contraceptives or even abortion services and related counseling (Andersch, et al. 1982) to them in case they need these services.

Inevitably, strengthening the framework and function of family is always the major task to be promoted. Moreover the outcomes of the offspring (Baldwin, et al., 1980) of these teenage mothers should also be followed and studied in future.

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二十歲以下生母社經特徵及其 家庭計畫知識、態度及行爲之研究

江千代*

(中文摘要)

爲了減少青少年之生育，我們將民國六十七年有登記爲第一胎出生之二十歲以下生母研究其經濟社會學上之特徵，包括其年齡、婚姻狀況、教育、職業、家庭背景以及對家庭計畫之知識、態度及行爲。本研究係以問卷做家庭訪視調查，計有 786 人完成訪問。

其結果如下：

1. 百分之九十二點七其生育年齡在十七歲至十九歲。
2. 她們之教育程度比同齡者低。
3. 百分之九十三點五其結婚年齡在十六歲至十九歲。
4. 僅百分之八點四之生育係未婚的，且愈年輕的生母，未婚生育之比率愈高。訪視時有百分之三點一仍未婚，百分之一點四離婚，百分之零點七分居。
5. 未生育前有百分之八十九有工作，生育後僅百分之三十點五有工作，工作性質一半是屬生產、運輸工作人員，其他是服務、買賣及佐理工作人員。
6. 其配偶有百分之十四亦係二十歲以下，但未婚生育者中其配偶亦係二十歲以下則佔百分之十五點九。婚後有百分之十三點六配偶要當兵，不過其他大部分之配偶均有工作。
7. 其家庭背景均屬中下，平均家庭收入每月約一萬元。
8. 有百分之三十五點九者從十五歲起就不與父母住而與親朋或單獨住。
9. 年齡愈小之生母，或其父親之教育程度愈低者，則其愈早交男朋友，且有關之生育知識亦愈欠缺。
10. 婚前懷孕組比婚後懷孕組，其父親之教育程度係文盲或大專教育程度較偏多。
11. 百分之九十四點一在第一次性行爲沒有使用避孕方法，百分之七十九點五有婚前性行爲故本次生育係屬婚前懷孕佔百分之六十七點四。
12. 若婚前發生懷孕，大部分均希望結婚生子，此係受了家庭人員態度之影響或人工流產之獲得有困難之影響，故她們就當了年輕的媽媽，不過生了一個小孩後，百分之六十六點九均有採用某種避孕方法（另有百分之十二點二又懷孕，百分之二十點九未避孕）。

THE SOCIO-ECONOMIC CHARACTERISTICS AND KAP[†] OF
TEENAGE MOTHERS IN TAIPEI CITY, 1978

(ABSTRACT)

In order to reduce the teenage pregnancies, we investigated the socio-economic characteristics as well as KAP in regard to family planning among 786 teenage mothers with their first births registered in Taipei city in 1978 through household interviews. Significant personal factors like younger age, less education, lack of knowledge of family planning, conservative attitude to use contraception before first delivery and conservative attitude toward premarital pregnancy etc. are examined. Significant others' factors like parent's education, family attitude toward premarital pregnancy etc. and situational factors like migration to city, working in factories, restaurants, etc. exposure to premarital sexual contact, use of contraceptives, limited availability of artificial abortion were studied. These factors contribute directly or indirectly to accepting the premarital pregnancy or the pregnancy soon after marriage even during the teenage years. As a result, the teenager became a mother. Some socio-economic and health consequences are reviewed and discussed.

† Knowledge, attitude and practice regarding family planning.