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# TEENAGE PREGNANCY

NATIONAL COMMISSION
ON THE OBSERVANCE OF
INTERNATIONAL WOMEN'S YEAR

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NATIONAL COMMISSION ON THE OBSERVANCE
OF INTERNATIONAL WOMEN'S YEAR

Department of State
Washington, D.C. 20520

# WORKSHOP GUIDELINE ON

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* TEENAGE PREGNANCY *
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This guideline is designed to assist in setting up a workshop on Teenage Pregnancy. Included here you will find:

- a list of suggested goals and program ideas for the workshop
- a group of specific recommendations to adopt or adapt as locally appropriate
- a fact sheet outlining the scope of problems associated with adolescent childbearing*
- charts showing regional/State data on teenage birthrates and abortions
- resource lists of appropriate books, reprints, films (all previewed at IWY offices), names and addresses of active organizations, model programs, and speakers who would be willing to assist
- a large, fold-out, discussion aid chart, "Where To Turn."

Any of these printed materials may be duplicated for distribution to workshop participants.

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* The State Coordinating Committee may put its heading at the top of page one of the fact sheet, or the heading of the National Commission may be used. Additional State-related material may be added to the fact sheet prior to its distribution.

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Teenage pregnancy is an emotion-laden social problem with strong religious and ethical implications. In order to meet the legal requirement that workshops propose specific action-oriented recommendations, we suggest that:

- an experienced moderator be designated to guide the discussion toward its goal;
- display space be provided for materials on this subject;
- the enclosed chart, "Where To Turn..." be used as a discussion prop to focus on community resources for the local teenager.

SUGGESTED GOALS

1. to acquaint participants with the medical risks of adolescent childbearing, particularly when teenage mothers are 16 or younger, and to consider legal and economic factors affecting pregnant school girls and school age parents.

2. to determine what services are available through State and municipal or county programs in education, vocational training, health care, and social services; and to evaluate these community resources provided to pregnant and parenting teenagers.

3. to present information on what organizations are working to improve institutional arrangements and resources, what model programs exist, and what ways other communities have brought about change.

4. to develop specific recommendations for improving preventive services and institutional support for teenage parents.

5. to review and react to
   a. the IWY Statement of Principle on reproductive freedom and sexual responsibility ("...To Form A More Perfect Union..." Justice for American Women, page 267). The Commission has asked for the views of each Teenage Pregnancy workshop on this statement as a national goal.

(5.) b. IWY recommendation on family planning services for teenagers (p. 270-271).
c. IWY recommendation on family life education (p. 278).
d. IWY recommendation on revising State laws on bastardy (p. 300).

PROGRAM IDEAS (to meet Goals #1, #2, #3, and #4)

The workshop chair may choose to invite observers, stand-by resource representatives, or panelists from the following State and local organizations. These groups, which may not be active in every State, are among those concerned with teenage sexual responsibility and the problems of teenage parents:

American Citizens Concerned for Life, Inc.
Child Welfare League of America
Family Planning Programs, Federal and local Offices of the Department of Health, Education and Welfare
March of Dimes
National Alliance Concerned with School Age Parents
National Council of Organizations for Children and Youth
Parent-Teacher Associations
Planned Parenthood Federation of America
The Population Institute
State Health Department
State Education Agency or Board
Zero Population Growth

We would especially urge that teenagers themselves and the parents of teens be included. The chair of the State Board of Education would also be a valuable guest, whether attending as a speaker or observer.

We also suggest that recorders for the workshop be selected well in advance and not recruited at the last minute from participants. Ideally, recorders would be familiar with the Fact Sheet and Goals, and could keep track of recommendations as they evolve during the meeting.

If time permits, a film or slide show may serve as an orientation tool. However, we have been unable to find one ideal film that would set the perfect tone for a workshop of this topic. (A few do come close: see attached film list for comments.)

Most importantly, we suggest that workshop planners research and distribute a locally-developed appendix to the Fact Sheet. These hand-outs should cover:

- the number of teens reporting pregnancies in that State
- the number of pregnant teenagers seeking assistance
- the number of teen births in the State or territory
- the number of teenagers leaving school because of pregnancy or marriage
- the number of school districts that offer services for teenage parents
- a capsule description of how State education policy toward school age parents is changing under Title IX of the Education Amendments Act of 1972
- the State education agency's policies on parenting/ family life/ sex education in the schools (i.e., is it a requirement or an alternative choice? what topics are not allowed?)
- the names of chief contacts in the State Health Department, State Board of Education, State Welfare Department, Farm Bureau extension service, as appropriate
- the names of locally active organizations assisting pregnant and parenting teens.

Good sources of the above information are the State and local health departments, religious organizations, local boards of education, and department heads in home economics, guidance, physical and health education; infant care centers, legal aid societies, women's medical clinics, if any.

For Panel Discussions:

Not all the problems of teenage pregnancy can be explored in one meeting. We suggest the workshop leader pick panelists to emphasize the areas in which action is most needed in the State or in which action is most feasible.

Following are some sources of panelists in addition to the organizations listed on page 3:

- a pregnant teenager or teen age parent who can speak from experience about the effectiveness of (or gaps in) State programs of education, health, or child care.
- representative from a clinic that offers family planning services for youth
- person from the State Health Department division dealing with teenage pregnancy problems
- director of a maternity home
- director of a clinic providing abortions
- counselor in a pre-natal hospital program for pregnant teens
- supervisor of a crisis telephone hotline
- representative from a praiseworthy model educational, health, or counseling program
- a public school educator in health education who can outline local course requirements and the ways the school system's policy on student pregnancies conforms with Title IX.
- an expert from the regional Department of Health, Education and Welfare headquarters who can explain relevant Federal programs and requirements related to the delivery of services to teenagers.
- a lawyer knowledgeable in the legal rights of minors and in court decisions related to reproductive freedom.

