Chapter 5

America's Teenagers, Pregnancy and Public Policy

If poverty causes teenage pregnancy, we should consider the political and policy changes required to address the real epidemic of widespread destitution.

Ruth Rosen, 1996.

Teenage pregnancy does not cause poverty. However, early childbearing does significantly reduce minors' chances to escape indigence. Across the United States, federal and state policy-makers are trying to control what they view as an epidemic in adolescent pregnancy. But, is there really an epidemic? And, more importantly, when did the American society start to perceive teenage pregnancy as such?

Every society creates myths, but if not grounded in reality, such myths eventually tend to be discredited. In his 1996 book *Up from Conservatorism: Why the Right Is Wrong for America,* New Yorkers' senior editor Michael Lind describes the illegitimacy epidemic as one of "the great conservative hoaxes of our time."[1] Even more convincing is Kristin Luker's book *Dubious Conceptions,* a stunning account of how both liberals and conservatives literally constructed the epidemic of teen pregnancy as the social phenomenon

[1]M. Lind, *Up from Conservatorism: Why the Right Is Wrong for America* (New York: Simon & Schuster, 1996), quoted in R. Rosen, "Poverty Drives Girls Into Early Motherhood," *Los Angeles Times,* 21 July 1996.

we know today.[2] Luker's powerful analysis not only successfully challenges the myth of an epidemic in early childbearing, it also concludes that it is not teenage pregnancy that causes poverty, but rather the reverse.[3]

As far as the existence of an epidemic in teenage pregnancy is concerned, statistics speak for themselves. The United States have the highest teenage pregnancy and birth rates in the Western industrialized world.[4] However, during the last decade, those same rates have declined to record-low levels. More specifically, the U. S. teenage childbearing rate has been fallen steeply since the late 1950s, dropping from an all-time high of 96 births per 1,000 women ages 15-19 in 1957 to an all-time low of 48.7 births per 1,000 women ages 15-19 in year 2000.[5] As a matter of fact, in 2000, the total number of births to teenagers under age 20 was 479,067.[6] This number was more than 50,000 births below the 1990 number, and more than 175,000 births below the all-time high of 656,460 registered in 1970.[7] Notably, the downward trend in the number of adolescent pregnancies has been observed among teenagers of all ages and ethnicities.[8]

Similarly, birthrates to teenagers decreased consistently throughout the 1960s and the 1970s. They were fairly stable in the early 1980s, increased sharply between 1988 and 1991, and then started to decline again in the 1990s.[9] Fluctuations in birthrates are the result of two key factors, changes

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[2]See K. Luker, *Dubious Conceptions: The Politics of Teenage Pregnancy* (Cambridge: Harvard University Press, 1996). Kristin Luker is currently Professor of Sociology and Law at the University of California at Berkeley. See also, Rosen, "Poverty Drives Girls Into Early Motherhood."

[3]Ibid.

[4]In year 2000, the U.S. teenage birthrate was 48.7 per 1,000 women ages 15-19. See S. J. Ventura, T. J. Matthews, and B. E. Hamilton, "Births to Teenagers in the United States, 1940-2000," *National Vital Statistics Reports* 49 (2001): 1-24, 7. In recent years, rates for other industrialized countries have ranged from 4.3 births per 1,000 to women aged 15 to 19 years in Japan, to less than 10 per 1,000 in Denmark, Finland, France, Germany, Italy, and the Netherlands. See United Nations, Department of Economic and Social Affairs, Statistical Office, *Demographic Yearbook, 1998* (New York: United Nations, 1998); and Ventura, Matthews, and Hamilton, "Births to Teenagers in the United States,1940-2000." 7.

[5]See H. Boonstra, "Teen Pregnancy: Trends and Lessons Learned," *The Guttmacher Report on Public Policy* 5 (February 2002):7-10, 7.

[6]See J. A. Martin, B. E. Hamilton and S. J. Ventura, "Births: Final Data for 2000," *National Vital Statistics Reports* 50 (2002):1-101, 5.

[7]See S. J. Ventura and M. A. Freeman, "Teenage Childbearing in the United States, 1960-1997," *Am. J. Prev. Med.* 19 (2000):18-15.

[8]See Boonstra, "Teen Pregnancy: Trends and Lessons Learned," 7.

[9]See Ventura, Matthews, and Hamilton, "Births to Teenagers in the United States,1940-2000," 2.

in the rate at which women become pregnant, the rate at which they resolve their pregnancies in abortions, or a combination of both.[10] In recent years, declining birthrates among American teenagers have not been caused by a higher percentage of female adolescents opting to terminate their pregnancies. In fact, the U.S. teen abortion rate, which increased following the Roe v Wade decision in 1973,[11] stayed constant during the 1980s, and then began to decline consistently in the early 1990s.[12] For example, in 1997, the teenage abortion rate was 28 abortions for 1,000 women ages 15 to 19, 33 percent lower than a decade earlier.[13]

Recent declines in American teenage birthrates, then, can only be due to reductions in adolescent pregnancy rates. As with teen abortion rates, teen pregnancy rates rose during the 1970s and the early 1980s. They remained constant throughout the decade 1980-1990 – mainly due to higher use of contraceptive methods among sexually active teenagers – and then began to drop steeply starting with 1990.[14] More specifically, the overall U.S. teenage pregnancy rate declined 19 percent between 1990 and 1997, dropping from 117 pregnancies per 1,000 women ages 15-19 in 1990 to 93 per 1,000 ages 15-19 in 1997 – the lowest rate in 20 years.[15] Once again, this recent trend is particularly encouraging, since declines in teen pregnancy rates were registered in all population groups, regardless of young women's age, marital status, and ethnicity.[16] In conclusion, although pregnancy rates for American teenagers rose steeply between the 1960s and the 1970s, and although that rate remains much higher in the United States than in other Western industrialized countries, no available data justifies the alarming and widespread image of early childbearing as a phenomenon of epidemic proportions.

So, if there is no epidemic, why is the American society devoting so much attention and financial resources to the fight against the plague of teenage pregnancy? It was not until the late 1960s and early 1970s that the American public began perceiving teenage pregnancy as a major social problem. In an essay on adolescent pregnancy and public policy dated 1993,

[10]See Boonstra, "Teen Pregnancy: Trends and Lessons Learned," 7.

[11]*Roe et al. v Wade,* 410 U.S. 113 (1973). Roe made it illegal to ban abortion during the first trimester of pregnancy. See *supra,* footnote 184, 172, and *infra,* footnote 5.3.1, 220.

[12]Ibid.

[13]Ibid.

[14]See Boonstra, 7-8.

[15]See S. K. Henshaw, "Unintended Pregnancies in the United States," *Family Planning Perspectives* 30 (January/February 1998):24-29 & 46, 26, table 1.

[16]See Boonstra, 8.

Deborah Rhode, Professor of Gender Law at Stanford Law School, points out that the increase in public concern for teenage pregnancy in the early 1970s was not the result of an increase in adolescent fertility or childbirth.[17] By contrast, Rhode maintains that "when teenage childbearing became a major focus of attention, the reason had less to do with its incidence than with a cluster of volatile issues, including sexuality, abortion, family values, and welfare policy."[18]

Another look at the statistics confirms Rhode's interpretation. Childbearing rates among women age 15-19 dropped 45 percent between 1957 and 1983 – largely because of the legalization of abortion and the liberalization of contraceptives – and although teenage childbearing rates began to rise again in the late 1980s, they remained substantially lower than in the decade preceeding the Roe v Wade decision.[19] Yet, Americans are still profoundly shaken by the sexual, economic, and social changes that have taken place over the last four decades.[20] In the 1960s, the availability of birth control methods broke the connection between the act of having sex and the risk of becoming pregnant. As a result, although fewer teenagers were giving birth, more were having sex. In the late 1970s, despite the fact that the legalization of abortion "decoupled pregnancy and birth,"[21] adolescents' pregnancy rates were again on the rise, and by the 1980s, when sky-rocketing divorce rates had created a vast number of female-headed families, more and more teenagers were choosing to become single mothers. A variety of studies show that by the late 1980s, approximately 45 percent of all female adolescents in the United States were sexually active before marriage – an increase of over 15 percent since 1971 – and that substantial numbers of teenagers who en-

[17]See D. L. Rhode, "Adolescent Pregnancy and Public Policy," in D. L. Rhode and A. Lawson, ed., *The Politics of Pregnancy: Adolescent Sexuality and Public Policy* (New Haven: Yale University Press, 1993), 301-335, 311.

[18]Rhode, "Adolescent Pregnancy and Public Policy," 311.

[19]See M. A. Vinovskis, *An Epidemic in Adolescent Pregnancy?* (New York: Oxford University Press, 1988), 25, and E. F. Jones et al., *Teenage Pregnancy in Industrialized Countries* (New Haven: Yale University Press, 1986), 37, quoted in Rhode, "Adolescent Pregnancy and Public Policy," 311. In 1985, there were 51 births per thousand teens; in 1970, this number was up to 68.3 per thousand teenagers. Between 1986 and 1988, the birthrate among 15, 16 and 17 year-olds increased again by ten percent. See National Center for Health Statistics, *Advance Report of Final Natality, 1985* (Hyattsville: National Center for Health Statistics 1987), and National Center for Health Statistics, *Advance Report on Final Natality Statistics, 1988* (Hyattsville: National Center for Health Statistics, 1990), quoted in Rhode, "Adolescent Pregnancy and Public Policy," 311.

[20]See Rosen,"Poverty Drives Girls Into Early Motherhood."

[21]Rosen, "Poverty Drives Girls Into Early Motherhood."

gaged in premarital sex used contraceptives inconsistently or ineffectively.[22] According to Deborah Rhode, "[t]he result was a million teenage pregnancies every year, four-fifth of which were unintentional."[23] In other words, by the late 1980s, four out of ten American adolescents were becoming pregnant before age 20 – a rate that had doubled since the 1950s.[24]

In the eyes of the American public, the fact that in the late 1980s about half of all unmarried teenagers who got pregnant chose to carry their pregnancy to term was extremely alarming. In fact, such choice translated into the creation of a vast number of "post-modern," female-headed families.[25] Similarly, during the late 1980s, only less than five percent of all unmarried teenage mothers and of all African American adolescent mothers were putting their children up for adoption. This trend constituted a dramatic downward shift when compared to the rates at which teenage mothers gave up their children for adoption in the 1970s.[26] At the same time, the rate of teenage pregnancy among African American girls became almost two and a half times higher than among white female teenagers; among young, unmarried Latinas the rate of childbirth nearly doubled.[27] In the late 1980s, over 25 percent of all single, unmarried African American young women and half of all Latina adolescents became pregnant and gave birth at least once before turning 18.[28]

When reauthorization of the 1996 Welfare bill resumed in January 2003, there was fierce debate in Congress over two proposals enthusiastically introduced by the Bush administration. The first proposition aimed at including in the new version of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) a marriage promotion initiative. The second proposition aimed at increasing allocations to the existing abstinence-

[22]See Rhode, "Adolescent Pregnancy and Public Policy," 311.

[23]Rhode, "Adolescent Pregnancy," 311.

[24]See Rhode, 311.

[25]Ibid.

[26]Ibid.

[27]Ibid.

[28]See Jones et al., "Teenage Pregnancy in Developed Countries: Determinants and Policy Implications," *Family Planning Perspectives* 17 (March/April 1985):53-63, 53, 56-7; and J. Beshoff and H. Pilpel, "Minors' Rights to Confidential Abortions: The Evolving Legal Scene," in J. Douglas and D. F. Walters, ed., *Abortion, Medicine and the Law,* (New York: Facts on File, 1987), 1, 15, 50, 52-67, quoted in Rhode, "Adolescent Pregnancy and Public Policy," 312. See also, C. Brandis and R. J. Jeremy, *Adolescent Pregnancy and Parenting in California: A Strategic Plan for Action* (San Francisco: Center for Population and Reproductive Health Policy, 1988), 32-41, and Children's Defense Fund, *Teenage Pregnancy: An Advocates' Guide to Numbers* (Washington, D. C.: Children's Defense Fund, 1988), 11, 22.

only education program. Many scholars and advocates felt uneasy about the notion of a federal government brokering marriages. Similarly, scholars and advocates questioned whether the government could, or even should, continue to subsidize programs designed to convince unmarried people and female adolescents not to have sex. In 2003, statistical data clearly showed that the Bush administration's approach was driven more by ideology and stereotypes concerning sexuality and minors than by scientific evidence.

In recent years, more realistic, less judgmental policies targeting teenage sexuality, and more comprehensive responses to the personal needs of minors as they make the transition from adolescence to adulthood, have proven to be more effective strategies than the ones proposed by the government so far. Most importantly, recent, more progressive policies have proven to be able to sustain, and possibly even foster, further declines in teenage pregnancy and childbearing rates.

5.1 Liberal and Conservative Positions in the Ongoing Debate Over Teenage Pregnancy

Deborah Rhode argues that "at risk of some oversimplification, it makes sense to distinguish [between] two dominant positions"[29] in the current debate over teenage pregnancy. Conservatives often maintain that unmarried minors should not have sex, while liberals often maintain that teenagers should not become pregnant.[30] From these premises one can easily infer that conservatives are mainly concerned with moral and financial issues.[31] It is not sex before marriage itself that is questionable, but the consequences that premarital sex may have, such as abortion, out-of-wedlock childbearing, the erosion of traditional family values, and welfare dependency. By contrast, liberals mainly focus their attention on the unwanted health and socio-economic consequences that early childbearing is likely to have, such as single parenthood, lower educational attainments, reduced employment and earning opportunities, higher incidence of poverty among female-headed families, and heightened health hazards and developmental difficulties for children born out-of-wedlock.[32]

The liberal and the conservative interpretations of the teen pregnancy problem are problematic, both on a descriptive and on a prescriptive level.

[29]Rhode, 312.
[30]See Rhode, 312.
[31]Ibid.
[32]Ibid.

As observed by Rhode, "[m]ost conservative and liberal accounts distort the dynamic they seek to counteract. Both constituencies have overstated the adverse consequences of adolescent pregnancy, and understated the barriers to addressing it. . . Conflicting definitions of the problem have resulted in political compromises that are inadequate to serve societal needs."[33] From a conservative point of view, when it comes to adolescent pregnancy, the issue at stake is not poverty but immorality, which, in the case of today's American teenagers, stems from a decline in parental authority, a general sense of cultural permissiveness, and the absence of punitive measures against illegitimacy.[34] According to Rhode, this position gained strong public support during the presidential elections of 1992, when Vice President Dan Quayle called for the implementation of more coercive sanctions against unwed mothers.[35] Vice President Quayle was subsequently asked how he would reconcile his fierce anti-abortion position with personal choices and family values if his adolescent daughter told him that she was pregnant and that she had decided to terminate her pregnancy.[36] At first, Quayle replied that he would "talk to her, and counsel her, and support whatever decision she made," although he hoped that his daughter would not opt for an abortion.[37] Following the wave of public outcry that accompanied this declaration, Quayle backtracked slightly. He and his wife, Marilyn Quayle, restated their position and affirmed that if their 13-year-old daughter got pregnant she would have to carry the pregnancy to term.[38] However, Vice President Quayle once again underlined his support for whatever decision his daughter would make if she were no longer a minor.[39]

The compromise implied in Quayle's restatement of his opinion on choice hardly satisfied the public.[40] Commentators observed how hypocritical Quayle's support for choice was. While he would accept the decision made by an adult member of his family to opt for abortion, he would deny to young adolescents nationwide the right to choose what is best for themselves.[41]

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[33]Rhode, 312.

[34]See C. A. Nathanson, *Dangerous Passage: The Societal Control of Sexuality in Women's Adolescence* (Philadelphia: Temple University Press, 1991), 16, and S. L. Nazario, "Abortion Foes Pose Threat to the Funding of Family Planning," *Wall Street Journal,* 8 March 1990, A-1, quoted in Rhode, 312.

[35]See Rhode, 312.

[36]Ibid.

[37]See Rhode, 313.

[38]Ibid.

[39]Ibid.

[40]Ibid.

[41]Ibid.