SUGGESTED (LOCAL) RECOMMENDATIONS (to meet Goal #4)

In developing specific local recommendations to assist sexually active, pregnant, or parenting teens, workshop participants may wish to urge local action in at least three general areas:

- preventive services
- institutional support for young mothers who keep their children
- promoting and monitoring of the above by special task forces or ad hoc committees.

Here are some sample recommendations, offered for consideration wherever locally appropriate:

Recommendation on Title XX Service Plans

The _____ State Meeting recommends that (State) _____ amend its Title XX plans to include family planning as a "universal" service.

COMMENTS: As of September 7, 1976 (enactment of PL 94-401), applicants are no longer required to obtain and divulge family income information, a requirement that has been a deterrant to teenagers seeking family planning services. Under this Federal law, family planning is now classified as a "universal" service, one for which there is no longer either a federal income ceiling or a patient fee requirement.

However, each State must still take individual action to amend its own Title XX plans so that they conform with PL 94-401 by including family planning as a "universal service." States have been customarily providing only "Information and Referral" and "Protective Services for Children and/or Adults" on a "universal" basis. For all other services, applicants have been required to meet certain income standards and to pay fees if their incomes exceeded eighty per cent of the median (middle) income in that State.

Recommendation on Vocational Education for School-Age Parents

The _____ State Meeting recommends that the (State) _____ Office for Women (provided under the Vocational Education Act, PL 94-482, which becomes effective in fiscal 1978) ensure due consideration is given the needs of pregnant or parenting teenagers in each State Plan for Vocational Education, so that training for future employment of these young parents is no longer limited primarily to low-paying clerical, domestic, or service skills.

COMMENTS: One of the chief failings of existing programs for young mothers and mothers-to-be is the absence of vocational education that will realistically enable the single parent to support her family.

Job training in school-age parent programs still tends to center on cooking, sewing, nursing, cosmetology or secretarial skills -- all traditional "women's" options with generally inferior pay scales, in comparison to salaries that increasing numbers of women can earn today in "non-traditional" work as carpenters, electricians, plumbers...

While she has an immediate concern with baby care instruction or cooking classes etc., the pregnant or parenting teenager also needs to prepare herself for the highest-paying job she can possibly achieve.

Public Law 94-482, signed on October 12, 1976, should provide some relief where vocational education needs of pregnant teenagers have been misread or traditionally interpreted. Funds are authorized for each State to set up an Office for Women to assist the State Board of Vocational Education in reducing sex stereotyping and bias from its curriculum programs.

The Act further provides that State Plans for Vocational Education not be approved until the Office for Women has reviewed each plan and is assured that the needs of female students have been met.

The State Meeting is asking that reviews by the Office for Women take special note of the vocational training needs of pregnant or parenting students in all public school-affiliated programs.

Recommendation on Clinics:

The _____ State Meeting recommends: (a) that family planning providers establish separate services for teenagers; and (b) that State and local education boards ensure that junior and senior high schools provide information (without insisting on a formal request or explanation of the student's interest) on the location and phone numbers of these separate youth programs, along with any other clinics or church organizations willing to provide information.

COMMENTS: Teenagers themselves have a strong preference for separate clinics with the following services:

- low fee scales -- perhaps not over $5
- a teen-oriented staff
- prompt appointments at more convenient hours, say, between school closing and dinner
- no requirements of parental consent
- confidential means of keeping in touch, billing, reminding about visits, reporting test results.

Publicity efforts to reach teens are improving but still inadequate in most communities. Outreach is timid, and the major deterrent appears to be actual or anticipated resistance from schools and community. (If State statutes allow, pharmacies and pharmacists are often the only dependable source of supplies and information for teenagers who won't or can't ask at home.)

Where school policies prohibit discussion of birth control responsibilities, those institutions have an even more crucial obligation to refer students to other sources of information.

Recommendation on State Education Agency Action

The _____ State Meeting recommends that the (State Education Agency) (1) bring existing school policies affecting pregnant students and teenage parents into compliance with Title IX of the Education Amendments Act of 1972 and (2) develop and carry out a State Plan to reduce teenage pregnancy through education and to assist young parents at school.

The proposed State Plan shall include provisions for:

a. the development of model program efforts on behalf of adolescent parents
b. the establishment of school-age parent advisory-advocacy committees to assess progress and develop ways to coordinate school/community services, including improved access to sex-related information, comprehensive courses in family and sexual responsibility for adolescents, and support programs for pregnant and parenting teens. Long range goals of the school-based advisory committee will be:
   . to encourage school-age parents to remain in school
   . to improve access to vocational education that will lead to economic independence for the teenage parent
   . to teach useful parenting skills
   . to improve the teenage parent's chances of remaining free from further childbearing until s/he is prepared to establish a stable home.

The State Plan must include provisions for bilingual assistance as needed and active youth involvement in design and evaluation of all programs.

COMMENTS: Local school districts are the only institutions which, by law, have ready access to school-age parents and sexually-active teenagers. But outreach to both groups is usually low priority, and related education policies have commonly been based on "reaction", not prevention.

Even today, when there is evidence that one of the best ways for preventing second and even third pregnancies while mothers are teenagers is to have the mothers re-

turn to school, less than 1/3 of the 17,000 school districts in the United States are making any special provisions for the education of pregnant girls. Only one percent of school districts provide child care for students.

School age parent advocacy organizations and/or ad hoc task forces have been organized at local and State levels in only 26 States. Many have only indirect affiliation with local school boards or State education agencies, so they can make limited contribution to school programs.