Others noted that Quayle's "double standards" mirrored anti-choice theories pervading the ongoing legal debate on abortion.[42] "In Quayle's world, an 18-year-old gets to be supported whatever decision she makes, a 13-year-old gets to have a baby. This is no joke. This is the foolishness that passes now for public policy."[43]

From a conservative point of view, all policies concerning teenage pregnancy are still too permissive, while public financing of birth control programs targeting adolescents is responsible for high rates of premature sexual activity among teenagers – a phenomenon that, according to conservatives, government money should instead try to prevent.[44] In other words, conservatives view any publicly funded program designed to prevent teenage pregnancy rather than teenage sex as counterproductive. Such programs, conservatives maintain, tend to encourage the very practice that is at the root of the problem. As stated by New Right legislators such as former Senator Jeremiah Denton, best known as the author of the 1981 Adolescent Family Life Act (AFLA), "the most effective oral contraceptive yet devised is the word 'no'."[45] However, available research fails to support conservatives' claims. Studies analyzing the impact of family planning services on teenage sexual behavior find no evidence that access to birth control methods and counseling increases teenage sexual activity.[46] Instead, what such studies clearly show is the existence of a much more alarming trend: A widespread tendency among American adolescents to seek contraceptive

[42]Ibid.

[43]K. Sack, "Quayle Insists Abortion Remarks Don't Signal Changes in His View," *New York Times,* 24 July 1992, A-1, quoted in Rhode, 313. See also, A. Goodman, "Abortion Double Standard," *San Francisco Chronicle,* 30 July 1992, A-25, quoted in Rhode, 313.

[44]See Rhode, 313.

[45]R. Pollack Petchesky, *Abortion and Women's Choice: The State, Sexuality, and Reproductive Freedom* (New York: Longman, 1990), 270, quoted in Rhode, 313. The Adolescent Family Life Act (AFLA) focused on encouraging chastity and sexual self-discipline rather than providing contraceptive services to teenagers and therefore, the act banned the use of federal funds for abortion counseling. Many of the initiatives that AFLA money has funded over the last three decades have been religious, and have included the distribution of booklets on "Reasons to Wait," which reminded readers that "God wants us pure," and advised them to pretend "Jesus was on their date." Despite evidence of extensive Church-State intertwine, a Supreme Court decision dated 1988 sustained the constitutionality of AFLA. However, funding for AFLA programs has decreased over the last fourteen years. See *Adolescent Family Act, U.S. Code,* vol. 42, sec. 3002, and *Bowen v Kendrick,* 487 U.S. 589 (1988). In fact, the Clinton administration instituted a number of reforms to ensure that AFLA funding did not promote religious teachings, or provided medically incorrect information regarding sex and contraception to teenagers. See *infra,* Section 5.3.1, 225.

[46]See Rhode, 313.

counseling only after having already engaged in sexual intercourse.[47] In conclusion, policies that provide contraceptive counseling and methods to teenagers do not encourage first time sex. Instead, such policies help minors who have already decided to have sex not to delay contraceptive use any further, thereby avoiding unwanted pregnancies.

Similarly, comparative studies clearly underscore the absurdity of a claim that equates access to birth control methods with high rates of sexual activity and pregnancy among teenagers.[48] Levels of sexual activity and age at which adolescents become sexually active are factors that do not vary significantly across Western industrialized countries, such as Canada, the United Kingdom, Sweden, France, and the United States.[49] However, compared to the United States, teenagers aged 15-19 and residing in other Western countries have lower pregnancy rates, birthrates, and abortion rates.[50] The reason why American adolescents have higher rates of pregnancy, childbearing, and abortion lies in the fact that sexually active teenagers in the United States are much less likely to use contraception, and less likely to rely on a

[47]Ibid.

[48]See A. Harper, "Teenage Sexuality and Public Policy: An Agenda for Gender Education," in I. Diamond, ed., *Families, Politics, and Public Policy: A Feminist Dialogue on Women and the State* (New York: Longman, 1983), 220; C. D. Hayes, ed. *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing* (Washington, D.C.: National Academy Press, 1987), 153, 208, quoted in Rhode, 313. See also, Jones et al., "Teenage Pregnancy in Developed Countries: Determinants and Policy Implications," 57, 58; S. Harlap, K. Kost, and J. D. Forrest, *Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choice in the United States* (New York: The Alan Guttmacher Institute, 1991), 36; D. A. Glei, "Measuring Contraceptive Use Patterns Among Teenage and Adult Women," *Family Planning Perspectives* 31 (March/April 1999):73-80, 75, table 1, 76, table 2; Boonstra, "Teen Pregnancy: Trends and Lessons Learned," 9; *Facts in Brief. Teenage Sex and Pregnancy* (Washington D.C.: The Alan Guttmacher Institute, 1999), 1; S. Singh and J. E. Darroch, "Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries," *Family Planning Perspectives* 32 (January/February 2000):14-23; S. Alford and A. Feijoo, *Adolescent Sexual Health in Europe and the U.S.: Why the Difference?* (Washington, D.C.: Advocates for Youth, 2000), 2; J. E. Darroch et al., "Teenage Sexual and Reproductive Behavior in Developed Countries: Can Progress Be Made?," *Occasional Report* 3 (November 2001):1-122; J. E. Darroch et al., "Differences in Teenage Pregnancy Rates Among Five Developed Countries: The Roles of Sexual Activity and Contraceptive Use," *Family Planning Perspectives* 33 (November/December 2001):244-250 & 281; S. Singh et al., "Socioeconomic Disadvantage and Adolescent Women's Sexual and Reproductive Behavior: The Case of Five Developed Countries," *Family Planning Perspectives* 33 (November/December 2001):251-58 &289.

[49]See Darroch et al., "Differences in Teenage Pregnancy Rates Among Five Developed Countries: The Roles of Sexual Activity and Contraceptive Use," 31, table 3-3.

[50]See Singh and Darroch, "Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries," 16, table 2, 18, table 4.

highly-effective, reversible, hormonal method than their peers in other industrialized countries.[51] Statistics indicate that 50 percent of all American sexually active teenagers aged 15-19 who do not use birth control at first intercourse become pregnant within 12 month.[52] By contrast, only 13 percent of sexually active minors who do use contraception become pregnant within the first year.[53] Also, comparative data analysis has shown that American female teenagers ages 15-17 are less likely than adult women aged 25-34 to rely on contraceptive methods, and that young, American adolescents are much more likely to rely on birth control sporadically than adult women.[54]

Although liberals tend to be more permissive towards teenage sexual activity, they are no less critical than conservatives towards teenage pregnancy and childbearing.[55] It was in fact Senator Ted Kennedy, a Democrat from Massachusetts, who first brought the topic of teenage pregnancy to the attention of the public in 1975.[56] After arguing that teen pregnancy causes poverty, Senator Kennedy sought legislation that would provide "babies that [are] having babies"[57] with publicly funded family planning services, counseling, and information. Today, the assumption, shared both by liberals and conservatives, that teen pregnancy causes poverty is regarded as erroneous, exaggerated, and misleading. A famous longitudinal survey conducted in 1987, and involving predominantly African American teenage mothers living in Baltimore, Maryland, revealed that, contrary to widespread beliefs, the majority of the respondents were able to obtain a higher education, secure full-time employment, and avoid welfare dependency.[58] Similarly, a second study, conducted years later, and using the children of the Baltimore teenage mothers as sample, revealed that the majority of the surveyed children were displaying high levels of educational attainment. In fact, two thirds of the respondents had completed or were close to completing high school education, while only one quarter of the respondents had become

[51]See Boonstra, "Teen Pregnancy: trends and Lessons Learned," 9; Darroch et al., "Teenage Sexual and Reproductive Behavior in Developed Countries: Can More Progress Be Made?," 33, table 3-5; Darroch et al., "Differences in Teenage Pregnancy Rates Among Five Developed Countries: The Roles of Sexual Activity and Contraceptive Use," 244, 248, 249.

[52]See Glei, "Measuring Contraceptive Use Patterns Among Teenage and Adult Women," 76, 77, figure 2.

[53]Ibid.

[54]Ibid., 75, 76, figure 1, 79.

[55]See Rhode, 313.

[56]See Rosen, "Poverty Drives Girls Into Early Motherhood."

[57]Rosen, "Poverty Drives Girls Into Early Motherhood."

[58]See F. F. Furstenberg, Jr., J. Brooks-Gunn, and S. P. Morgan, *Adolescent Mothers in Later Life* (Cambridge: Cambridge University Press, 1987).

single parents themselves.[59]

So far, it remains unclear whether adversities typically experienced by teenage parents and by their children – such as severe hardship, low educational attainments, and high rates of juvenile delinquency – are caused by socio-economic variables or by parental age and degree of inexperience.[60] However, some evidence suggests that factors commonly viewed as consequences of teenage pregnancy – such as lower grades in schools for both parents and children, low self-esteem, poverty, and crime – appear to be causes of it as well.[61] For example, two studies conducted in the early 1990s have shown that the majority of teenage mothers who drop out of school do so before becoming pregnant, and that parenting minors are as likely as the rest of their peers to graduate from high school. Such findings conflict with the widespread assumption that early pregnancy and childbearing are responsible for increased drop-out rates and lower educational attainments.[62]

Contradictory perspectives and widespread misinterpretations of causes and consequences of teenage pregnancy exacerbate a need for clarity which is still missing in the current public debate. In an attempt to challenge liberal and conservative consensus on the idea that teenage pregnancy is a major determinant of poverty, Kristin Luker argues that "early childbearing does [not] make young women poor; rather it is poverty that make young women to bear children at an early age. Society should not worry about some epidemic of 'teenage pregnancy' but about the hopeless, discouraged, and empty lives that early childbearing denotes."[63]

5.2 What The Ongoing Debate On Teenage Pregnancy Conflates and Ignores

Most current debate on teenage pregnancy tends to confuse factors that cause adolescent pregnancy with its consequences, and to ignore available

[59]See F. F. Furstenberg, Jr., M. E. Brooks, and J. Brooks-Gunn, "The Next Generation: Children of Teenage Mothers Grow Up," in M. K. Rosenheim and M. F. Testa, ed., *Early Parenthood and the Transition to Adulthood* (New Brunswick: Rutgers University Press, 1993), quoted in Rhode, 314.

[60]See Rhode, 315.

[61]Ibid.

[62]See R. J. Olsen and G. Farkas, "Endogenous Covarities in Duration Models and the Effect of Adolescent Childbirth on Schooling," *Journal of Human Resources* 19 (1989): 39; D. Upchurch and J. McCarthy, "The Timing of First Birth and High School Completion," *American Sociological Review* 55 (1990): 224, quoted in Rhode, 314.

[63]Rosen, "Poverty Drives Girls Into Early Motherhood."

data indicating that adolescents' attitudes concerning sexuality and childbearing "fall across a broad spectrum."[64]

For example, the frequently used image of "babies having babies" is a distorted one. Statistics show that two thirds of all births to teenagers are to young women age 18 and older, and that only a small percentage of teenage mothers are underage girls.[65]

Similarly, the widespread assumption that teenage pregnancy constitutes a critical step on the path to poverty and welfare dependency is also a distorted one. A cross-country study conducted in 2001 by a team of researchers at the Alan Guttmacher Institute has shown that socio-economic disadvantage is strongly correlated with several factors that can influence sexual behavior and outcomes.[66] Such factors include: Low levels of personal education, skills, competence, and motivation; restricted access to reproductive healthcare and social services; lack of successful role models; and being raised in a violent environment.[67] The study defines socio-economic disadvantage as "living in poverty and being poorly educated; having poorly educated parents; being raised in single-parent families or in an economically struggling neighborhood; and lacking educational and job opportunities."[68] Results from this study demonstrate that, in the United States, being economically disadvantaged is associated with early age at first sexual intercourse,[69] with limited reliance on birth control or poor use of contraceptive

[64]Rhode, 313.

[65]See Rhode, 313.

[66]See S. Singh et al., "Socioeconomic Disadvantage and Adolescent Women's Sexual and Reproductive Behavior: The Case of Five Developed Countries," *Family Planning Perspectives* 33 (November/December 2001): 251-58 & 289; 251, 257, 258.

[67]See K. A. Moore at al., *Adolescent Sex, Contraception, and Childbearing, A Review of Recent Research* (Washington,D.C.: Child Trends, 1995); Department of Health and Human Services, *Report to Congress on Out-of-Wedlock Childbearing* (Hyattsville, MD: Department of Health and Human Services, 1995); D. Kirby, *Emerging Answers: Research Findings on Program to Reduce Teen Pregnancy* (Washington, D.C.: The National Campaign to Prevent Teen Pregnancy, 2001), quoted in Singh et al., "Socioeconomic Disadvantage and Adolescent Women's Sexual and Reproductive Behavior," 251.

[68]Singh et al., "Socioeconomic Disadvantage and Adolescent Women's Sexual and Reproductive Behavior," 251.

[69]See R. W. Blum et al., "The Effects of Race/Ethnicity, Income, and Family Structure on Adolescent Risk Behavior," *Am. J. Public Health* 90 (2000): 1879-1884; D. M. Upchurch et al., "Gender and Ethnic Differences in the Timing of First Sexual Intercourse," *Family Planning Perspectives* 30 (May/June 1998): 121-127, quoted in Singh et al., "Socioeconomic Disadvantage and Adolescent Women's Sexual and Reproductive Behavior," 251. See also, Singh et al., 257.

methods,[70] and with lower motivation to avoid pregnancy.[71] The study also reveals that disadvantaged adolescents are less likely than wealthier ones to terminate a pregnancy, and more likely to have out-of-wedlock children.[72] Furthermore, the study suggests that among disadvantaged adolescents – and among African American teenagers in particular – accepting or even desiring a premarital birth is fairly common. This attitude represents a sort of "rational response"[73] to what minors view as a total lack of opportunities for the future.[74]

Recent data also call into question a third notion often distorted in the debate on teenage pregnancy: The assumption that disadvantaged adolescents can gain significant economic benefits from deciding to marry early in life, and from delaying parenthood until high school graduation or marriage.[75] In fact, while divorce rates for young minority or indigent cou-

[70]See W. D. Manning, M. A. Longmore, and P. C. Giordano, "The Relationship Context of Contraceptive Use and Premarital Pregnancy Among American Teenagers," *Family Planning Perspectives* 32 (May/June 2000): 104-110; K. L. Brewster et al., "The Changing Impact of Religion on the Sexual and Contraceptive Behavior of Adolescent Women in the United States," *JMF* 60 (1998): 493-504; J. J. Murphy and S. Boggess, "Increased Condom Use Among Teenage Males, 1988-1995: The Role of Attitudes," *Family Planning Perspectives* 30 (May/June 1998): 276-280 & 303; M. D. Wilson et al., "Attitudes, Knowledge, and Behavior Regarding Condom Use in Urban Black Adolescent Males," *Adolescence* 29 (1994): 13-26; and C. Galavotti and S. R. Lovick, "School-Based and Clinic Use and Other Factors Affecting Adolescent Contraceptive Behavior," *J. Adolesc. Health Care* 10 (1989): 506-512, quoted in Singh et al., 251. See also, Singh et al., 256, 257.

[71]See G. J. Duncan and S. Hoffman, "Welfare Benefits, Economic Opportunities, and Out-Of-Wedlock Births Among Black Teenage Girls," *Demography* 27 (1990): 519-535; K. Trent and K. Crowder, "Adolescent Births, Intentions, Social Disadvantage, and Behavioral Outcomes," *JMF* 59 (1997): 523-535; S. Lundberg and R. D. Plotnick, "Adolescent Premarital Childbearing: Do Economic Incentives Matter?" *JOLE* 13 (1995): 177-200; and K. S. Miller, R. Forehand, and B. A. Kotchick, "Adolescent Sexual Bahavior in Two Ethnic Minority Samples: The Role of Family Variables," *JMF* 61 (1999): 85-88, quoted in Singh et al., 251. See also, Singh et al., 257.

[72]See A. Geronimus and S. Korenman, "The Socioeconomic Consequences of Teen Childbearing Reconsidered," *QJE* 107 (1992): 1187-1214, quoted in Singh et al., 251.

[73]Singh et al., "Socioeconomic Disadvantage and Adolescent Women's Sexual and Reproductive Behavior," 251.

[74]See Geronimus and Korenman, "The Socioeconomic Consequences of Teen Childbearing Reconsidered," quoted in Singh et al., 251. See also, Singh et al., 258.