The most effective of these groups -- composed of youth, government, industry-business, religious organizations, community clubs -- have been able to improve the coordination and cooperation of local agencies to provide referrals, information and social services. They have increased public awareness of the need for family planning education for teens and programs for teenage parents, both male and female; they have sponsored training programs in family life and sex education for teachers, religious and social workers, and others who touch the lives of young people.

The _____ State Meeting makes this recommendation in the belief that it is time for more direct school involvement and a State education agency committment to pregnant or parenting students.

Recommendation to Women's Groups #1

The _____ State Meeting recommends that women concerned with school age pregnancy form inter-organization task forces to monitor the requirements of local statutes and administrative policies, and then advise educators and local school boards of both legal and non-governmental support for education on family planning and sexual responsibility in the school setting.

Task forces would also contact State Departments of Education and State colleges of education, nursing, and medicine to encourage the provision of modern teaching tools, technical assistance, professional leadership, and college level training in sex education and pregnancy-related counseling skills to meet needs of adolescents.

Recommendation to Women's Groups #2

The _____ State Meeting recommends that local women's groups join in a campaign to de-emphasize the encouragement that local radio, TV, print media, advertising, music and films give to sexual activity among the young.

COMMENTS: Rather than censorship, the group goal is pressure to raise public awareness of the impact of sexually explicit rock songs, advertising based on sexual seduction, and films that exploit women's bodies or accept violence against women as "matter of fact." Sexual oversell by the media subverts an impressionable teenager's maturing instincts toward independent decision-making.

The pressure group should seek cooperation of local theater managers, disc jockeys, or any adults whose community business involves media that reach the young.

PROGRAM IDEAS (to meet Goal #5)

Participants in the State and territorial workshops on teenage pregnancy are asked to devote the last part of their meeting to consideration of the IWY Commission's 1975 Statement of Principle on reproductive freedom and responsible choice (page 267, "...To Form A More Perfect Union..." Justice for American Women).

This Statement of Principle summarizes and is inclusive of all the specific recommendations of the Commission's Committee on Reproductive Freedom. The Commission feels that a workshop reaction to this statement as a national goal will serve as a better assessment than any exercise addressing the very detailed recommendations (pp. 268-280) which were based on situations of the moment.

The Family Planning Services for Teenagers recommendation (p. 270-271) and the Family Life Education recommendation (p. 278-279), which have such profound impact on teenage pregnancy rates, have been singled out for separate attention by workshops. Workshops are also asked to react to the Commission's 1975 recommendation on Revising State Laws on Bastardy (p. 300).

1. The Statement of Principle (Preface, p. 267)

The IWY Committee believes that the moral decisions relating to reproduction are rightfully the responsibility of individual women and that every woman, regardless of her economic circumstances, education, race or ethnic origin, age, rural or metropolitan residence, is entitled as a basic human right to have readily available the means of controlling reproduction. The IWY Commission:

- Supports the series of Supreme Court decisions guaranteeing reproductive freedom to women;*
- Urges all branches of Federal, State, and local governments to give the highest priority to complying with these Supreme Court decisions and to making available all methods of family planning to women unable to take advantage of private facilities;
- Condemns any interference, open or subtle, with a woman's right to control her reproduction; and
- Urges organizations concerned with improving the status of women to monitor how government complies with these principles.

2. Family Planning Services for Teenagers (pp. 270-271)

The IWY Commission recommends that all Federal, State, and local governing bodies:

1. Take whatever action is necessary to remove existing legal, economic, and social barriers to family planning services for teenagers and young adults.
2. Develop adequately financed programs to implement delivery mechanisms appropriate and sensitive to teenagers and young adults. These must include education, counseling, and followup services, as well as informed consent to any clinical care given.

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* Griswold v. Conn. 381 U.S. 479, 85 S.Ct. 1678, 14 L.Ed.2d 510. Eisenstadt v. Baird 405 U.S. 438, 92 S.Ct. 1029, 31 L.Ed.2d 147. Roe v. Wade 410 U.S. 113, 93 S.Ct. 576, 35 L.Ed.2d 147. Doe v. Bolton 410 U.S. 179, 935 S.Ct. 739, 35 L.Ed.2d 201.

3. Establish programs to inform adolescents and young adults of the services available to them with special emphasis on the confidentiality of those services.

4. Establish programs in States to monitor aggressively the family planning services for teenagers and young adults in federally financed health and social programs such as Medicaid (title XX); the early and periodic screening, diagnosis, and treatment programs; neighborhood health centers; and all family planning projects.

3. Family Life and Sexuality Instruction in Elementary and Secondary Schools (pp. 278-279)

The IWY Commission recommends that instruction in responsible sexuality, appropriate to grade level, including family life and parenthood, be offered at all levels of elementary and secondary education... In schools where a substantial proportion of the students are of Spanish origin, bilingual instruction should be given. Responsible sexuality programs should recognize and be sensitive to the needs and abilities of different age groups; however, at all levels, when controversial subjects arise, they should be dealt with factually and forthrightly. The Commission recommends that when students seek medical services as well as educational guidance, school personnel readily refer them to appropriate organizations which provide such services and counseling to minors on a confidential basis.

The IWY Commission recommends that the Federal Government encourage the development -- within all federally subsidized education -- of comprehensive curricula specifically designed to prepare teachers to offer family life and sex education programs comfortably and with sufficient expertise. Specifically, the Commission recommends that a minimum of $15 million annually be appropriated to HEW for ongoing training programs and staff development, as well as for creating and implementing new model curricula within institutions.