[75]See M. C. Simms, "Adolescent Pregnancy Among Blacks in the United States: Why Is It a Policy Issue?" in D. L. Rhode and A. Lawson, ed., *The Politics of Pregnancy: Adolescent Sexuality and Public Policy,* 241; A. S. Holmes, "Teenage Studies Hint Gains for Those Having Abortion," *New York Times,* 25 January 1990, A-12; M. Vinovskis, "Teenage Pregnancy and the Underclass," *Public Interest* 93 (1988), quoted in Rhode, 314.

ples are relatively high, high levels of male unemployment, substance abuse, delinquency, suicide, and gang-related violence are all factors that drastically reduce the number of eligible partners available to young, low-income or minority women.[76] It still remains unclear whether variables such as crimes, male unemployment, and substance abuse can explain the degrees of variance in family formation among economically disadvantaged groups.[77] However, common sense should indicate that for pregnant, indigent minors, marriage does not always represent the best solution to out-of-wedlock childbearing.[78]

In May of 1996, in her book *Dubious Conceptions: The Politics of Teenage Pregnancy,* Kristin Luker argues that although women who become pregnant as teenagers have a higher chance of being poor later in life, "a very large proportion of that difference is explained by preexisting factors."[79] For example, statistics show that well over 80 percent of all America's teenage mothers are already living in poverty long before they become pregnant.[80] Consequently, according to Luker: "Teenage parents are not middle-class people who have become poor simply because they have had a baby; rather they have become teenage parents because they were poor to begin with... But if teenage mothers are poor before they even become mothers; and if in many cases they would be poor and in need of welfare at whatever age they had their first child... much of the easy equation that identifies early pregnancy as a cause of poverty breaks down."[81]

In light of Luker's argument, a long overlooked detail screams for attention. Early childbearing patterns seem to be highly responsive to socioeconomic factors, while expectations about future opportunities in life play a fundamental role in shaping the reproductive choices of poor minority teenagers, both at a conscious and at an unconscious level.

5.3 Economic Hardship and Cultural Ambivalence

The nature of the recent debate on teenage pregnancy and childbearing is twofold. On one side, the discussion has focused on what policy-makers, public institutions, and parents should do in order to reduce the incidence

[76]Ibid.
[77]See Rhode, 313.
[78]Ibid.
[79]Luker, *Dubious Conception,* 107.
[80]The Alan Guttmacher Institute, *Sex and America's Teenagers* (Washington, D.C: The Alan Guttmacher Institute, 1994), 50, quoted in Luker, 107.
[81]Ibid., 108.

of early childbearing. Over the years, something resembling a consensus has been reached. Pervasive moral arguments, economic incentives, and a wide range of public policy strategies should be implemented in order to discourage teenagers from engaging in sexual activities.[82] On the other side, the debate has also concentrated on the much more compelling question of what teenagers should do, in case they decided to become sexually active despite parental and societal disapproval. To rely on birth control, to terminate what is considered an unwanted pregnancy, to give babies up for adoption, and marriage are all considered viable options.[83]

And so, while the heated discussion over how to curb the incidence of early childbearing seems to be settled in principle, in practice a number of important issues are still to be solved. First of all, the recommendations so carefully formulated by youth advocates, legislators, and parents continue "to fall on remarkably deaf ears."[84] As statistics show, American teenagers are having more sex today than they did two decades ago.[85] Also, American adolescents are more inclined to rely on contraception and less likely to get pregnant today than in the 1980s.[86] However, once pregnant, today's adolescents are more likely to carry the pregnancy to term today than they were twenty years ago, and less likely to give their babies up for adoption or to marry the fathers of their children.[87]

Second, the formulation of teenage pregnancy as a social problem is based on a narrow definition of the problem.[88] According to Jones et al., the high teenage pregnancy rate typical of the United States is due to two key factors, the American "ambivalent, sometimes puritanical attitude [towards] sex,"[89] and the fact that a large percentage of the population in the United States lives under economically deprived conditions.[90]

Cultural ambivalence towards sex is deeply embedded in the current debate on teenage pregnancy. For example, while a considerable portion of the American public still views premarital intercourse as intrinsically wrong, the media bombards teenagers with sexually-charged messages. Thanks to movies, television series, and commercials, brand recognition has become

[82]See Luker, 10.
[83]Ibid.
[84]Luker, 10.
[85]See Luker, 10.
[86]Ibid.
[87]Ibid.
[88]See Rhode, 316.
[89]E. F. Jones et al., *Teenage Pregnancy in Industrialized Countries* (New Haven: Yale University Press, 1986), quoted in Rhode, 316.
[90]See Rhode, 316.

synonymous with sexual appeal. In a world where sexual messages help companies sell just about anything, from appliances to burgers, commercials for birth control methods remain rare, and target mainly wealthy, married couples in their thirties dancing their honeymoon away. So, on one side, the media portray sex as a goal in itself with little or no attention to its inherent risks. On the other side, if issues such as pregnancy or STDs are addressed at all, the messages seem to be designed to target primarily an adult audience. As a result, adolescents are left with the feeling that having sex is acceptable, smart, and very cool, while adequate preparation is a symptom of promiscuity.[91] In other words, while Western cultural standards and imagery traditionally link virility with aptitude and fearlessness and femininity with sexual attractiveness,[92] American policy-makers and the public expect adolescents to embrace abstinence, in spite of the sexual stimuli that teenagers are constantly subject to.[93]

Teenage pregnancy is the outcome of complex, interrelated factors. However, it seems to have a common denominator: Limited life options. As argued by Luker, "sorting out cause and effect"[94] would be a much easier task if pregnant and parenting teens, and unmarried young mothers in particular, were equally common in Harlem as in Beverly Hills.[95] Unfortunately, teenage mothers are not evenly distributed along the American social landscape. Rates of teenage pregnancy and childbearing are higher among specific communities, and tend to be influenced by individual characteristics such as degree of indigency, access to meaningful educational opportunities, cultural background, ethnicity, and access to health care programs providing information, resources, and methods to avoid an unwanted pregnancy. And while poverty alone is already a strong predictor of teenage pregnancy, indigent pregnant and parenting teens are much more likely than their wealthier peers to have lived under harsh social and economic conditions to begin with. In fact, statistics show that indigent teenage parents are very likely to come from a single-headed family, to have had troubles in school, to have been held back a grade, and to live in a violent or dangerous neighborhood.[96]

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[91]See Rhode, 316.

[92]See Jones et al., *Teenage Pregnancy in Industrialized Countries,* 58-62, 240, quoted in Rhode, 316.

[93]Ibid.

[94]Luker, 113.

[95]See Luker, 113.

[96]See C. D. Hayes, ed., *Risking the Future,* vol. 1 (Washington, D.C.: National Academy Press, 1987), 95-121; J. L. Peterson et al., *Starting Early: The Antecedents of Early Premarital Intercourse* (Washington D.C.: Office of Adolescent Pregnancy and Parenting, 1985); S. Newcome and R. Udry, "Adolescent Sexual Behavior and Popularity," *Adoles-*

Over the last 30 years, what Luker calls the "precursors"[97] of teenage pregnancy and childbearing, i.e. factors historically more common among young people belonging to ethnic minorities, have become more frequent also among white adolescents. In 1970, young women belonging to minority groups were ten times more likely to become single, teenage mothers than their white counterparts. Interestingly enough, by the early 1990s, minority teenagers were only three times more likely to bear a child out-of-wedlock than white adolescents, suggesting that factors other than demographics play a much more important role in the decision of becoming a teenage mother.[98]

As mentioned earlier in this chapter, living in a poor neighborhood, where people usually have less chances and hopes to improve their economic situation in the future, is also a precursor of early pregnancy and childbearing. Research shows that female teenagers who live in a neighborhood where virtually everyone is poor and where few, if any, female role models are available are at very high risk of becoming teenage mothers.[99] Also, two studies published in 1989 and in 1993 investigating the incidence of teenage pregnancy among low-income minority adolescents found that teenage mothers are often the poorest of the poor in a given community.[100] Another similar study, focusing on African American pregnant teenagers living in urban low-income communities, revealed that young women who opted for abortion were the ones who had the most ambitious aspirations for their future.[101] Interestingly, a previous study had already concluded that young African

cence 18 (1983), quoted in Luker, 113.

[97]Luker, 113.

[98]The author's calculations are based on data collected by the National Center for Health Statistics and published annually as the *Advance Report of Final Natality Statistics.* See Luker, 113.

[99]D. Hogan and E. Kitagawa, "The Impact of Social Status, Family Structure and Neighborhood on the Fertility of Black Adolescents," *Am. J. Soc.* 90 (1985): 825-55; K. Brewster, "Race Differences in Sexual Activity Among Adolescent Women," *Am. Soc. Rev* 59 (1994): 408-24; J. Crome, "The Epidemic Theory of Ghettos and Neighborhood Effects on Dropping Out and Childbearing," *Am. J. Soc.* 96 (1991): 1226-59, quoted in Luker, 115.

[100]C. Stack and L. Burton, "Kinscripts: Nexus of Individuals and Families" (paper presented at the Joint Berkeley – Stanford Conference on Teenage Pregnancy, Palo Alto, Calif., 1989); L. Burton and C. Stack, "Conscripting Kin: Reflections on Family, Generation, and Culture," in A. Lawson and D. L. Rhode, ed., *The Politics of Pregnancy: Adolescent Sexuality and Public Policy* (New Haven: Yale University Press, 1993), quoted in Luker, 115.

[101]L. Schwab Zabin and S. Clark, "When Urban Adolescents Choose Abortion: Effects on Education, Psychological Status and Subsequent Pregnancy," *Family Planning Perspectives* 21 (November/December 1989); 248-255, quoted in Luker, 115.

American women who perform well in school are more likely to be dissuaded from becoming sexually active both by their parents and by their peers.[102] The same study also found that poor white and African American young women who have trouble keeping up in school and who bear little hope to improve their living standards in the future are at a much lower risk of becoming teenage parents if they go to a good suburban school, rather than to a public school in a poor neighborhood.[103] Moreover, the same study had shown that overall, poor minority women are more likely to become sexually active early in life and to carry their pregnancies to term than their affluent counterparts.[104] Finally, the study had also concluded that indigent young women are more likely to use contraceptives sporadically or not at all, and that they are less likely to marry if they become pregnant.[105] Notably, when teenagers belonging to higher-income communities become pregnant, their families usually have the financial means necessary to deal with an unwanted pregnancy.

To sum up, women who become mothers early in life, and especially those who remain single, are extremely likely to be poor, African American, and increasingly white, to have had difficulties in school, to live in a low-income neighborhood, and to have little or no expectation to improve their living standards in the future.[106] There is no doubt that in such a scenario, poverty can quickly become a precursor of early pregnancy and childbearing and only rarely a consequence of it.

Furthermore, there is little doubt that widespread views concerning lower degrees of success in life among minority teenagers are as entrenched in the minds of disadvantaged adolescents as they are in the minds of the rest of the American public. When showed a vignette featuring a teenage couple having serious difficulties in school and belonging to indigent families, a group of African American high school students unanimously declared that the young girl was bound to become pregnant. "If she's already two years behind in school there is... no hope for her[,]" the students said. "She ain't never going to be nothing."[107]

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[102]J. Ladner, *Tomorrow's Tomorrow: The Black Woman* (Garden City: Doubleday, 1972), 200, quoted in Luker, 115.

[103]Ibid.

[104]Ibid.

[105]Ibid.

[106]See Hayes, ed., *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing,* 111-114, quoted in Luker, 115.

[107]K. Moore, M. C. Simms, and C. Betsey, *Choice and Circumstance: Racial Differences in Adolescent Sexuality and Fertility* (New Brunswick, N.J.: Transaction Books, 1986), 72, quoted in Luker,115.

5.3.1 Cultural Ambivalence in Federal and State Policies

Since the early 1970s, cultural ambivalence over teenage sexuality has played a major role in shaping legislation and policies addressing the issues of early pregnancy and childbearing at both federal and state levels.

In the early 1960s, the availability of oral contraceptives helped liberalize public attitude and practices towards sex.[108] During the mid-1960s, the Supreme Court reached a series of decisions that further contributed to this trend, and granted minors the right to purchase and use reversible birth control methods.[109] In June 1965, in *Griswold v Connecticut,*[110] a majority of Justices struck down a Connecticut state law banning the use of birth control methods by married couples, and interpreted the due process clause of the XIV Amendment to protect private use of contraceptives by spouses.[111] In his concurring opinion, and echoing Section one of Amendment XIV,[112] Justice Byron White argued that the Connecticut statute that

[108] See Rhode, 308.

[109] Ibid.

[110] *Griswold v Connecticut,* 381 U.S. 479 (1965).

[111] Ibid.

[112] The text of the XIV Amendment reads:

1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

2. Representatives shall be apportioned among the several States according to their respective numbers, counting the whole number of persons in each State, excluding Indians not taxed. But when the right to vote at any election for the choice of electors for President and Vice-President of the United States, Representatives in Congress, the Executive and Judicial officers of a State, or the members of the Legislature thereof, is denied to any of the male inhabitants of such State, being twenty-one years of age, and citizens of the United States, or in any way abridged, except for participation in rebellion, or other crime, the basis of representation therein shall be reduced in the proportion which the number of such male citizens shall bear to the whole number of male citizens twenty-one years of age in such State.

3. No person shall be a Senator or Representative in Congress, or elector of President and Vice-President, or hold any office, civil or military, under the United States, or under any State, who, having previously taken an oath, as a member of Congress, or as an officer of the United States, or as a member of any State legislature, or as an executive or judicial officer of any State, to support the Constitution of the United States, shall have engaged in insurrection or rebellion against the same, or given aid or comfort to the enemies thereof. But Congress may by a vote of two thirds of each House, remove such disability.

4. The validity of the public debt of the United States, authorized by law, including debts incurred for payment of pensions and bounties for services in suppressing insurrection

made the use of contraception a criminal offense not only failed to serve the purpose that state lawyers claimed the statute had – deterring illicit sexual relationships – but it also deprived married couples of a specific personal "liberty without due process of law."[113] In *Eisenstadt v Baird*, a Supreme Court decision dated 1972, the Court found that the state interest in limiting and discouraging promiscuity could not justify state laws that banned sales of contraceptives to minors, since it would be "unreasonable" to inflict "pregnancy and the birth of an unwanted child [as a] punishment for fornication."[114] Furthermore, during the 1970s, concerns about citizens' right to due process and equal protection motivated lower courts to strike down public school policies that discriminated against unmarried teenage mothers but not against unmarried teenage fathers.[115]

Despite the decisions reached during the 1960s, the prevailing positive attitude towards teenage sexuality was not meant to last. In 1973, the Supreme Court reached the landmark decision *Roe v Wade,*[116] which set off some of the strongest legal criticism in the nation's history.[117] In the aftermath of the *Roe* decision, Justices remained entangled in controversies over maternal health and restrictions on public funding for abortion procedures.[118] Because *Roe* based the woman's constitutional right to have an abortion on a negative notion of privacy grounded in the individual's "right to be left alone" rather than in a broader, more positive notion of maternal "liberty", subsequent Supreme Court cases held that the government has no constitutional duty to help a women to exercise her right to terminate a pregnancy. Thus, beginning with the late 1970s, the Court issued a num-

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or rebellion, shall not be questioned. But neither the United States nor any State shall assume or pay any debt or obligation incurred in aid of insurrection or rebellion against the United States, or any claim for the loss or emancipation of any slave; but all such debts, obligations and claims shall be held illegal and void.

5. The Congress shall have power to enforce, by appropriate legislation, the provisions of this article.

The Fourteenth Amendment was proposed on June 13, 1866, and ratified on July 9, 1868. Together with Amendment XIII and XV it is often referred to as a Reconstruction Amendment, because it was drafted by the Republican majority Congress following the Civil War with the purpose of abolishing slavery and extending civil rights to former slaves.

[113] *Griswold v. Connecticut,* 381 U.S. 479 (1965), 507.

[114] *Eisenstadt v Baird,* 405 U.S. 438, 448 (1972).

[115] *Ordway v Hargraves,* 323 F. Supp. 1155 (D. Mass. 1971); *Faeley v Reinhard,* (No. 155569 N.D. Ga., 22 Sept. 1971); *Skull v the Columbus Municipal Separate School District,* 338 F. Supp. (N. D. Miss. 1972). See also, Rhode, 308.

[116] *Roe v Wade,* 410 U.S. 113 (1973). See *supra,* footnote 11, 203.

[117] See Rhode, 309.

[118] Ibid.

ber of decisions "upholding some of the most substantial restrictions"[119] to date concerning funding for abortion. In *Maher v Roe,*[120] the Court authorized the use of Connecticut state funds only to finance abortion procedures deemed "medically necessary." Three years later, in *Harris v McRae,*[121] the Court upheld the Hyde Amendment. Introduced in 1976 by anti-abortion Senator Henry J. Hyde, the Hyde Amendment prohibits the use of federal funds to finance abortion procedures that are not necessary to save a woman's life. Moreover, the Court also ruled that states participating in the Medicaid program are not required to fund medically necessary abortions if federal funding is unavailable under the Hyde Amendment.