4. Revision of State Laws on Bastardy (page 300)

The IWY Commission recommends that State Legislatures review and revise statutes which discriminate against illegitimate children and their parents. More specifically, the Commission recommends that States revise their laws to bring them, as far as possible, into conformity with the law enacted by North Dakota in 1969, which states:

> "Every child is hereby declared to be the legitimate child of his natural parents, and is entitled to support and education, to the same extent as if he had been born in lawful wedlock. He shall inherit from his natural parents, and from their kindred heir, lineal and collateral. The issue of all mariages null in law or dissolved by divorce are deemed to have been born in wedlock."*

*North Dakota Cent. Code, sec. 56-01-05 (supp. 1969).

Prepared by: Patricia R. Hyatt
January 1977

# FACT SHEET

**********
* TEENAGE PREGNANCY *
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Children and adults have observed a kind of treaty: "If you children will agree to keep your sexuality secret, we adults will agree to pretend you are not sexual and will leave you alone."

-- Warren J. Gadpaille, "Father's Role in Sex Education of His Son"

Until pregnancy results, many parents will not accept the fact that their teenager may be sexually active, and they view the availability of family planning services as promoting promiscuity.

-- Dale Sopper, Acting Deputy Assistant Secretary for Legislation, DHEW, 1975

- The teenage pregnancy rate in America (58 per 1,000 females) is higher than in 18 other countries.[1]

- Nearly one million teenagers become pregnant each year[2], and nearly one birth in five in the U.S. is to a teenage mother.[3] Some 30,000 girls younger than 15 get pregnant annually.[4]

- The younger the mother, the greater the health risk to herself and to the baby. Society pays a high price for teenage pregnancies -- from the consequences of interrupted or abandoned education, loss of job skills, and unstable family life, to costly mounting pressures on welfare services.

What is being done? Unfortunately, little:

. The media, entertainment and broadcast industries continue to promote sexually-explicit advertising, suggestive songs and (often violent) films that exploit women as passive, dependent sex objects.

. Less than one third of 17,000 school districts in the U.S. provide special education programs for pregnant girls or teenage mothers.[5] Only one percent of school districts provide child care for children of students.[6]

. Two-thirds of teenage pregnancies are unintended,[7] yet in 1976 only six States and the District of Columbia required the teaching of some form of family life and sex education in the schools.[8]

. Seven in ten young teens get no prenatal care in the first three months of pregnancy.[9]

. Custom has reversed since 1970, and today at least 85 percent of young unmarried mothers decide to keep their children rather than arrange for adoption.[9.5] Grandparents are making more sacrifices to help out, but welfare rolls are growing, too.

. Only 1/5 to 1/3 of two million sexually-active unmarried teenagers receive services from organized family planning programs.[10] And at least 125,000 teenagers who wanted abortions in 1975 could not obtain them.[11]

HEALTH RISKS

Because the teenage mother's body often is too immature and undernourished to properly bear a child, she is more likely than any other age group to suffer from:

. toxemia (blood poisoning)
. anemia (weakness due to insufficient red blood corpuscles)
. infections (including those from self-induced abortion attempts)
. complications from difficult and long labor (up to 47 hours in patients under age 15. Six hours is average for women age 19 and older.)[12]
. premature end to growth of the young mother's long and short bones, i.e. those in the arms and legs.[13]

Dangers to the mother and her infant are multiplied at age 16 or younger, particularly when pregnancy occurs within two years of the onset of menstruation.[14] When the mother is immature, the infant is two to three times as likely to be born premature.[15] Stillbirths and infant deaths are not uncommon.

Mental and physical defects occur at least twice as often among children of very young mothers.[16] IQ tests have shown that at age four, such children score in the retarded range at five times the rate for the rest of the population in general.[17]

For older women, second pregnancies usually involve fewer health risks than first ones. But the reverse is true for teenage mothers; their second infants face a significantly higher risk of death or prematurity.[18] In 1968, 23 percent of the births to teenagers were their second or third child.[19]

The medical risks of early childbearing may be stark, but there is also much uncertainty about the risks associated with abortions and birth control pills for very young girls.

Physicians are not in total agreement on the wisdom of prescribing a hormonal birth control pill to a girl whose menstrual cycle is not yet regular or whose body is still developing.

Data from England reveals that women who experienced abortions when they were under 16 (and usually late in the pregnancy) are subject to obstetrical and gynecological problems later in life.[20]

SOCIAL IMPACT

Early pregnancy may severely cripple a young woman's ability ever to become self-sufficient.

"Perhaps the most significant way of determining whether or not a woman or girl will become independent in later life is to determine the age at which she carries her first infant to term," said Dr. Charles Lowe, special assistant for Child Health Affairs at the U.S. Public Health Service.[21] He has estimated that 60 percent of

adolescent mothers aged 15 to 17 end up on welfare within 2 to 5 years of the birth of their children.

The school drop-out rate is high for young teenage mothers. Girls who give birth at age 15 or younger finish, on the average, only nine years of school. Those who are 16 or 17 when their babies are born complete an average of 10.5 years of school. In comparison, the more mature 19 to 21 year-old mother completes an average of 12 years of school.[22]

Fatigue, financial problems, and social pressures all make it more difficult for a teenage mother to return to school.

As the baby gets older, other conflicts arise, including child care arrangements, arguments with relatives, and the pressing need to secure job training and employment.

Compared with other single parents, the never-married teenage mother faces far greater financial problems: she is not entitled to child support, alimony, or the life insurance a widow might receive.

Forced marriages among teenagers tend to be unstable. The divorce rate is three to four times higher among those married in their teens than among those married at later ages.[23] Nearly half of all teenage marriages break up in five years,[24] and teen marriages resulting from pregnancy are three times more likely to dissolve.[25]

The skills teenagers bring to the job of being parents are often inadequate, particularly for youngsters in the 11 to 16 age range. The family arrangements made to accommodate a teenage pregnancy -- such as the tendency of a grandmother to take over caring for an infant -- may make it more difficult for the young mother to acquire parenting skills.[26]

There is some limited evidence that children born out of wedlock are 3-1/2 times more likely to be victims of child abuse.[27] Out-of-wedlock births to teenagers are up: 36 percent of teenagers who became mothers in 1974 were not married; in 1975 that figure rose to 39 percent. Teenage births now represent 52 percent of all out-of-wedlock births.[28]

LEVEL OF SEXUAL ACTIVITY

Teenagers are sexually active at increasingly younger ages:

- Of approximately 10 million females aged 15 to 19, more than two million of the unmarried teens are sexually active and risk unintended pregnancy.[29]

- A 1971 study[30] estimated that nine per cent of the 15-year-old females had already had sexual intercourse.

- Eleven percent of all non-virgin girls age 13-15 and 28 percent of all non-virgin girls age 16-19 report having been pregnant at least once.[31]

Contraceptive use among the young is infrequent. About half of sexually active teens say their last intercourse was without contraceptives.[32] Nearly three in ten teenage women who have premarital intercourse become pregnant.[33] It isn't unusual, Planned Parenthood clinics report, for teens who seek contraceptive advice to have been sexually active for at least one year.

Despite the level of sexual activity, many teenagers remain ignorant about the risks of becoming pregnant. Dr. Robert C. Sorenson, author of Adolescent Sexuality in Contemporary America, interviewed more than four hundred teens in 1973. Sixty-eight percent of the girls and eighty percent of the boys interviewed said their parents did not tell them the facts about birth control.

A 1971 survey revealed that one teen in four didn't know it was possible to get pregnant during a single act of intercourse.[34] A large number are unable to relate the menstrual cycle to the times of greatest risk of pregnancy. Moreover, the menstrual cycle in young teenagers often is irregular, adding to confusion about which days are "safe".

Another national survey reported that 30 percent of young women aged 13 to 19 knew of no place a young person could go to get contraceptives.[35] Others are afraid to bring up the subject with family physicians. And many teenagers resist using contraceptive methods, even when they have access. They say buying contraceptives is embarrassing, that being prepared for sex looks "cheap" or "interferes with romance", and some methods (such as the pill) sound dangerous. Researchers suggest that girls resist using contraceptives to avoid admitting to themselves they are no longer virgins.

Teenagers say they are intimidated by the atmosphere in some clinics, by unreasonably long waits, inconvenient hours (since many teens are accountable to parents for evenings or weekends), and by medical staff who are critical of teenage sexual activity.

TEENAGERS AND THE LAW

The rights of teenagers -- whether they involve a pregnant girl's access to education or to contraceptives -- are undergoing considerable change. A teen's legal status as a minor is still a big obstacle to obtaining family planning help.

Many clinics are timid about publicity because they are perpetually uncertain about local restraints against serving young persons. Within each State the courts and legislature may clash over whether teenagers should be allowed to secure either contraceptives or abortions. (One third of all legal abortions now occur among teenagers.[36])

A number of courts have declared local laws requiring parental consent for abortion to be unconstitutional.[37] And several States have enacted or recognized through court decisions a "mature minor" doctrine.[38] This concept says that a minor intelligent enough to understand the nature and consequences of a particular medical treatment may consent to it.

All States now establish the right of persons under 18 to obtain treatment for venereal disease without parental consent.

There is a trend in many States to change laws so that minors can consent to their own health care. But the legislation does not insure that teens will be allowed to receive the care they consent for. There are other instances where States continue to enact and maintain restrictions against minors. For example, one State has made only a slight change in its consent rules: teenagers now must be over 14 instead of over 16 to consent to their own care.[39]

EDUCATION AND THE LAW

Title IX of the Education Amendments Act of 1972 declared that schools receiving federal funds can't deny a student the right to participate in any class or extracurricular activity because of pregnancy, childbirth, miscarriage, or abortion. Section 86.40 says schools must not maintain different rules for pregnant students than they do for students with any other temporary disability.

Pregnant students may not be excluded from regular classes, but separate instruction is permissible if participation in the program is voluntary, and if instruction offered in the program is comparable to that offered to non-pregnant students.

Schools which violate the act are subject to loss of federal funds. Nonetheless, many jurisdictions are still unfamiliar with this law, and with the requirement that each school district set up its own grievance procedure to resolve cases of sex discrimination.

Persons bringing charges against an institution for violation of Title IX do not have to seek redress from that institution first. They can go straight to the Department of Health, Education and Welfare, if they prefer.