Other decisions like *Webster v Reproductive Health Services*[122] and *Planned Parenthood of Southeastern Pennsylvania v Casey*[123] further curtailed a woman's right to choose.[124] *Webster* upheld bans on abortions performed at public health care facilities, and approved the requirement of costly tests to determine fetal viability in the second and third trimesters of pregnancy.[125] While *Casey* upheld other state requirements that further limited access to abortion-related services, such as pre-abortion waiting periods and parental consent for minors.[126]

Since young adults are disproportionately likely to delay a decision to terminate a pregnancy – mainly due to lack of the financial resources necessary to afford an abortion procedure – adolescents are particularly vulnerable to the restrictions upheld in *Maher*, *McRae*, *Webster*, and *Casey.*[127] Generally speaking, when establishing limitations on a woman's right to choose, the Supreme Court has been strikingly insensitive towards the needs of poor, young women.[128] For example, according to the opinion in *Harris v McRae*:

> "... The financial constraints that restrict an indigent woman's ability to enjoy... freedom of choice are the product not of government restrictions on access to abortion, but rather of her indigence."[129]

[119] Rhode, 309.
[120] *Maher v Roe,* 433 U.S. 464 (1977).
[121] *Harris v McRae,* 448 U.S. 297 (1980).
[122] *Webster v Reproductive Health Services,* 492 U.S. 490 (1989).
[123] *Planned Parenthood of Southeastern Pennsylvania v Casey,* 112 Sup. Ct. 2791 (1992).
[124] See Rhode, 309.
[125] *Webster v Reproductive Health Services,* 492 U.S. 490 (1989).
[126] *Planned Parenthood of Southeastern Pennsylvania v Casey,* 112 Sup. Ct. 2791 (1992).
[127] See Rhode, 309.
[128] Ibid.
[129] *Harris v McRae,* 448 U.S. 297, 316, quoted in Rhode, 310.

This type of argument is problematic on three levels. First, the notion implied in the *Harris* opinion of a state that plays no role in the creation and perpetuation of poverty suggests an extraordinary degree of blindness. In fact, public policies that provide citizens with welfare and education programs, employment and training programs, subsidized housing and transportation, as well as tax breaks "always affect income distribution."[130] Second, the right to public funding for abortion at stake in the *Harris* decision was as significant a right as others for which the Supreme Court had required the use of public resources, such as the right to public funding of legal expenses in divorce cases and the right to public funding for defendants' transcripts.[131] Finally, the most common argument used by the government to justify denial of public funding for abortion – namely, conservation of already scarce resources – can hardly be applied to abortion funding cases. In fact, between 1970 and 1980, the average cost of subsidizing childbirth was almost ten times higher than the cost of an abortion procedure.[132] Moreover, since many indigent mothers will have to apply for welfare assistance following the birth of their children, denial of public funding for abortion can hardly be considered as a resource-saving measure. Rather it is a good example of a coercive, punitive measure, based largely on moral prejudices.[133]

Availability of information concerning abortion for enrollees in publicly funded health programs is another key factor that, if denied, substantially limits adult and young women's right to choose. In 1991, in *Rust v Sullivan,*[134] the Supreme Court upheld regulations banning provision of information on abortion procedures to women enrolled in publicly funded health programs. The *Rust* opinion viewed the fact that poor women may be unable to obtain abortion services as irrelevant for the purpose of the case.[135] In fact, the Court considered poor women's inability to gather information on where and how to terminate their pregnancies to put them in no worse position than if the government had decided not to provide them with any medical assistance at all.[136]

Contrary to this opinion, a variety of studies have shown that limitations on funding and lack of information about the availability of both financial

[130]Rhode, 310.
[131]See Rhode, 310.
[132]Ibid.
[133]Ibid.
[134]*Rust v Sullivan,* 111 S. Ct. 1759 (1991).
[135]Ibid.
[136]Ibid.

assistance and abortion services constitute a severe, unnecessary burden on women. Notably, teenagers have been found to be the group most highly impaired by this kind of restrictions.[137] However, even states that are currently implementing teenage pregnancy prevention initiatives are prone to prohibit the use of public funds to finance abortion, and to impose additional limitations on access to abortion services and facilities.[138] As a result, young women's ability to determine their reproductive destiny is drastically reduced. By contrast, limited access to abortion services increases the risks of physical injury and psychological trauma for young adolescents.

It was not until 1978 that Congress passed the first piece of legislation specifically addressing teenage pregnancy. The Adolescent Health Services and Pregnancy Prevention Act[139] amended a pre-existing statute and made federally funded contraceptive services available to adolescents. By encouraging the use of a pregnancy-preventive measure such as birth control among teenagers, the Act represented the first attempt to reconcile the pro-life and pro-choice positions which so often clashed in the anti-abortion debate that followed the *Roe* decision. However, because the Act provided only a limited amount of family planning services to a very limited number of adolescents, its impact on teenagers' sexual attitudes and behaviors was minimal.

A second piece of legislation, the Adolescent Family Life Act (AFLA), was passed by Congress three years later. In 1981, Senators Jeremiah Denton (R-AL) and Senator Orrin Hatch (R-UT) called for a different approach to teenage pregnancy, one emphasing moral principles and parental involvement.[140] Denton and Hatch sponsored AFLA "and quietly sheparded it – without hearings or floor votes in either house of Congress – through committee,"[141] until it passed as a part of the 1981 Omnibus Budget Reconciliation Act. Shortly thereafter, AFLA became Title XX of the Public Health Service Act, and it is currently administered by the Office of Adolescent Pregnancy Prevention (OAPP) of the Department of Health and Human Services (HHS). Right from its inception, one of AFLA's aim was to prevent out-of-wedlock adolescent childbearing by creating "family-centered" pre-

[137]F. S. Jaffe, B. L. Lindheim, and P. R. Lee, *Abortion Politics: Private Morality and Public Policy* (New York: McGraw-Hill 1981), 143, 146; S. K. Henshaw et al., *Teenage Pregnancy in the United States: The Scope of the Problem and State Response* (New York: The Alan Guttmacher Institute, 1989), quoted in Rhode, 311.

[138]See Rhode, 311.

[139]*Adolescent Health Services and Pregnancy Prevention Act, U.S. Code,* vol. 42, sec. 300a–300a-28. Repealed.

[140]See R. Saul, "Whatever Happened to the Adolescent Family Life Act?," *The Guttmacher Report on Public Policy* 1 (April 1998): 5 & 10-11, 5.

[141]Saul, "Whatever Happened to the Adolescent Family Life Act?," 5.

vention programs that promoted "chastity and self-discipline."[142] Another major objective of AFLA was the promotion of adoption instead of abortion for pregnant teenagers.[143]

Because AFLA's early funding was almost exclusively granted to far-right, sectarian grantees who used AFLA's money to implement programs that promoted religious values, civil rights advocates challenged the constitutionality of the act.[144] In 1983, the American Civil Liberties Union's (ACLU) Reproductive Freedom Project filed suit against AFLA's religious-based education programs, arguing that they violated the principle of separation between Church and State mandated by the First Amendment.[145] In 1985, in *Kendrick v Sullivan,*[146] a U.S. district judge agreed with the views of teenage advocates and declared AFLA unconstitutional. In 1988, this decision was appealed and the U.S. Supreme Court reversed it. However, the Court argued that further factual findings were necessary in order to determine whether AFLA as administered was unconstitutional.[147] In the long investigation that followed, attorneys uncovered constitutional violations during both the Reagan and the Bush administrations.[148] In January 1993, an agreement in the *Kendrick* case was finally reached. The settlement "placed certain conditions on the administration of AFLA money and on the actions of the grantees."[149] In order to comply with the terms of the set-

[142]See Saul, 5.
[143]Ibid.
[144]Interestingly enough, AFLA and the Abstinence-Only provision share many parallels. Both provisions were enacted quietly, and were controversial from their inception. They were the result of deep concerns among conservatives that too much money was being spent to teach adolescents about sexuality and contraception. Instead, conservatives agreed that a more traditional approach to family planning would be much more successful in reducing the incidence of pregnancy among teenagers. Finally, both acts were meant to stir funds away from family planning advocates to benefit other types of teenage-pregnancy-prevention initiatives designed by family-oriented, religious groups. For example, many of AFLA's early grants were used to implement the first generation of the so called fear-based education curricula, such as Sex Respect, which relies on scare tactics to promote abstinence among teenagers, while also teaching adolescents that contraceptive methods do not help to prevent unintended pregnancies and the transmission of STDs. Similarly, some of the early religious grantees, like St. Margaret's Hospital, a Catholic health care facility in Dorchester, Massachusetts, received funding to design educational materials titled "The Church's teaching on Abortion," and "The Church's Teaching on Artificial Contraception." See Saul,10.
[145]See Saul, 10.
[146]*Kendrick v Sullivan,* 766 F. Supp. 1180 (D.C.1991).
[147]Ibid.
[148]Ibid.
[149]Saul, 10.

tlement, the OAPP implemented a rigorous review of AFLA programs and materials to determine "whether the curricula promote religion and whether such materials are medically accurate."[150]

The *Kendrick* settlement coincided with the election of President Clinton, and both the agreement and the advent of the Clinton administration resulted in significant changes in the way the federal government currently administers AFLA money.[151] For example, in 1997, Northern Michigan Planned Parenthood (NMPP) received an AFLA grant, thus becoming the first Planned Parenthood affiliate ever to be funded through AFLA money. With the help of AFLA funds, NMPP was able to launch "How To Say No," a program focusing on sex refusal skills. The program's aim is twofold, teaching seventh graders about the advantages of delaying sexual intercourse, and discussing different strategies to ward off unwanted sexual advances.[152] Also, President Clinton's budget for FY1999 called for a 70 percent decrease in AFLA's funding to sex education programs, on the grounds that AFLA's curricula largely duplicated the initiatives funded through PRWORA's Abstinence-Only provision.[153] While giving credit to the Clinton Administration for the changes it has brought about in the use of AFLA resources, public health and reproductive rights' advocates remain skeptical towards AFLA single-minded focus on abstinence as the most effective means to prevent teenage pregnancy. In particular, advocates are concerned with the program's inability to demonstrate the effectiveness of its approach "two decades and many millions of dollars after its implementation."[154]

Finally, in a series of cases decided between the late 1970s and the early 1980s, the Supreme Court delivered opinions that allowed states to enforce parental consent and parental notification requirements for abortion services to minors, as long as adjudicative procedures were in place to bypass such requirements under specific circumstances.[155] In cases such as *Bellotti v Baird, Bellotti v Baird II* and *Planned Parenthood Association of Kansas City, MO v Ashcroft,*[156] the Court held that parental involvement was justified by the vulnerability of adolescents and by the importance to honor and

[150]Ibid.
[151]See Saul, 10.
[152]Ibid.
[153]See *supra,* Section 2.1.2, 53; and 45, 208. See also,*infra,* Section 5.3.2, 229.
[154]See Saul, 11.
[155]See Rhode, 319.
[156]*Bellotti v Baird,* 443 U.S. 622 (1979); *Planned Parenthood Association of Kansas City, MO v Ashcroft,* 462 U.S. 476 (1983).

preserve family ties. However, in those same decisions the Court also clearly stated that a minor seeking to terminate her pregnancy should be given a chance to avoid parental consent or notification by proving to a court of law that she is sufficiently mature and informed to make her own decision, or that abortion is in her best interest.[157]

Only a decade later, between the early 1980s and 1990s, the Court heard three additional cases dealing with minors' access to abortion services, parental notification and consent and judicial bypasses. The opinions delivered by the Court in these later cases are much more conservative in nature, and they had the effect of limiting teenagers' ability to make personal decisions concerning their reproductive destiny. In *H. L. v Matheson,*[158] the Court upheld a Utah statute requiring that the parents of a pregnant "unemancipated" minor be informed by a physician before the minor undergoes an abortion procedure. In *Hodgson v Minnesota,*[159] the Court upheld a state requirement mandating notification of both parents before an abortion procedure is performed on an adolescent, if a judicial procedure is available to bypass parental notification. The Court further established that a 48-hour waiting period may be granted between notification and the abortion procedure, to give parents a realistic opportunity to talk to their daughters. Finally, in *Ohio v Akron Center for Reproductive Services,*[160] the Court approved a state legislative scheme that required physicians to notify a parent of an underage girl in person before performing an abortion, thus placing a stricter burden of proof that failed to ensure confidentiality on minors seeking judicial bypass of parental notification requirements.[161]

On some level, these Supreme Court decisions are justifiable. Understandably, most parents feel that they should be directly involved in matters for which their children may need mature guidance. However, on a more

[157] *Bellotti v Baird,* 443 U.S. 622 (1979), 634-35, 637-39, 643-44. In this decision, the Court held that a Massachusetts law requiring consent from both parents before a minor could obtain an abortion was unconstitutional unless the state instituted a judicial bypass procedure. In 1979, in the subsequent *Bellotti v Baird II* decision, the Court ruled that state parental consent laws must permit a minor to seek judicial waiver. The Court further held that judicial permission for abortion must be granted if the judge finds that the minor is mature, or that abortion is in the best interest of the minor. Finally, in *Planned Parenthood Association of Kansas City, MO v Ashcroft,* 462 U.S. 476 (1983) the Supreme Court upheld the requirement of a pathology report for each performed abortion, the presence of a second physician at post-viability abortions and parental or juvenile court consent for minors seeking an abortion.

[158] *H. L. v Matheson,* 405 U.S. 398 (1981).

[159] *Hodgson v Minnesota,* 110 U.S. 2926 (1990).

[160] *Ohio v Akron Center for Reproductive Services,* 497 U.S. 502 (1990).

[161] See Rhode, 319.

practical level, the courts have often proved to be a "poor forum"[162] for assessing and addressing the impact of parental consent and notification requirements and of judicial bypass procedures on the health and emotional well-being of minors.[163] According to Rhode, both "legislative and judicial decision-making"[164] have proceeded without taking into account available research analyzing the effects of mandatory parental consent and notification requirements and bypass procedures on female, pregnant teenagers.[165]

It was not until the mid 1980s that studies on the effects of parental consent and notification requirements on the behavior of female teenagers started to circulate. Such studies showed that parental notification requirements do not increase the likelihood of open discussions about sexuality, contraception, pregnancy, and abortion between parents and minors.[166] For example, a 1985 study conducted by researchers at the Alan Guttmacher Institute concluded that statutory notification requirements did not seem to significantly increase the likelihood that teenagers will consult their parents on matters related to pregnancy prevention.[167] Similarly, another study, conducted two years later, showed that only two percent of the adolescents surveyed by the authors affirmed that policies requiring parental involvement would cause them to cease or postpone sexual activity.[168]

In the mid 1980s, another series of studies was published that focused on the effects of judicial bypass procedures on minors. For example, one article published in the American Journal of Public Health in 1986 analyzed 1,300 Massachusetts abortion cases, involving petitions to bypass parental consent filed over the previous five years.[169] The article concluded that in only nine percent of the examined cases the Court had found the minor to be mature enough to make a decision concerning her pregnancy, while in all but five of the remaining instances, the Court had found abortion to be in the best interest of the minor.[170] The article also revealed that

[162]Rhode, 319.
[163]Ibid.
[164]See Rhode, 319.
[165]See Rhode, 320.
[166]Ibid.
[167]See S. F. Newcomer and J. R. Udry, "Parent-Child Communication and Adolescent Sexual Behavior," *Family Planning Perspectives* 17 (1985): 169, 189.
[168]See R. Blum, M. D. Resnick, and T. A. Stark, "The Impact of a Parental Notification Law on Adolescent Abortion Decision-Making," *American Journal of Public Health* 77 (1987): 619-620, quoted in Rhode, 320.
[169]See V. C. Cartoof and L. V. Klerman, "Parental Consent for Abortion: Impact of the Massachusetts Law," *American Journal of Public Health* 76 (1986): 397, quoted in Rhode, 320.
[170]Ibid.

although the frequency of teenage abortion had declined in Massachusetts since the implementation of consent requirements, the decline was entirely attributable to an increase in "abortion tourism."[171]

Finally, two earlier studies had examined the impact of the costs associated with filing judicial bypass procedures on adolescents' decision to terminate their pregnancy. These studies had shown that the costs associated with filing bypass petitions were substantial and often represented an insurmountable financial burden for poor, minority adolescents.[172] The same studies also showed that other factors that deterred pregnant teenagers seeking to terminate their pregnancies from filing bypass petitions were: Lack of information about legal aid, risk of public exposure and fear of courtroom interrogations.[173] According to the authors, fear of courtroom interrogations ran particularly high among pregnant minors, and they represented the main reason why respondents had decided not to file a judicial bypass petition.[174] Legal criteria to assess teenagers' degree of maturity have long been considered by advocates arbitrary, inconsistent, and cruel. The questions that a minor has to answer during a court cross-examination are extremely harsh and they often contribute to increase the sense of guilt and despair that accompanies an unwanted pregnancy. Common questions asked during a judicial cross-examination include the following: Are you aware that an abortion could impair your future ability to have children? How do you feel about having a dead child? Couldn't your parents raise this child?[175]

5.3.2 Abstinence Education Programs: The Government Response to an Epidemic

Abstinence education programs are designed to teach teenagers the importance of refraining from having sex prior to marriage. In 1996, Congress attached a proposition to the Welfare Reform bill that mandated the allocation of federal funds to finance educational programs teaching abstinence

[171]Ibid. The term "abortion tourism" refers to the widespread habit of traveling out of state to seek an abortion that would be hardly or not at all available in the state of residence.