## SPECIAL PROGRAMS FOR PREGNANT OR PARENTING TEENAGERS

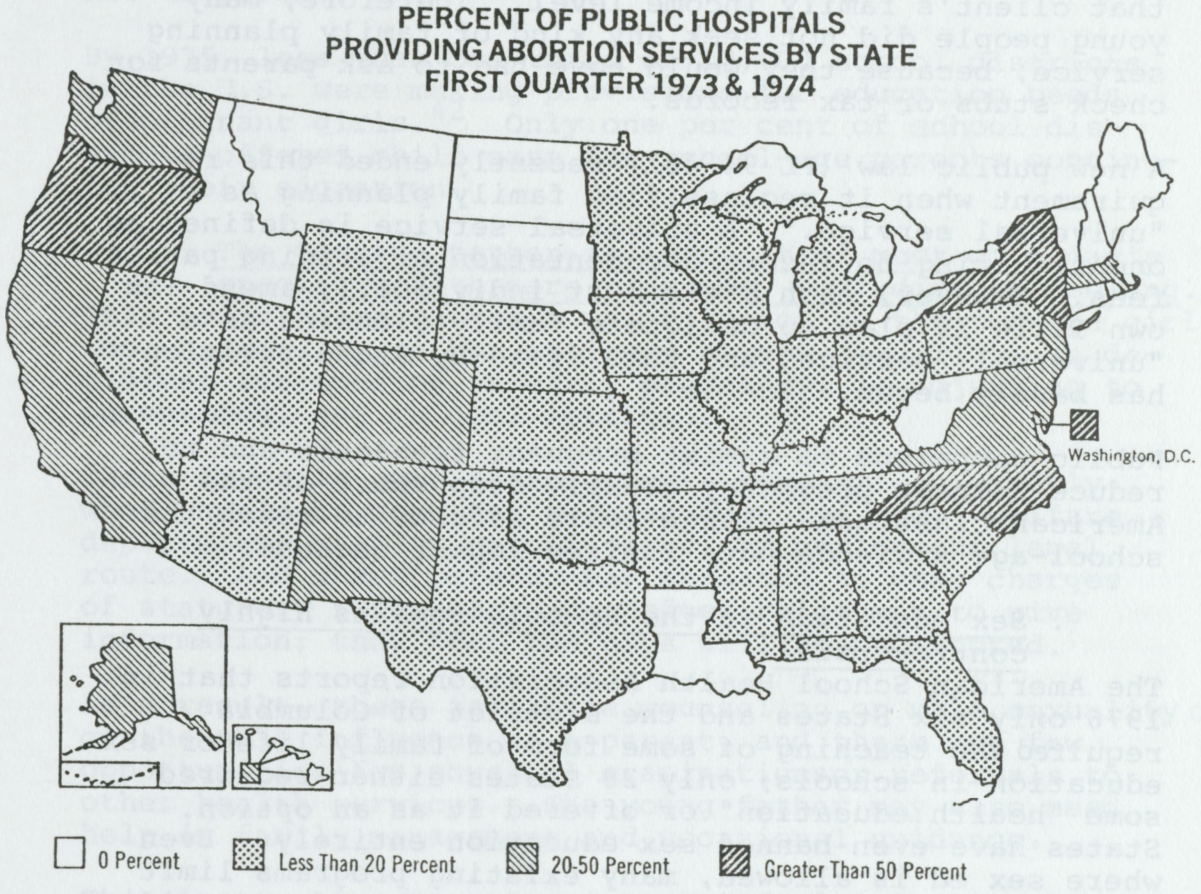
During the past decade a variety of programs have been organized to aid the pregnant teenager. Many State and federal laws have been enacted. But the services remain uncoordinated; their effectiveness varies widely; and their financial support is often precarious.

A dozen or more federal statutes pertaining to education and health COULD assist teenagers. These laws range from dropout prevention and work-study programs to supplemental food programs. But at the State level, such programs are seldom targeted specifically to teens, and funding fluctuates from year to year.

In addition, there is a growing legal tension over the eligibility, scope, and cost of state social service programs funded under Title XX of the Social Security Act and under Medicaid (medical care for the poor).

For example, Congress in late 1976 barred the federal government from spending Medicaid funds for abortions for low-income women (or girls) unless their lives were endangered. The provision was immediately challenged in several federal courts, and it has been overturned as unconstitutional in at least one case (McRae v. Mathews, ___F.Supp.___, 45 USLW 2245, E.D.N.Y. Oct. 22, 1976) because it deprived the poor of services the well-to-do could easily purchase.

However, some States still refuse to permit Medicaid payments for abortions. Others continue to make it difficult for Medicaid recipients to qualify.




from "...To Form A More Perfect Union..." Justice for American Women, p. 273.

As of 1976, laws in 29 States denied pre-birth care funds to poor women pregnant for the first time, since welfare is not paid until the child is born.[40]

Also, each State designs its own service programs under Title XX. Before September, 1976, any clinic that used

Title XX funds to help a client had to request proof of that client's family income level. Therefore, many young people did not seek any kind of family planning service, because they would have had to ask parents for check stubs or tax records.

A new public law (PL 94-401) recently ended this requirement when it reclassified family planning as a "universal service." A universal service is defined as one requiring no income documentation or sliding patient fees. However, each State must individually amend its own Title XX plan to designate family planning as a "universal service", and this State-by-State revision has barely begun.

Public campaigns to assist pregnant teenagers and to reduce teenage pregnancy usually stop short of the American classroom. Large-scale efforts to reach the school-age audience have limited impact because:

. Sex education in the schools remains highly controversial.

The American School Health Association reports that in 1976 only six States and the District of Columbia required the teaching of some form of family life or sex education in schools; only 28 States either required some "health education" or offered it as an option. States have even banned sex education entirely. Even where sex ed is allowed, many existing programs limit the subjects which may be discussed, most often avoiding any mention of contraception.

. Whenever special arrangements are made for students who are pregnant, there is a tendency to isolate these girls and a failure to encourage them to set high personal goals for education or for skilled, well-paid occupations.

In 1972, only one pregnant student in five had access to any kind of special education program at school,[41] such as

pre-birth counseling, nutrition lessons, or classes on how to parent.

By 1975, less than one-third of 17,000 school districts in the U.S. were making provisions for education needs of pregnant girls.[42] Only one per cent of school districts offered child care for school-age parents continuing their education.

. The teenage father is left out of most of today's special health care programs, including counseling. This major omission has a major impact on the teenage girl too, especially in her attitude toward sexuality, in decisions surrounding an early pregnancy, in adjusting to parenthood, and in goal-setting.

There is still some disagreement, however, on exactly what should be done for teenage boys and how. Welfare departments still routinely take the unpleasant legal route. And where parents may threaten to make charges of statutory rape, girls are often reluctant to give information; they fear the boys will be prosecuted.

As a result, there is little counseling on male sexuality or on the male influence as a parent, and there are few opportunities for physical examinationsor referrals to other health services. The young father may also need help in family management and vocational guidance.

This inattention to males is related closely to cultural attitudes that still accept the sexual behavior of boys but label pregnant girls as socially deviant.[43]

"Males have a very long history of sexual selfishness to reverse," writes Warren J. Gadpaille in "Father's Role in Sex Education of His Son." "The sex education of sons must emphasize the equal human value of the female partner," he said.[61]

The legal rights of teenage fathers are presently in confusion. Although the Supreme Court has ruled that biological fathers have no role in abortion, a 1972 decision (Stanley v. Illinois 405 U.S. 645 [1972]) found that the father has a right to know if he has a child; he has the right to raise it and/or participate in planning for it, and that, therefore, there is a need to search for, find, and provide service for the biological father.

Adoption agencies are still uncertain about what notice and service needs must be met for the biological father.

## FEDERAL LEGISLATION

The U.S. Senate is interested in programs for pregnant teenagers, and in 1976 it considered but did not act upon S2538, the National School-Age Mother and Child Health Act; and S2360, the Life Support Centers Act. These bills sought to fund and integrate the array of existing programs for care of pregnant school-age girls and their infants and children. They established grant programs under the Public Health Service Act, matching federal funds for support centers for school-age parents and State advisory councils to coordinate health programs for teens.

At this writing, these bills are being revised and combined for reintroduction in 1977.

## WHAT DO TEENAGE PARENTS THEMSELVES WANT?

The Youth Caucus of the 1975 Conference of the National Alliance Concerned With School Age Parents summarized the urgent needs of teenage mothers and fathers. They wanted:

- Separate clinics and programs specifically designed for teenagers and young parents
- Pregnancy and baby care, and school courses on how to be good parents. Classes would emphasize participation by young men.
- More counseling services, including information on legal rights of young parents

- Counseling on adoption, ways to continue education, job planning, etc.
- More and better infant and child care centers
- Financial advisors to help young parents with credit, insurance, welfare, and other money matters
- Meetings where legal advisors inform school-age parents of laws concerning the ways to report possible cases of discrimination (as in fair housing violations) and rights of young people to job opportunities and to fair employment.

* * *

...[If] an inadequate educational system makes it impossible for poor and minority group girls to even aspire to careers, then adolescent girls can be expected to look forward to early marriage and motherhood....Lectures about the need for delaying marriage and children are useless without incentives for such delay.

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1974

| REGION | AND STATE | Births to <15 | Births to 15-19 | Total Births to Females 19 & Under | Total Births | Percentage of Births to females 19 & Younger of Total Births | RANK Hi : 25+ Med: 20-25 Lo : <20 |
|---|---|---|---|---|---|---|---|
| IV | Alabama | 424 | 15,249 | 15,673 | 59,451 | 26% | Hi |
| X | Alaska | 12 | 1,096 | 1,108 | 7,053 | 16% | Lo |
| IX | Arizona | 158 | 7,802 | 7,960 | 39,841 | 20% | Med |
| VI | Arkansas | 224 | 8,833 | 9,057 | 34,548 | 26% | Hi |
| IX | California | 814 | 51,913 | 52,727 | 311,820 | 17% | Lo |
| VIII | Colorado | 76 | 6,846 | 6,922 | 39,042 | 18% | Lo |
| I | Connecticut | 86 | 4,670 | 4,756 | 36,753 | 13% | Lo |
| III | Delaware | 48 | 1,710 | 1,758 | 8,276 | 13% | Med |
| III | District of Columbia | 88 | 2,717 | 2,805 | 10,034 | 28% | Hi |
| IV | Florida | 816 | 25,542 | 26,358 | 110,350 | 24% | Med |
| IV | Georgia | 702 | 20,493 | 21,195 | 83,291 | 25% | Hi |
| IX | Hawaii | 34 | 2,270 | 2,304 | 15,503 | 15% | Lo |
| X | Idaho | 24 | 2,518 | 2,542 | 15,617 | 16% | Lo |
| V | Illinois | 727 | 30,693 | 31,420 | 169,215 | 19% | Lo |
| V | Indiana | 295 | 17,682 | 17,977 | 83,254 | 22% | Med |
| VII | Iowa | 70 | 6,321 | 6,391 | 40,220 | 16% | Lo |
| VII | Kansas | 76 | 6,159 | 6,235 | 32,919 | 19% | Lo |
| IV | Kentucky | 248 | 13,037 | 13,285 | 53,443 | 25% | Hi |
| VI | Louisiana | 410 | 15,688 | 16,098 | 65,819 | 24% | Med |

| REGION | AND STATE | Births to < 15 | Births to 15-19 | Total Births to Females 19 & Under | Total Births | Percentage of Births to Females 19 & Younger of Total Births | RANK Hi : 25+ Med: 20-25 Lo : < 20 |
|---|---|---|---|---|---|---|---|
| I | Maine | 27 | 2,704 | 2,731 | 15,120 | 18% | Lo |
| III | Maryland | 262 | 9,616 | 9,878 | 53,470 | 18% | Lo |
| I | Massachusetts | 106 | 8,808 | 8,914 | 70,083 | 13% | Lo |
| V | Michigan | 501 | 26,020 | 26,521 | 137,636 | 19% | Lo |
| V | Minnesota | 70 | 7,083 | 7,153 | 55,789 | 13% | Lo |
| IV | Mississippi | 478 | 12,442 | 12,920 | 44,122 | 29% | Highest |
| VII | Missouri | 307 | 14,282 | 14,589 | 69,624 | 21% | Med |
| VIII | Montana | 20 | 2,164 | 2,184 | 12,266 | 18% | Lo |
| VII | Nebraska | 43 | 3,544 | 3,587 | 23,711 | 15% | Lo |
| IX | Nevada | 30 | 1,739 | 1,769 | 8,966 | 20% | Med |
| I | New Hampshire | 12 | 1,674 | 1,686 | 11,642 | 14% | Lo |
| II | New Jersey | 294 | 12,867 | 13,161 | 94,950 | 14% | Lo |
| VI | New Mexico | 60 | 4,341 | 4,401 | 21,319 | 21% | Med |
| II | New York | 639 | 31,691 | 32,330 | 239,504 | 13% | Lo |
| IV | North Carolina | 511 | 20,765 | 21,276 | 84,244 | 25% | Hi |
| VIII | North Dakota | 8 | 1,505 | 1,513 | 9,972 | 15% | Lo |
| V | Ohio | 558 | 30,784 | 31,342 | 160,609 | 20% | Med |
| VI | Oklahoma | 186 | 10,063 | 10,249 | 42,450 | 24% | Med |
| X | Oregon | 65 | 5,354 | 5,419 | 32,519 | 17% | Lo |