[172]See P. Donovan, "Judging Teenagers: How Minors Fare When They Seek Court-Authorized Abortions," *Family Planning Perspectives* 15 (1983): 259-67, 265; P. Donovan, "Your Parents or the Judge: Massachusetts' New Abortion Consent Law," *Family Planning Perspectives* 13 (1981): 224, quoted in Rhode, 320.

[173]Ibid.

[174]Ibid.

[175]See Rhode, 320.

to young adolescents.[176] Consequently, since 1997, approximately $100 million, including state matching funds, have been spent annually to implement sex education and abstinence programs nationwide.

The Welfare Reform bill finances two types of abstinence education programs, abstinence-only programs and abstinence-plus programs. Generally speaking, abstinence-only programs do not allow for the teaching and discussion of birth control methods. Alternatively, these programs may limit discussion about contraception to evidence proving its ineffectiveness in preventing unplanned pregnancies and sexually transmitted diseases (STDs). By contrast, abstinence-plus programs allow for the discussion of contraceptive methods. They also teach teenagers about the effectiveness of birth control methods in protecting against both early childbearing and STDs.

Currently, two major federal funding sources finance abstinence-only education programs, the Adolescent Family Life Act of 1981[177] and PRWORA's Abstinence-Only provision.[178]

When George W. Bush was granted the Republican nomination in March 2000, he made abstinence promotion a prominent feature of his campaign, and repeatedly promised that if elected president, he would "elevate abstinence education from an afterthought to a urgent priority,"[179] by increasing funding for abstinence-only education programs. Not only did President Bush keep his promise, but in the wake of his victory, he also allocated additional funding, normally available to states under other health or social welfare programs, to abstinence education initiatives.

In the years prior to the 2000 presidential elections, abstinence promotion was already strongly supported by state authorities, while the majority of school districts nationwide that had a policy in place to teach sexuality education regarded abstinence as a key component of their curricula.[180] For

[176]See *supra,* Section 2.1.2, 53.

[177]See *supra,* foootnote 45, 208; and footnote 5.3.2, 229. Title X of the Public Health Service Act was signed into law by President Nixon in 1970, and is America's family planning program. For more than 30 years, Title X has been the nation's major program to reduce unintended pregnancy by providing contraceptives and related reproductive health care services to low-income women. For more information, see, Planned Parenthood Federation of America, Inc., "America's Family Planning Program: Title X."
Available at http://www.plannedparenthood.org/library/FAMILYPLANNINGISSUES/TitleX_fact.html

[178]To qualify for funding, education programs must comply with the definition of "abstinence programs" comprised in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). See *supra,* Section 2.1.2, 53.

[179]C. Dailard, "Fueled by Campaign Promises, Drive Intensifies to Boost Abstinence-Only Education Funds," *The Guttmacher Report on Public Policy* 3 (April 2000): 1-2, & 12, 1.

[180]See Dailard, "Fueled by Campaign Promises," 1, 2.

example, in 1999, a group of researchers at the Guttmacher Institute conducted a nationwide survey of existing abstinence education programs. The survey included 825 different school districts teaching grade six or higher.[181] Findings from the survey revealed that 86 percent of the school-districts that implemented a district-wide policy to teach sexuality education required abstinence to be taught either as a preferred option for teenagers, or as the only option outside of marriage.[182] Only 14 percent of the respondents had what the authors call "a comprehensive policy," i.e. one addressing abstinence as one viable option in a broader sex education program, an option that would help teenagers to become sexually healthy adults.[183] The study also found that in almost two-thirds of all surveyed districts, discussion about contraception and its advantages was permitted.[184] However, in one-thirds of the districts – those implementing abstinence-only policies – information and discussion about contraception were either prohibited or limited to the discussion of its ineffectiveness in preventing unwanted pregnancies and STDs.[185] This survey, which was conducted before states began to implement any abstinence education initiatives stemming from the Welfare Reform bill of 1996, also revealed that there was significant regional variation in the prevalence of abstinence-only policies.[186] In the South, school districts were twice as likely to have abstinence-only policies in place than school disctricts located in Northern states.[187] Also, school districts in the South were the least likely to implement comprehensive sex education programs.[188] By contrast, school districts in the Northeast were much less likely than their Southern counterparts to implement abstinence-only education programs. In fact, only 20 percent of the Northeastern districts actually did.[189] Finally, the study also threw light on the opinions of school superintendents regarding the factors that most influenced their policies. Regardless of the abstinence education policy implemented in their districts, almost half of the surveyed superintendents – or 48 percent – mentioned state directives as the

[181]D. J. Landry, L. Kaesar, and C. L. Richards, "Abstinence Promotion and the Provision of Information About Contraception in Public School District Sexuality Education Policies," *Family Planning Perspectives* 31 (November/December 1999): 280-86.
[182]See ibid., 283.
[183]Ibid.
[184]Ibid.
[185]Ibid.
[186]Ibid., 282-83.
[187]Ibid., 283.
[188]Ibid.
[189]Ibid.

most influential factor.[190] Most important, the study revealed that among districts that switched their policies regulating the teaching of sexuality education in their schools, twice as many adopted a more abstinence-focused policy.[191]

In February 2001, Cynthia Dailard, senior policy analyst at the Alan Guttmacher Institute, published a review[192] of six nationwide studies on sexuality education.[193] The studies comprised in the review had been conducted by researchers at the Alan Guttmacher Institute (AGI), as well as by researchers at the Centers for Disease Control and Prevention (CDC), the Henry J. Kaiser Family Foundation (KFF),[194] and the Washington-based Urban Institute (UI).[195] Findings from all six studies highlighted what Dailard calls "a troubling disconnect"[196] between the inclinations of policymakers and the needs and expectations of students, parents, and teachers concerning sexuality education. According to Dailard, "while politicians promote abstinence-only education, [a growing number of] teachers, parents, and students want young people to receive far more comprehensive informa-

[190]Ibid., 285.

[191]Ibid., 284

[192]C. Daillard, "Sex Education: Politicians, Parents, Teachers, and Teens," *The Guttmacher Report on Public Policy* 4 (February 2001): 9-12.

[193]Landry, Kaeser, and Richards, "Abstinence Promotion and the Provision of Information About Contraception in Public School District Sexuality Education Policies;" J. E. Darroch, D. J. Landry, and S. Singh, "Changing Emphasis in Sexuality Education in U.S. Public Schools, 1988-1999," *Family Planning Perspectives* 32 (September/October 2000): 204-211, 265; J. A. Grunbaum, Ed.D et al., "Surveillance for Characteristics of Health Education Among Secondary Schools. School Health Education Profiles, 1998," *Morbidity and Mortality Weekly Report.* Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss4908a1.htm; D. J. Landry, S. Singh, and J. E. Darroch, "Sexuality Education in Fifth and Sixth Grades in U.S. Public Schools, 1999," *Family Planning Perspectives* 32 (September/October 2000): 212-219; L. Duberstein Lindberg, L. Ku, and F. Sonenstein, "Adolescents' Report of Reproductive Health Education, 1988 and 1995," *Family Planning Perspectives* 32 (September/October 2000): 220-226; S. Rabin, J.D. et al., *Sex Education in America: A View From Inside the Nation's Classrooms* (Menlo Park, California: The Henry J. Kaiser Family Foundation, 2000).

[194]The Henry J. Kaiser Family Foundation is an independent philanthropy focusing on the major health care issues facing the nation. The Foundation is primarily an operating organization that develops and runs its own research and communications programs, often in partnership with outside organizations. For more information visit the Foundation's Web Site at http://www.kff.org

[195]The Urban Institute is a non-partisan, economic, and social policy organization conducting research in the fields of low-income housing, transportation, education, local governance, fiscal systems, public service delivery, income transfer, employment, and urban indicators. For more information visit the Institute's Web Site at http://www.urban.org

[196]Dailard, "Sex Education: Politicians, Parents, Teachers, and Teens," 12.

tion about how to avoid unwanted pregnancies and STDs, and about how to become sexually healthy adults."[197]

In her review, Dailard emphasizes some of the conclusions reached in the six nationwide studies that she examines. For example, she points out that the proportion of public school teachers in grades seven to 12 who taught abstinence as the only way to prevent both unintended pregnancies and STDs rose dramatically between 1988 and 1999 – from one in 50 teachers to one in four.[198] Also, Dailard highlights the fact that more than nine in ten of the 4000 teachers surveyed by a group of AGI researchers between 1988 and 1999 believed that students should be taught about contraception.[199] Despite their personal beliefs, one in four teachers were instructed not to discuss birth control in the classroom.[200] Dailard also highlights the fact that, contrary to parents' and students' expectations, a large number of schools are doing little to prepare students for puberty or to help them deal with decisions regarding their future sexual life.[201]

Moreover, Dailard highlights some of the findings from the study conducted by the Henry J. Kaiser Family Foundation (KFF). This particular study focuses on parents' and students' views about the topics that should be covered by school-based sex education programs.[202] Interestingly enough, the study shows that two-thirds of the parents who took part in KFF's survey believed that sexuality education plays a key role in encouraging youth to delay the time of their first sexual intercourse.[203] About 86 percent of the surveyed parents also believed that sexuality education should teach adolescents about the importance of getting tested for HIV/AIDS and other STDs, about how to talk to a partner about birth control and STDs – 77 percent – about how to use condoms effectively – 77 percent – and about where to obtain and how to use other available birth control methods – 68

[197]Ibid.

[198]See Darroch, Landry and Singh, "Changing Emphasis in Sexuality Education in U.S. Public Secondary Schools, 1988-1999," *Family Planning Perspectives* 32 (September/October 2000): 204-211& 265, 205-6, quoted in Dailard, "Sex Education," 10.

[199]See Darroch, Landry and Singh, "Changing Emphases," 206, quoted in Dailard, "Sex Education," 10.

[200]Ibid., 206-207, quoted in Dailard, "Sex Education," 10.

[201]Landry, Singh and Darroch, "Sexuality Education in Fifth and Sixth Grades in U.S. Public Schools, 1999," *Family Planning Perspectives* 32 (September/October 2000): 212-219, 219, quoted in Dailard, "Sex Education," 10-11.

[202]See Dailard, "Sex Education," 11.

[203]See S. Rabin, J.D. et al., *Sex Education in America: A View from Inside the Nation's Classroom* (Menlo Park: California, The Henry J. Kaiser Family Foundation, 2000), quoted in Dailard, "Sex Education," 11.

percent.[204] Dailard points out how these findings suggest that parents and legislators hold very different views about the topics that sex education programs should cover. In fact, in addition to topics routinely comprised in sex education curricula, such as the basics of reproduction and abstinence, parents would like teachers to discuss other topics with their children, topics often considered controversial by school administrators and policy-makers.[205] For example, the KFF study found that 75 percent of the parents who took part in the survey stated that they would like sex education programs to include discussion of sexual orientation and abortion.[206]

As far as students are concerned, the KFF study revealed that they would like to be provided with more information about sexual and reproductive health care issues than they are currently being provided with in school. In fact, approximately 50 percent of the students in grades 7-12 surveyed by KFF's researchers reported needing more information about how to get tested for HIV/AIDS and other STDs, and about what to do in case of rape and sexual assault.[207] Also, two in five of the surveyed students reported needing more information on where to obtain and how to use birth control effectively, as well as on how to handle peer pressure to have intercourse.[208]

Finally, Dailard's review also throws light on findings from the Urban Institute's (UI) Adolescents' Reports of Reproductive Health Education. The UI report focuses primarily on teenage males, and shows that male students are not receiving enough information regarding sexuality early enough to fully protect themselves and their partners against the odds of unintended pregnancy and STDs.[209] In fact, according to the report, about three in ten teenage males still do not receive any information concerning sex and its consequences prior to their first intercourse.[210]

5.3.3 Is Abstinence Education Working?

In the conclusion to her review, Dailard argues that despite mounting evidence that the American public supports the implementation of comprehensive sex education programs for teenagers, Republican policy-makers con-

[204] Ibid.
[205] Ibid.
[206] Ibid.
[207] See Dailard, "Sex Education," 12.
[208] Ibid.
[209] Duberstein Lindberg, Ku and Sonenstein, "Adolescents' Report of Reproductive Health Education, 1988 and 1995," *Family Planning Perspectives* 32 (September/October 2000): 220-226, quoted in Dailard, "Sex Education," 12.
[210] Ibid.

tinue to allocate resources towards abstinence-only programs.[211] For example, as part of the FY2003 budget request, the Bush administration proposed a dramatic increase in federal spending for abstinence education.[212] The requested increment added $33 million to the total amount of money that the federal government had already invested to sponsor programs that conform to an extremely narrow definition of abstinence-only education. This means programs teaching adolescents that premarital sex is likely to have harmful, long-lasting, physical, and psychological effects, and that contraceptive methods have disproportionately high failure rates.

Recent research has found no evidence that abstinence-only education programs are effective in delaying the onset of sexual activity and early childbearing among teenagers.[213] On the contrary, available data shows that extreme forms of abstinence education, such as virginity pledge models, may have harmful consequences for adolescents. Mounting evidence seems to demonstrate that if teenagers enrolled in such programs break their pledge and decide to become sexually active, they are one-third less likely than non-pledgers to use contraception.[214]

More comprehensive forms of sexuality education that discuss both abstinence and contraception seem to be far more effective than abstinence-only programs in delaying the onset of sexual activity among teenagers, reducing the number of a teenager's sexual partners, and improving minors' reliance on birth control methods. A 2001 report, authored by Douglas Kirby and analyzing the impact evaluations of more than 100 teenage pregnancy prevention programs nationwide, has concluded that comprehensive sexuality education can be highly effective in preventing teenage pregnancy, and that encouraging abstinence and teaching teenagers about contraception are not incompatible strategies.[215] In particular, the report has shown that comprehensive sex education programs that urge teens to postpone their first intercourse but also discuss contraception do not accelerate the onset of teenage sexual activity.[216] Also, contrary to what critics of comprehensive

[211]See Daillard, "Sex Education," 12.

[212]See C. Dailard, "Abstinence Promotion and Teen Family Planning: The Misguided Drive for Equal Funding," *The Guttmacher Report on Public Policy* 5 (February 2002): 1-3, 1.

[213]See C. Dailard, "Recent Findings From The 'Add Health' Survey: Teens and Sexual Activity," *The Guttmacher Report on Public Policy* 4 (August 2001): 1-3.

[214]Ibid., 2-3.

[215]See D. Kirby, Ph.D., *Emerging Answers. Research Findings on Programs to Reduce Teen Pregnancy* (Washington, D.C.: The National Campaign To Prevent Teen Pregnancy, 2001).

[216]Ibid.

sex education commonly allege, such programs do not appear to increase the frequency of sexual intercourse among adolescents or the number of a teenager's sexual partners.[217] Instead, participation in comprehensive sex education programs has so far resulted in higher rates of contraceptive use among sexually active adolescents.[218]

Finally, findings from the 2001 "Add Health" survey, a $25 million, federally funded, school-based project focusing on adolescent health, show that a teenager's decision to have sex is almost completely dictated by the adolescent's sexual history, and by her perception of the personal risks involved in such a decision.[219] More specifically, the findings show that teenagers who have good relationships with their parents are much more likely to delay the time of their first sexual intercourse than the rest of their peers.[220] Also, sexually active teenagers who feel connected to their parents appear to be more likely to use contraception and less likely to become pregnant than adolescents who have conflictual relationships with their parents.[221]

5.4 Formulating More Effective Policies: Six Critical Steps

In formulating more effective policies to reduce the incidence of teenage pregnancy and to minimize its consequences for adolescents, a critical starting point is to convince policy-makers and the American public to rethink the problem that teenage pregnancy presents.[222] No significant policy changes can be brought about as long as adolescent pregnancy is framed as a matter of individual rather than societal responsibility, and as long as legislators will insist on implementing policies that are based on traditional family values while failing to address the actual needs of young teenagers.

An alternative, more effective policy framework addressing the problem of early pregnancy and childbearing would build on two main strategies, enhancing adolescents' ability to make informed reproductive choices, and expanding the number of family planning services available to minors. However, the success of such a framework could only be achieved if public policies dealing with teenage pregnancy and early childbearing would consider the

[217]Ibid.
[218]Ibid.
[219]See Dailard, "Recent Findings From The 'Add Health' Survey: Teens and Sexual Activity," 1.
[220]Ibid., 3.
[221]Ibid.
[222]See Rhode, 321.

phenomenon not as an epidemic but as the product of larger, interconnected issues, such as poverty, access to meaningful educational opportunities, high rates of unemployment, and welfare dependency.

5.4.1 Addressing the Need for More Systematic Research

Despite the attention devoted by the public to the "epidemic" of teen pregnancy over the last 30 years, Americans know very little about certain key features that characterize the adolescent pregnancy problem. What are the factors that determine the use of birth control methods among sexually active teenagers? What strategies are most effective in shaping responsible sexual behaviors among adolescents regardless of gender, age and ethnicity? How much of the economic hardship often experienced by young mothers and their children are attributable to age, and how much to demographic and socioeconomic factors? What strategies and programs are most effective in reducing economic hardship among teenage parents? So far all these questions have been answered only partially. In fact, it was not until the late 1990s that these fundamental issues started being investigated in a systematic manner. Despite the fact that reports and articles in peer-reviewed journals have just started scratching the surface of this phenomenon, research may eventually provide a much cherished guidance to teenage pregnancy advocates and parents on how to convince teens to postpone the time of their first sexual intercourse, or to engage them in "safer" sexual practices.

In 1998, a group of researchers at RAND[223] published a study in the March issue of Family Planning Perspectives which evaluated the results of a survey run in a Los Angeles County urban high school.[224] The survey was meant to assess the impact of a condom-availability program implemented at the school – an institution that serves an ethnically and socially diverse group of students.[225] The program, which began in April 1992, provided students with unrestricted access to packets containing two male condoms and was highly publicized within the school facility.[226] The program's evaluation consisted of a self-administered baseline questionnaire distributed to about 2000 ninth to twelfth graders in the spring of 1992 and of a follow-up survey

[223]RAND is a non-profit institution that helps improve policy and decision-making through research and analysis. For more information, visit organization's Web Site at http://www.rand.org/about.

[224] M. A. Schuster et al., "Impact of a Highschool Condom Availability Program on Sexual Attitudes and Behaviors," *Family Planning Perspectives* 30 (March/April 1998): 67-72, 88.

[225]See ibid., 67.

[226]Ibid.

of students in grades 9-12, conducted one year after the condom-availability program began.[227] The findings countered generally widespread fear that a school-based condom-availability program might encourage teenage students to engage in sexual activity prematurely, or encourage students who are already sexually active to have sex more often and with multiple partners. By contrast, during the study period, the percentage of students who became sexually active did not increase.[228] The same was true for the percentage of sexually active students who had had three or more partners so far in their lives.[229] Instead, the percentage of male students who reported using condoms every time they had sex increased by one third – from 37 to 50 percent – while the percentage of males who reported to use condoms when having sex for the first time increased by one quarter – 65 to 80 percent.[230]

In the summer of 2000, another interesting study, conducted by researchers at Bowling Green State University in Bowling Green, Ohio, was published.[231] The study highlighted the role played by sexual partners in influencing the use of birth control methods among adolescent women. As data set, the authors used a sample of over 1,600 young women who had sexual intercourse prior to age 18.[232] The sample came from the 1995 National Survey of Family Growth. The study also took into account the effect of factors such as ethnicity, family structure, and sexual education prior to first intercourse in shaping teenagers' family planning attitudes and decisions.[233] The study concluded that about 52 percent of the surveyed women whose first sexual experience was with someone they had met only recently used no contraceptive method at the time of their first sexual intercourse, compared with 24 percent of young women who had a steady relationship with their first sexual partner.[234] The study also found that the most common form of birth control used by teenage women at first intercourse is the condom – the birth control method of choice for 75 percent of the surveyed adolescents.[235] Interestingly enough, differences in ethnicity or age between adolescents and their partners did not influence contraceptive use at first intercourse, except

[227]Ibid., 68.
[228]Ibid., 69.
[229]Ibid.
[230]Ibid., 70.
[231]W. D. Manning, M. A. Longmore, and P. Giordano, "The Relationship Context of Contraceptive Use at First Intercourse," *Family Planning Perspectives* 32 (May/June 2000):104-110.
[232]See ibid., 105.
[233]Ibid.
[234]Ibid., 106-107.
[235]Ibid., 107.

for women who first had sex with a man six or more years older, in which case the odds of practicing birth control were drastically reduced.[236]

One year later, in the summer of 2001, a third interesting study was published by Cynthia Dailard.[237] This review article discusses findings from the National Longitudinal Study of Adolescent Health – the "Add Health Survey". The Add Health Survey, a $25 million federally-funded survey conducted in the late 1990s, was the first in-depth study designed by the government to identify factors that shape teenagers' risk for potentially health compromising behaviors, from eating disorders to early sexual activity.[238] One of the key purposes of the Add Health Survey was to determine the various factors that put adolescents at risk for early sexual intercourse.[239] As one would expect, results from the Survey showed that the number of teens who reported having engaged in early sexual activity increased exponentially with grade level – from 16 percent among seventh and eighth graders to 60 percent among eleventh and twelfth graders.[240] Also, the Survey confirmed that adolescents who are African Americans or belong to low-income or single-parent families are more likely to have sex than their peers.[241] Finally, as mentioned earlier in this chapter,[242] data emerging from the Survey suggested that whether or not a teenager has sex is largely dependent on the individual's personal history, and her or his perception of the costs and benefits associated with early childbearing.[243] This last finding is a very interesting one, since it stands in sharp contrast with widely accepted causes for other teenage dangerous behaviors, such as smoking, drug and alcohol abuse, weapons related violence, and suicidal thoughts and attempts.[244] Research indicates that all the above cited behaviors are fueled by generic factors, such as difficulties keeping up in school, tendency to "hang[] out with friends on the neighborhood's streets," high rates of unemployment, and number of friends a teenager has who smoke, drink, and do drugs.[245]

Finally, in November of 2001, the bimonthly issue of Family Planning

[236]Ibid., 108.
[237]C. Dailard, "Recent Findings from the 'Add Health' Survey: Origins, Purposes and Design." See *infra,* footnote 213, 234
[238]See Dailard, "Recent Findings from the 'Add Health' Survey," 1.
[239]Ibid.
[240]Ibid.
[241]Ibid.
[242]See *infra,* 235.
[243]See Dailard, "Recent Findings from the 'Add Health' Survey," 1.
[244]Ibid.
[245]Ibid.

Perspectives was entirely dedicated to teenage sexual and reproductive health. A total of three articles dealt with key aspects of the teen pregnancy issue. One article, authored by Darroch et al., analyzed findings from case studies conducted in five different countries – Canada, Great Britain, France, Sweden, and the United States – and showed that the use of contraceptive methods, particularly the pill, by sexually active teenagers is lower in the United States than in any other of the surveyed countries.[246] A second article by Sandra Hofferth from the University of Maryland, Lori Reid from Florida State University, and Frank Mott from Ohio State University suggests that early childbearing is linked to low educational achievement, while earlier studies had indicated that low levels of schooling among teenage mothers can be attributed to socio-economic factors and not to childbearing. This second study shows that mothers who have children in their teenage years are far less likely to complete high school and move on to college than women who delay childbearing until later in life.[247] A third article, authored by two researchers at the Educational Development Center and by a scholar based at Columbia University, described the results of a survey of economically disadvantaged New York middle school students conducted between 1994 and 1996.[248] This article indicated that by the time teenagers reach tenth grade, students who became sexually active before seventh grade have had a higher number of sexual partners and display higher rates of unprotected intercourse.[249] Moreover, this last study showed that adolescents who start having sex early tend not to use birth control consistently and therefore, by the time they reach tenth grade, these students are more likely than younger pupils to have experienced a disproportionate number of unwanted pregnancies.[250]

5.4.2 Securing Minors' Access to Birth Control Methods

Teenagers' lack of awareness of the risks associated with unprotected sex and the relatively low risks involved in the use of contraceptive methods call for measures that can help improve adolescents' access to birth control

[246]See Darroch et al., "Differences in Teenage Pregnancy Among Five Developed Countries: The Role of Sexual Activity and Contraceptive Use."

[247]See S. L. Hofferth, L. Reid, and F. L. Mott, "The Effects of Childbearing on Schooling Overtime," *Family Planning Perspectives* 33 (November/December 2001):259-267, 266.

[248]See L. O'Donnel, C. O'Donnel, and A. Stueve, " Early Sexual Initiation and Subsequent Sex Related Risks Among Urban Minority Youth: The Rush for Health Studies," *Family Planning Perspectives* 33 (November/December 2001):268-275, 272.

[249]Ibid.

[250]Ibid.

counseling and methods.[251]

Increasing "rates of HIV/AIDS' transmission among teenagers further underscore the urgency"[252] of such measures. Better educational programs and mentoring, as well as community outreach programs, should be implemented in order to help minors understand the risks associated with unprotected sex. Unfortunately, sex education programs currently implemented at high schools around the country are more often responsible for lower rates of contraceptive use among sexually active adolescents than for lower rates of intercourse and unwanted pregnancy. Efforts to make teenagers' reproductive choices truly informed require not only more comprehensive sexuality education programs, but also improved access to family planning services and counseling.

According to Rhode, the majority of sexually active American teenagers currently have very limited access to comprehensive reproductive health care and family planning services.[253] Many of these teenagers are deterred from seeking those services by " the cost, distance, non-confidentiality, and stigma commonly associated with the use of contraception by a minor."[254]

As demonstrated by the previously mentioned study conducted at RAND, comprehensive health programs located in or near school facilities are amongst the most effective strategies available to medical professionals and advocates to reach and educate teenagers about the importance of relying on contraceptive methods.[255] The reason why family planning programs implemented in or near schools are regarded as highly effective outreach tools is twofold. First, such programs avoid singling out individuals seeking birth control. Second, they provide teenagers with much needed access to follow-up services and counseling.

Unfortunately, school-based health programs of this kind are almost nonexistent in the United States. However, over the last ten years, alternative outreach strategies aimed at reducing the incidence of unwanted pregnancies and early childbearing among teenagers have started to develop. For example, teenage pregnancy prevention campaigns involving multiple entities, including schools, community organizations, and the media have been launched. Recently, the National Campaign To Prevent Teen Pregnancy and Get Real About Teen Pregnancy – a teen pregnancy prevention campaign

[251]See Rhode, 322.
[252]Rhode, 322.
[253]See Rhode, 323.
[254]Rhode, 323.
[255]See Schuster et al., "Impact of a High School Condom-Availability Program on Sexual Attitudes and Behaviors," *supra,* footnote 224, 236.

sponsored by the California Wellness Foundation –[256] have emphasized the importance of teaching decision-making skills to adolescents of both sexes, and the advantages of encouraging minors to take on more responsibility in sexual relationships at an earlier age. Also, both these campaigns have emphasized the necessity to teach female adolescents how to resist peer pressure to have sex and parental pressure to bring an unwanted pregnancy to term. In fact, many teenage women report consenting to intercourse despite the fact that they do not find it pleasurable, and to bring their pregnancies to term because of peer and family pressure, not because of a personal desire to raise a child. Also, central to both campaigns is the groundbreaking assumption that the problem of teenage pregnancy is largely shaped and perpetuated by adults' attitudes and behaviors towards teenage sexuality. As a consequence, parental involvement can play a crucial role in reducing the likelihood that a child may engage in sexual activities prematurely and become pregnant as a result. Generally speaking, adolescents have little power to make decisions concerning the extent of their education, their living standards, and their access to comprehensive reproductive health care. By contrast, parents can influence all of these factors, thereby determining whether their children will grow to become sexually healthy adults. In other words, by failing to resolve teenagers' ambivalence about sexuality through communication and mentoring, by not providing their children with clear answers on sex and its consequences, and by denying adolescents access to reproductive health care services, parents contribute to create the conditions in which teenage pregnancy is most likely to occur.

In order to educate Californian parents on how they can help preventing teenage pregnancy, the California Wellness Foundation and the Get Real About Teen Pregnancy public education campaign have designed a public education initiative that uses posters and the Internet to teach parents how to do their part.[257] A 2001 review, published by researchers with the Alan Guttmacher Institute, confirms the importance of parental involvement in preventing teenage pregnancy. The review shows that the most powerful preventive tool for many teens – besides perceived personal and social costs

[256]The California Wellness Foundation is one of the state's largest private foundations. It raises an average of $40 million in grants each year to promote health, wellness education, and disease prevention for the people of California. For more information, visit the Foundation's Web Site at http://www.tcwf.org

[257]To see examples of the Get Real About Teen Pregnancy public education campaign see, Appendix A.5, 301, and A.6, 302. For more information about the Get Real About Teen Pregnancy public education program, visit the Get Real Web Site at http://www.letsgetreal.org

associated with having sex, getting pregnant, or causing pregnancy – is a good relationship with their parents. In fact, teenagers who consider their parents as mentors were found to be far more likely to delay the onset of sexual activity, much more likely to use contraception once they become sexually active, and considerably less likely to get pregnant than teenagers who reported having a bad or conflictual relationship with their parents.[258]

The National Campaign To Prevent Teen Pregnancy (NCPTP) has opted for a different kind of public education campaign. The campaign's controversial posters target teenagers of both sexes. They depict young adolescents wearing jeans or shorts and white t-shirts on which words like "cheap," "dirty" and "nobody" are written in large colorful characters. These young men and women are the victims of teenage pregnancy. And, while the ideas that the campaign wants to convey are far more profound than "these guys are a bunch of cheap, dirty, nobodies," it takes some more reading to find out. In fact, on the bottom right side of the "cheap" poster, a tiny printed sentence reads "condoms are cheap but we did not use them." Similarly, the "dirty" poster displays in its bottom right corner the sentence "now that I have a baby I'm home all day changing dirty diapers," while in the "nobody" poster a pretty young girl complains about the fact that since she became a mother nobody calls her anymore.[259]

Although the campaign is visually very powerful, and while the strong epithets printed on the teenagers' t-shirts definitely serve the purpose of attracting the attention of the viewers, it is quite hard to let go of the first impression that the posters evoke. Mainly created to discourage teenagers from having sex, by making clear to them what the consequences of it might be, and what one can do to avoid them, the campaign seems to reinforce some of the images and ideas that the media, the conservatives, and the American public have long used to portray single welfare mothers, and more recently teenage mothers as well. As a result, while the research and educational efforts sponsored by NCPTP are highly valued by advocacy organizations nationwide, their public education campaign has been widely criticized as one that contributes to create misleading images, in a political and social environment where negative perceptions concerning sexually active teenagers already abound.

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[258]See C. Daillard, "Recent Findings from the 'Add Health' Survey," *supra,* 235.

[259]To see examples of the latest ad campaign for teens designed by NCPTP visit the campaign's Web Site at http://www.teenpregnancy.org/media/psa/ads/default.asp.// More information about The National Campaign to Prevent Teen Pregnancy is available at http://www.teenpregnancy.org

5.4.3 Improving Educational Opportunities and Reducing Dropouts

Completing high school and accessing higher education are essential steps to reduce the incidence of teenage pregnancy and to break the cycle of adult poverty. Therefore, improving school curricula and reducing dropout rates become powerful strategies that may allow pregnant and parenting teens to enjoy the full range of educational opportunities normally available to the rest of their peers. Statistics show that less than one third of teens who begin families before age 18 ever complete high school,[260] and that parenthood is currently the leading cause of high school drop-outs among teen girls.[261] In particular, the current educational system seems inadequate to satisfy immediate needs and guarantee future economic security to pregnant and parenting young women belonging to low-income families. Female adolescents who lack hope for a better future often will see little to lose in early pregnancy and childbearing. According to a recent study, women who have children in their teens are less likely to attend college than women who postpone childbearing.[262] For teenage mothers, lack of access to higher education often translates into the inability to afford a decent living for themselves and their children. In the 1990s, for example, half of all single mothers on welfare were teenagers when they had their first child.[263] Most importantly, teenage mothers who drop out of high school are more likely to experience multiple pregnancies, poverty and welfare dependency.[264]

Educational failure is not only a consequence of teenage pregnancy, but also one of its precursors.[265] Students who feel a strong connection to their

[260]The National Campaign To Prevent Teen Pregnancy, *Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy* (Washington, D.C.: The National Campaign To Prevent Teen Pregnancy, 2001).

[261]National Association of State Boards of Education, *Policy Update: The Role of Education in Teen Pregnancy Prevention* (Alexandria: Policy Information Clearinghouse, 1998), quoted in The National Campaign To Prevent Teen Pregnancy, *Fact Sheet: Why the Education Community Cares About Preventing Teen Pregnancy* (Washington, D.C.: The National Campaign To Prevent Teen Pregnancy, 2002).

[262]See Hofferth et al., "The Effects of Early Childbearing."

[263]See Congressional Budget Office, *Sources of Support for Adolescents Mothers* (Washington, D.C.: Government Printing Office, 1990); J. Jacobson and R. Maynard, *Unwed Mothers and Long Term Dependency* (Washington, D.C.: American Enterprise Institute for Public Policy Research, 1995), quoted in The National Campaign To Prevent Teen Pregnancy, *Fact Sheet: A Look at the Real Costs of Teen Pregnancy* (Washington, D.C.: The National Campaign To Prevent Teen Pregnancy, 2003).

[264]See California Women's Law Center, "Teen Pregnancy Prevention Concept Paper," Los Angeles, Calif., November 2001, photocopy.

[265]See C. Robbins, H. B. Kaplan, and S. S. Martin, "Antecedents of Pregnancy Among

school teachers and have a higher grade point average appear to be more likely to postpone sexual activity.[266] Research clearly demonstrates that after-school activities that foster a strong sense of self in young adults, such as school-to-work projects, community service, and mentoring or tutoring play a key role in delaying the onset of sexual activity among teenagers.[267]

Unfortunately, after-school programs that have been successful in reducing the incidence of early childbearing among teenagers constitute an exception rather than the norm. Much more often, schools harm adolescents by neglecting the rights of those students who decide to become parents. For example, often school principals advise pregnant female students to attend special high school programs, allegedly designed to address the educational needs of pregnant and parenting teens. The main reason for the course of action taken by these principals is their intent to remove pregnant students from regular high school campuses, since pregnant girls advertise pregnancy. In Southern California, the Los Angeles Unified School District (LAUSD) runs a series of special high school campuses for pregnant and parenting teens. These special high schools are located throughout the county and LAUSD advertises their existence by circulating flyers at regular high school campuses.[268] The flyers remind girls that there is no reason to drop out, and they encourage them to enroll at one of the four McAlister campuses where pregnant and parenting students can learn how to "be [] good mother[s], get a good education, prepare for a good job, and raise [children]

Unmarried Adolescents," *Journal of Marriage and the Family* 47 (1985): 567-583.

[266]See R. Blum and P. Rhinehart, *Reducing the Risk: Connections that Make a Difference in the Lives of Youth* (Minneapolis: University of Minnesota, 1988), quoted in The National Campaign To Prevent Teen Pregnancy, *Why the Education Community Cares.*

[267]See D. Kirby, Ph.D,*No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy* (Washington, D.C.: The National Campaign To Prevent Teen Pregnancy, 1997). A couple of very promising after-school programs have recently been implemented in four different states. In inner city Nashville, Tennessee, a youth development program called CHAMPS seeks to prevent teenage pregnancy through early intervention. CHAMPS' curricula include tutoring, comprehensive sex education, mental health services, and service-learning for third through sixth graders. Similarly, Louisiana currently operates a network of 31 school-based centers. In addition to general health care, this network of facilities provides youth with counseling and education, including both abstinence education programs and STDs' prevention programs. Beacon schools in New York City serve as "safe harbors" for young adolescents during after-school hours, evenings and weekends, and offer educational activities for teenagers as well as family and community support. Finally, a middle school in San Antonio, Texas, has recently implemented a "Preventing Teen Pregnancy" curriculum. See The National Campaign To Prevent Teen Pregnancy, *Why the Education Community Cares.*

[268]See Appendix A.7, 303.

properly."[269] "At McAlister," the flyers continue, "thousands of pregnant teens have turned their lives into success stories."[270]

Although LAUSD's flyers make sure to list as many as twenty reasons why pregnant girls and young mothers should enroll in their special programs, they do not mention that girls who attend McAlister High will almost certainly not be able to have access to a good college education after graduation. In fact, the majority of these special programs do not offer advanced placement courses. Unfortunately, LAUSD is just one of many school districts across the country to sponsor special high school programs for pregnant adolescents and teenage mothers. Special programs like McAlister High are in fact thriving. They attract pregnant and parenting students with empty promises of a safe and nurturing environment and bright futures, while the only kind of future they can offer to their enrollees is one of low-wage jobs and welfare dependency.

5.4.4 Protecting the Rights of Pregnant and Parenting Teens

The failure or refusal on the part of the educational system to provide pregnant and parenting teenagers with equal education curricula constitutes discrimination under both federal and state laws. Similarly, every time school principals advise a pregnant minor to leave the school that she is currently attending, fail to address unlawful harassment experienced by a pregnant student, or deny a pregnant minor school privileges granted to the rest of the student body, these school administrators find themselves in violation of civil rights law.[271]

Federal law guarantees pregnant and parenting teens equal rights and opportunities in all public and private educational institutions that receive public funding.[272] Furthermore, federal law establishes that discrimination and harassment of a pregnant minor by fellow students, teachers, school administrators, and counselors, as well as any discriminatory school policy or practice implemented at the expenses of a pregnant minor are illegal.[273] More specifically, federal law and many state laws protect the following rights of pregnant and parenting teenagers:

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[269] Ibid.

[270] Ibid.

[271] See California Women's Law Center, "The Civil Rights of Pregnant and Parenting Teens in California Schools," *Policy Brief* (2002):1-4, 2.

[272] See *Education, U.S. Code,* vol. 20, sec. 1681; and *Code of Federal Regulations,* vol. 34, sec. 106.40.

[273] Ibid.

(1) Right to Non-Discrimination.
Title IX of the Education Amendments of 1972 guarantees equal educational opportunities to pregnant and parenting students.[274] More specifically, federal law establishes that schools receiving federal funding must not discriminate or exclude any student from their educational activities on the basis of the student's pregnancy, delivery, false pregnancy, termination of pregnancy, or recovery from any of the above stated conditions.[275] Moreover, according to federal regulations, schools may require a pregnant student to produce a doctor's certificate stating that the student in question is physically and emotionally able to participate in all educational activities only if the school places the same kind of requirement on all other students suffering from a physical or emotional condition.[276]

(2) Right to Full Access to Educational Opportunities.
Pregnant and parenting teens have the right to remain in their current school programs, including honor and magnet programs, advanced placement courses, alternative or optional programs, extracurricular, intramural, and interscholastic activities, athletic programs, graduation ceremonies, "as well as non-public school placements funded by the school district."[277] Furthermore, pregnant and parenting teens cannot be expelled, suspended, or otherwise excluded from their current programs; neither can they be required to enroll in special high school programs, solely on the basis of their pregnancy, delivery, false pregnancy, termination of pregnancy, or marital or parental status.[278] Notably, the law also requires that participation in special high school programs for pregnant and parenting teens be completely voluntary, and that such programs be comparable to the ones offered to non-pregnant students.[279]

(3) Right to Full Access to Confidential Medical Care.
Federal law requires schools to regard pregnancy as they regard any

[274]See *Education, U.S. Code,* vol. 20, sec. 1681.
[275]See *Education, U.S. Code,* vol. 20, sec. 1681; and *Code of Federal Regulations,* vol. 34, sec. 106.40.
[276]Ibid.
[277]California Women's Law Center, "The Civil Rights of Pregnant and Parenting Teens in California Schools;" see also, *Code of Federal Regulations,* vol. 34, sec. 106(a)(2); California Education Code, sec. 230.
[278]See *Code of Federal Regulations,* vol. 34, sec. 106(a)(2); California Education Code, sec. 230.
[279]Ibid.

other medical condition. Therefore, pregnant students are to be provided with the same health plans, medical benefits, and additional medical services commonly provided to students suffering from other kinds of "temporary disabilities."[280] For example, under California law, minors may consent to all health services related to pregnancy, such as pregnancy prevention or pregnancy termination. However, California law establishes that minors may not consent to sterilization services without prior knowledge or consent of their parents or guardians.[281] California law also establishes that only the minor patient can authorize disclosure of medical information gathered during the dispensation of medical services.[282] Finally, California law authorizes schools to release a pupil from school for the purpose of obtaining confidential medical evaluation or care without the knowledge of her parents or guardians.[283] For this reason, the governing board of each school district is required to notify students in grades seven to twelve and their parents or guardians at the beginning of each school year that state law authorizes schools to release students for the above indicated purpose.[284] Finally, the California Education Code asserts the right of a pregnant or parenting teen to have her medical information kept strictly confidential.[285] In other words, any information gathered by a school counselor, a mental health professional, and a physician or nurse must not become part of the student's personal record.[286]

(4) Right to Leaves of Absence and Excused Absences.
Both the Code of Federal Regulations and the California Education Code state that if a pregnant or parenting minor misses school due to her pregnancy or to related conditions, such as delivery, miscarriage, termination of pregnancy, or recovery from any of the above stated conditions, the absence should be considered an excused absence.[287] Furthermore, federal law establishes that upon returning from an excused absence, a student should be reinstated at school with the same status that she enjoyed before the absence began, and she must be

[280] *Code of Federal Regulations,* vol. 34, sec. 106.40.
[281] See California Education Code, secs. 200, 201, 220, 221.5, 230.
[282] See California Family Code, sec. 6925.
[283] See California Education Code, sec. 46010.1.
[284] Ibid.
[285] See California Education Code, secs. 49061, 49091.12, 72621.
[286] Ibid.
[287] See *Code of Federal Regulations,* vol. 34, sec. 106.40; California Education Code, sec. 48205(a), (b), (d).

allowed to complete all assignments, and take all the tests she missed during her absence.[288] Also, upon completion of such assignments and tests the student shall be given full credit.[289]

Moreover, according to federal law a pregnant student may be granted a leave of absence for as long as it is deemed medically necessary.[290] At the conclusion of the leave, the student must be allowed to resume class and enjoy the same status that she had when the leave began.[291] Finally, federal law establishes that a school may not require a pregnant or parenting student to obtain certification from a physician for health-related absences, unless such certification is also required for other absences due to "temporary medical conditions."[292]

(5) Right to Participate in Physical Education Classes. Federal law requires schools to allow pregnant and parenting teens to participate in physical education classes, and it prohibits schools from requiring pregnant students to produce a certificate attesting to their ability to participate in such classes, unless the same certification is also required of all students suffering from a physical or emotional condition.[293] In California, schools are also required to provide a pregnant teen that cannot meet the requirements of a regular physical education curriculum with an alternative curriculum, namely one that is more suitable to her condition and that will provide her with physical education credits.[294]

5.4.5 Parenting Teens and Childcare

Neither federal nor state laws require schools to provide parenting students with child care. However, since the 1990s, the state of California has made funding increasingly available to schools to help them "offset the costs of childcare-related services, in the hope that approximately 80,000 children of teen parents in California will have a safe place to stay while their parents try to complete high school."[295]

[288]See *Code of Federal Regulations,* vol. 34, sec. 106.40.
[289]Ibid.
[290]Ibid.
[291]Ibid.
[292]Ibid.
[293]Ibid.
[294]See California Education Code, secs. 48205(a), (b), 51241(a)(1).
[295]The California Alliance Concerned with School Age Parents, *Teenage Pregnancy, Single Parents and the Law* (Sacramento: The California Alliance Concerned with School Age

Also, one federal court since 1978 has held that, although the law does not require schools to offer child care to their parenting students, schools should abstain from preventing efforts to establish child care for their students. The case involved a law suit brought against the San Mateo Community College District in San Mateo, California, by a group of young low-income mothers who alleged that the lack of child care facilities on campus deprived them of equal educational opportunities.[296] The Court granted the petitioners' stand to sue for violation of their civil rights under Title IX, if they could prove that the San Mateo District's policies were discriminating against women and were having a negative effect on their lives.[297] Schools that exclude and discriminate against pregnant and parenting students jeopardize the students' lives at a time when support services and access to academic opportunities is most crucial. In order to break the cycle of adult poverty and teenage pregnancy, schools must take affirmative steps to bridge the existing gap between the law protecting minors who choose to become parents and the hostility that these minors face in educational settings throughout the nation.

5.4.6 Girls' Participation in Sports as a Tool to Prevent Teen Pregnancy

A 1998 study conducted by the Women's Sports Foundation[298] reveals that the discipline, strength, and self-esteem that are fostered by girls' participation in physical activities can play a crucial role in preventing early pregnancy and childbearing.[299] According to the study, female athletes are 50 percent less likely to become pregnant than non-athletes.[300] Also, female athletes are more likely to delay the time of their first intercourse.[301] Finally, the study shows that once they become sexually active, female athletes are

Parents, 1995), 38.

[296] *De la Cruz v Tormey,* 582 F. 2d 45 (1978).

[297] Ibid.

[298] Founded in 1974, the Women's Sports Foundation is a charitable educational organization dedicated to ensuring equal access to participation and leadership opportunities for all girls and women in sports and fitness. For more information visit the Foundation's official Web Site at http://www.womenssportsfoundation.org

[299] The Women's Sports Foundation, *The Women's Sports Foundation Report: Sport and Teen Pregnancy* (Washington, D.C.: The Women's Sports Foundation, 1998), quoted in California Women's Law Center, "Girls' Participation in Sports: An Important Tool in Teen Pregnancy Prevention," *Policy Brief* (2002):1-4, 1.

[300] Ibid.

[301] Ibid.

more likely to use contraceptive methods consistently.[302]

Further, a second study, published by the Women's Sports Foundation in 2001, shows that improved school performances – which are linked to a reduced risk for teenage pregnancy among young females – are fostered by girls' participation in sports.[303] In fact, high school female athletes appear to be more likely to have higher grades, higher standardized test scores, and to graduate at a much higher rate than non-athletes.[304]

Nowadays, participation in sports is considered by many advocates an important tool that can help teenagers build confidence, improve self-esteem and body image, decrease the incidence of emotional conditions such as stress and depression, and enhance school performances.[305] Therefore, advocates nationwide are currently working to try and educate policy-makers, school teachers, and parents about the positive relationship existing between girls' participation in sports and teen pregnancy prevention.

The struggle for gender equity in school and athletics programs has been underway in the United States for more than two decades now. And while both federal and state law offer protection for girls and women against discrimination in education programs that receive public funding,[306] for low-income young women many barriers still exist that hinder their participation in sports. Poor young teenagers are often unable to afford gym memberships or athletic apparel and equipment, and in many urban centers sports facilities may be located far from low-income communities, in which case public transportation may be too expensive an option. Also, low-income girls may need to supplement their families' income by working after school, making it almost impossible for them to participate in any extra-curricular activities.

Yet, available research highlights the importance of participation in sports for teenagers that are at risk of becoming pregnant. A 2001 study

[302]Ibid.

[303]See The Women's Sports Foundation, *Why Sports' Participation for Girls and Women* (Washington, D.C.: The Women's Sports Foundation, 2001), quoted in California Women' Law Center, "Girls' Participation in Sports: An Important Tool in Teen Pregnancy Prevention," 1.

[304]Ibid.

[305]Ibid.

[306]See *Education, U.S. Code,* vol. 20, sec. 1681; and California Education Code, secs. 200, 201. Title IX, as codified in Section 1681, volume 20 of the U.S. Codes, ensures that schools provide equal opportunities for male and female students to play sports, treat male and female athletes fairly, and distribute athletic scholarships equally among male and female students. Similarly, California anti-discrimination laws guarantees women and girls' equal opportunity to participate in sports regardless of whether the programs are offered by a school facility, a Parks and Recreation program, or a private league.

reveals that girls who live in poor neighborhoods are more likely to delay the time of their first sexual intercourse if they are physically active,[307] while another study concludes that the positive effects of sports on school grades are especially pronounced among Latinas, the group with the highest rate of teenage pregnancy nationwide.[308]

Participation in sports does not offer a quick fix to the problem of teenage pregnancy, but it certainly can serve as a tool to reduce the incidence of pregnancy and early childbearing among adolescents. Overall, sports can provide a setting for girls to grow physically and emotionally, to forge their identities and values, to test their abilities and limits, and to interact with adults that can become role models. It remains to be seen whether future education programs and teenage pregnancy prevention campaigns will stop overlooking the powerful appeal of sports and their positive effects on female adolescents and will instead start to consider and utilize athletics as a preventive measure in the fight to reduce high rates of pregnancy and early childbearing among American adolescents.

5.5 Teenagers' Reproductive Health and Sexual Behavior: A Summary

Nearly 750,000 young American women become pregnant every year.[309] Contrary to widespread beliefs, the majority – almost two thirds – of all adolescent pregnancies in the United States occur to women aged 18-19.[310] Overall, pregnancy rates to American teenagers have declined by 36 percent since they reached a record high of 80.3 pregnancies per 1,000 women in

[307]See S. Erkut, Ph.D. and A. Tracy, Ph.D., *Sports as Protective of Girls' High Risk Sexual Behavior* (Wellesley: Wellesley Centers for Women, 2001), quoted in California Women's Law Center, "Girls' Participation in Sports: An Important Tool in Teen Pregnancy Prevention," 2.

[308]See The Feminist Majority Foundation, *Empowering Women in Sports: Athletics in the Lives of Women and Girls* (Los Angeles: The Feminist Majority Foundation, 1995); The Feminist Majority Foundation, *Fact Sheet: Teen Pregnancy and Childbearing in California* (Los Angeles: The Feminist Majority Foundation, 2000.), quoted in California Women's Law Center, "Girls' Participation in Sports: An Important Tool in Teen Pregnancy Prevention," 2.

[309]See The Alan Guttmacher Institute, *U.S. Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity,* quoted in The Alan Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health* (September 2006): 1-2, 1. Available at http://www.guttmacher.org/pubs/fb_ATSRH.html

[310]Ibid.

1990.[311] According to recent statistics published by the Alan Guttmacher Institute, the reason for the sharp decline in the number of pregnancies to American teenagers is twofold. First, compared to their peers in 1990, teenagers that do become sexually active report using contraceptive methods more consistently.[312] Second, a higher percentage of adolescents is currently choosing to delay sexual activity until later in life.[313] For example, statistics show that between 1991 and 2003 contraceptive use among sexually active high school students increased by 26 percent for males and by 51 percent for females.[314] Similarly, recent data show that between 1991 and 2003, the percentage of high school students who became sexually active declined by 16 percent for females and by 10 percent for males.[315]

Despite the decline in the incidence of pregnancy among teenagers, childbearing and pregnancy rates remain much higher in the United States than in other industrialized countries such as Japan, the United Kingdom, Canada, and the Netherlands.[316] When discussing possible causes for such a discrepancy, policy-makers often argue that American teenagers have intercourse for the first time at an earlier age compared to their peers in other countries, that teens in the U.S. tend to have more sexual partners than adolescents from Japan or Canada, and that overall American teenagers display higher rates of sexual activity.[317] Contrary to these assumptions, research shows that currently, most young people in the United States have intercourse for the first time at age 17[318] and that more than three quarters of all American female adolescents report that their first sexual experience was with a steady boyfriend, a fiancé, a husband, or a cohabiting partner.[319]

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[311] Ibid.

[312] See J. C. Abma et al., "Teenagers in the United States: Sexual Activity, Contraceptive Use and Childbearing, 2002," *Vital and Health Statistics* 24 (2004), quoted in The Alan Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health,* 2.

[313] Ibid.

[314] See N. Bruner et al., "Trends in Sexual Risk Behaviors Among High School Students – United States, 1991-2001," *Morbidity and Mortality Weekly Report* 51 (38) (2002), 856-59; J. A. Grunbaum, Ed.D. et al., "Young Risk Behavior Surveillance, United States, 2003," Morbidity and Mortality Weekly Report 53 (SS 2) (2004).

[315] Ibid.

[316] See J. E. Darroch et al., "Teenage Sexual and Reproductive Behavior in Developed Countries: Can More Progress Be Made?," *Occasional Report* 3 (2001), quoted in The Alan Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health,* 2.

[317] Ibid.

[318] See The Alan Guttmacher Institute, *In Their Own Rights: Addressing the Sexual the Reproductive and Health Needs of American Men* (New York: The Alan Guttmacher Institute, 2002), quoted in The Alan Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health,* 1.

[319] See J. C. Abma et al., "Teenagers in the United States: Sexual Activity, Contracep-

Moreover, a series of surveys conducted by the Centers for Disease Control and Prevention (CDC) between 1993 and 2003 show that the percentage of students in grades 9-12 who report having had four sexual partners has decreased from 19 percent in 1993 to 14 percent in 2003.[320] The CDC's surveys also show that males are more likely than female adolescents to have had four or more sexual partners – 18 percent and 11 percent respectively.[321] Evidently, policy-makers' general assumptions about American teenagers' sexual attitudes and behaviors are more based on misconceptions and prejudices than on scientific evidence. In fact, in terms of age at first sexual intercourse and level of sexual activity, by and large, American teenagers seem to follow the same behavioral patterns as their peers in other countries.[322]

Despite what legislators may think, the real causes for America's high teenage pregnancy rates have very little to do with personal choices and sexual behavior and a lot to do with policy-making. For example, adolescents in the United States are less likely than their foreign counterparts to use birth control.[323] When American teenagers decide to use contraception they are less likely to opt for highly effective, reversible, hormonal methods such as the pill.[324] In contrast, teenagers in other industrialized countries seem to have far better access to family planning and reproductive health care services than American adolescents. As of September 1, 2006, 21 states and the District of Columbia explicitly allowed minors to consent to contraceptive services without requiring their parents' involvement.[325] Twenty-one states allowed only married minors to consent to contraceptive services, and ten states allowed a minor to consent only if she met specific requirements,

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tive Use and Childbearing, 2002," quoted in The Alan Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health,* 1.

[320]See The Centers for Disease Control and Prevention, "Youth Risk Behavior Survey," (1993 through 2003), quoted in The Henry J. Kaiser Family Foundation, *U.S. Teen Sexual Activity,* (January 2005):1-2, 1. Available at http://www.kff.org/youthhivstds/U-S-Teen-Sexual-Activity-Fact-Sheet.pdf

[321]Ibid.

[322]See J. E. Darroch et al., "Teenage Sexual and Reproductive Behavior in Developed Countries: Can More Progress Be Made?," quoted in The Alan Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health.*

[323]See J. E. Darroch et al., "Teenage Sexual and Reproductive Behavior in Developed Countries: Can More Progress Be Made?," quoted in The Alan Guttmacher Institute, *Sex Education: Needs, Programs and Policies,* PowerPoint Presentation. Available at http://www.guttmacher.org/presentations/sex_ed.pdf

[324]Ibid.

[325]See The Alan Guttmacher Institute, "Minors' Access to Contraceptive Services," *State Policies in Brief* (September 2006).

including being a high school graduate, reaching a minimum age, demonstrating maturity in front of a court of law, or presenting a referral for birth control signed by a professional, such as a physician or a member of the clergy.[326] Six states – Alabama, Florida, Illinois, Maine, Mississippi, and Nevada – allowed only minors who are already parents to consent.[327] Three states – Florida, Illinois, and Maine – would allow minors to consent only if a physician certified that failure to provide contraception could seriously compromise the minor's health.[328] Finally, four states – North Dakota, Ohio, Rhode Island, and Wisconsin – had no policy in place regulating minors' ability to consent to contraceptive services.[329]

Confidentiality is key to ensuring both minors' access to family planning services and consistent use of a highly effective type of contraceptive method. Research shows that more than half of all American adolescents who are younger than 18 and visit a clinic regularly to obtain reproductive health care services declare that their parents are informed about these visits.[330] However, only one in five of all American teenagers who are younger than 18 and whose parents do not know about the fact that they use contraception state that they would stop relying on birth control if the law required their parents to be notified.[331]

Finally, comparative research has shown that teenagers in other countries are much more likely than American adolescents to have access to comprehensive sex education programs that teach them about the importance and effectiveness of contraception in preventing unwanted pregnancy and STDs. In contrast, the majority of U.S. public schools offer their students sex education curricula that depict abstinence as the only efficient way to prevent both unintended pregnancy and sexually transmitted infections (STIs). Currently, more than two thirds of all public school districts in the United States have some sort of sex education program in place.[332] To date,

[326]Ibid.
[327]Ibid.
[328]Ibid.
[329]Ibid.
[330]See R. K. Jones et al., "Adolescent Reports of Parental Knowledge of Adolescents' Use of Sexual Health Services and Their Reactions to Mandated Parental Notification for Prescription Contraception," *Journal of the American Medical Association* 293 (2005): 340-48, quoted in The Alan Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health,* 2.
[331]Ibid.
[332]See D. J. Landry, L. Kaeser and C. L. Richards, "Abstinence Promotion and the Provision of Information about Contraception in Public School District Sexuality Education Policies," *Family Planning Perspectives* 31 (1999): 280-86, quoted in The Alan Guttmacher Institute, *Sex Education: Needs, Programs and Policies,* PowerPoint Presen-

all school districts that have a sex education policy require that abstinence be taught.[333] Of those same school districts, 86 percent require that abstinence be taught as the first option to teenagers[334] and 35 percent require that abstinence be presented to students as the only kind of safe birth control for people who are unmarried.[335] Similarly, almost 35 percent of all school districts that offer sex education to their students do not allow teachers to talk about contraception and about its levels of effectiveness,[336] while 51 percent of all school districts allow discussion of contraceptive but still require that abstinence be presented to the students as the preferred form of birth control for unmarried minors.[337] Finally, only 14 percent of the school districts that have a sex education program teach abstinence as a part of a broader, more comprehensive curriculum designed to teach adolescents how to engage in safe and healthy sex.[338]

What students currently learn in school about sexuality and contraception does not reflect what the vast majority of the American public would like them to learn. In fact, the overwhelming majority of Americans are in favor of comprehensive sex education and parents seem to prefer programs that teach children about contraception and STDs' prevention over programs that teach abstinence.[339] Moreover, major medical and public health organizations, such as the American Medical Association, the American College of Obstetricians and Gynecologists, the American Psychological Association, the American Public Health Association, and the National Institutes of Health, strongly support comprehensive sex education curricula for high school adolescents.[340]

Most importantly, students themselves report that they would like to be provided with more information about family planning and reproductive health care issues.[341] Also, students would like to be taught more about

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tation. Available at http://www.guttmacher.org/presentations/sex_ed.pdf

[333]Ibid.

[334]Ibid.

[335]Ibid.

[336]Ibid.

[337]Ibid.

[338]Ibid.

[339]See The Henry J. Kaiser Family Foundation, National Public Radio and John F. Kennedy School of Government, *Sex Education in America* (Menlo Park, CA: The Henry J. Kaiser Family Foundation, 2004), quoted in The Alan Guttmacher Institute, *Sex Education: Needs, Programs and Policies.*

[340]See The Alan Guttmacher Institute, *Sex Education: Needs, Programs and Policies.*

[341]See The Henry J. Kaiser Family Foundation, National Public Radio and John F. Kennedy School of Government, *Sex Education in America,* quoted in The Alan Guttmacher Institute, *Sex Education: Needs, Programs and Policies.*

how to behave in case they become victims of rape or sexual assault, how to discuss possible methods of birth control with a partner, and "how to handle pressure to have sex."[342]

In other words, there exists a "disturbing disconnect"[343] between what parents, health organizations, and most students want and what American policy-makers think is imperative to curb the incidence of adolescent pregnancy. On the one hand, parents, health organizations, and students support the implementation of comprehensive education programs that discuss contraception and STDs' transmission and prevention. On the other hand, policy-makers continue to increase allocations to sex education curricula that promote abstinence as the best option for unmarried teenagers.

Similarly, policy-makers seem to be unwilling to consider the results of a second, recent body of research that analyzes the causes for high rates of teenage pregnancy among the American adolescent population. In fact, although recent results show otherwise, policy-makers erroneously continue to hold high levels of sexual activity and promiscuity among teenagers accountable for the high incidence of adolescent pregnancy in the United States. Instead of blaming teenagers for having sex, policy makers should start prioritizing the implementation of measures that improve minors' access to confidential family planning services and reproductive health care, thereby helping teenagers to avoid unwanted pregnancy and STDs, and allowing them to become sexually healthy adults.

5.6 Early Motherhood as a Form of Empowerment

All too often early motherhood becomes an ill-considered means to other ends, a way to assert independence, to punish parents, to gain prestige, to win approval from the child's father, or to give meaning to an otherwise meaningless life. Teenage girls growing up in severe poverty face meager opportunities for both personal and professional fulfillment. Therefore, they are inclined to see early childbearing as a socially acceptable thing to do or as way to give both meaning to their lives, and hope to their futures.

On Saturday, April 28, 2001, an article published in the metro section of the Los Angeles Times told the story of Desiree Wintrago and her

[342]The Henry J. Kaiser Family Foundation, National Public Radio and John F. Kennedy School of Government, *Sex Education in America,* quoted in The Alan Guttmacher Institute, *Sex Education: Needs, Programs and Policies.*

[343]The Alan Guttmacher Institute, *Sex Education: Needs, Programs and Policies.*

baby daughter Kylah.[344] According to the Coroner's Office, Kylah is the only child under age five ever to die in a drive-by shooting in Los Angeles County.[345] Law enforcement and crime experts nationwide say that gun-related tragedies involving children are extremely rare. Even so, experts point out that gun-related casualties can be traced mainly to urban areas devastated by poverty.

Wintrago, 16 years-old in 2001, knows all of this first hand. When she was younger, Wintrago ran away from home several times. She lived with several foster families, and spent some time at the Juvenile Hall for assault. Had her life unfolded differently, Wintrago would have graduated from high school in the spring of 2001. Instead, in 2001, she was attending Tobinworld in Glendale, California, a school for teenagers with behavioral problems. Wintrago told the journalist who interviewed her that despite her aggressive behavior, and unlike her brother – a gang-member who was shot dead in 1999 – she had managed to stay out of gang life.

In 2000, Wintrago was living in a maternity group home. She did not like to take her ten-months-old baby outside, because she was concerned with the dangers of the street. But, on April 29, 2000, while she was visiting her mother in Compton, a low-income neighborhood in South Los Angeles, Wintrago decided to go outside at three in the afternoon. She was joined by her older sister, her sister's daughter – three years old at the time – and two friends. Suddenly, their conversation was interrupted by racial epithets, yelled from a car driving by. Someone inside the vehicle fired a gun. One bullet pierced Kylah's little skull. The baby died instantly. Wintrago remembers struggling to free her baby from the stroller's safety belts, and running away screaming, already knowing in her heart that her baby was no longer alive. Wintrago said that the pain was unbearable at times. She said: "When I had my daughter, that was my childhood. . . I got to play with Barbie like I always wanted to. I couldn't wait to wake up in the morning. I couldn't wait to give her a bath."[346] Wintrago also wrote a poem for her baby before the tragedy. It reads: "Baby girl, you make my world shine, you twinkle more than the stars above will ever."[347]

In March 2001, J. M. Sosa, the person who was driving the car used in the shooting, was found guilty of first degree murder by the Superior Court of Compton. The person who fired the gun remains at large. Wintrago

[344] A. B. Cholo, "A Life So Short, A Loss So Hard," *Los Angeles Times,* Saturday, 28 April 2001, sec. B.
[345] Ibid.
[346] Ibid.
[347] Ibid.

admitted that her hate for Sosa was intense because he would not reveal the identity of the person who killed her daughter. Wintrago also confessed that she was still searching for the same emotions that she felt when she held her daughter, played with her, and dressed her in pretty outfits. However, Wintrago believed that she might have found a way to ease the pain. In fact, at the time of her interview with the Los Angeles Times' reporter, Wintrago was pregnant. This time with a boy, the doctors said. Wintrago commented on her pregnancy by saying that she wanted to be the best mom she knew she could be again.