| REGION | AND STATE | Births to < 15 | Births to 15-19 | Total Births to Females 19 & Under | Total Births | Percentage of Births to Females 19 & Younger of Total Births | RANK Hi : 25+ Med: 20-2 Lo : < 2 |
|---|---|---|---|---|---|---|---|
| III | Pennsylvania | 413 | 25,531 | 25,944 | 151,439 | 17% | Lo |
| I | Rhode Island | 22 | 1,725 | 1,747 | 11,388 | 15% | Lo |
| IV | South Carolina | 329 | 11,965 | 12,294 | 48,554 | 25% | Hi |
| VIII | South Dakota | 17 | 1,961 | 1,978 | 11,193 | 18% | Lo |
| IV | Tennessee | 437 | 15,946 | 16,383 | 64,265 | 25% | Hi |
| VI | Texas | 1,123 | 45,899 | 47,022 | 211,063 | 22% | Med |
| VIII | Utah | 24 | 3,558 | 3,582 | 29,966 | 12% | Lo |
| I | Vermont | 12 | 1,108 | 1,120 | 6,887 | 16% | Lo |
| III | Virginia | 324 | 14,043 | 14,367 | 71,091 | 20% | Med |
| X | Washington | 83 | 7,881 | 7,964 | 50,045 | 16% | Lo |
| III | West Virginia | 90 | 6,330 | 6,420 | 27,878 | 23% | Med |
| V | Wisconsin | 136 | 9,559 | 9,695 | 65,203 | 15% | Lo |
| VIII | Wyoming | 10 | 1,258 | 1,268 | 6,541 | 19% | Lo |
| | TOTAL | 12,529 | 595,449 | 607,978 | 3,159,958 | 19% | — |

Source: HRA/NCHS
1974

Office of Child Health Affairs
9/76

Source: PHS/CDC: Abortion Surveillance, 1974

Table 6

REPORTED LEGAL ABORTIONS BY AGE AND STATE OF OCCURRENCE, SELECTED STATES,* 1974

| State | < 15 | | 15-19 | | 20-24 | | 25-29 | | 30-34 | | 35-39 | | ≥ 40 | | Unknown | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Alaska | 21 | 2.0 | 365 | 35.6 | 301 | 29.4 | 170 | 16.6 | 101 | 9.9 | 42 | 4.1 | 15 | 1.5 | 10 | 1.0 | 1,025 | 100.0 |
| Arkansas | 47 | 2.8 | 612 | 36.1 | 482 | 28.5 | 242 | 14.3 | 169 | 10.0 | 102 | 6.0 | 40 | 2.4 | 0 | 0.0 | 1,694 | 100.0 |
| California | 1,973 | 1.5 | 45,409 | 33.4 | 42,111 | 31.0 | 24,146 | 17.8 | 12,444 | 9.2 | 6,325 | 4.7 | 2,093 | 1.5 | 1,261 | 0.9 | 135,762 | 100.0 |
| Colorado | 133 | 1.5 | 2,953 | 32.7 | 3,207 | 35.5 | 1,495 | 16.6 | 694 | 7.7 | 388 | 4.3 | 139 | 1.5 | 18 | 0.2 | 9,027 | 100.0 |
| Connecticut[1] | 59 | 0.8 | 1,877 | 26.5 | 2,384 | 33.7 | 1,358 | 19.2 | 638 | 9.0 | 460 | 6.5 | 224 | 3.2 | 83 | 1.2 | 7,083 | 100.0 |
| Dist. of Col. | 369 | 1.6 | 5,999 | 26.4 | 7,775 | 34.3 | 4,236 | 18.7 | 1,848 | 8.1 | 942 | 4.2 | 387 | 1.7 | 1,132 | 5.0 | 22,688 | 100.0 |
| Georgia | 435 | 2.0 | 7,053 | 32.0 | 6,893 | 31.3 | 3,781 | 17.2 | 1,874 | 8.5 | 897 | 4.1 | 287 | 1.3 | 789 | 3.6 | 22,009 | 100.0 |
| Hawaii | 38 | 0.9 | 991 | 23.8 | 1,435 | 34.5 | 837 | 20.1 | 453 | 10.9 | 270 | 6.5 | 132 | 3.2 | 2 | 0.0 | 4,158 | 100.0 |
| Illinois | 270 | 0.8 | 8,614 | 25.8 | 10,765 | 32.3 | 6,290 | 18.8 | 3,750 | 11.2 | 2,116 | 6.3 | 896 | 2.7 | 669 | 2.0 | 33,370 | 100.0 |
| Indiana | 123 | 2.0 | 1,999 | 33.2 | 1,798 | 29.8 | 1,004 | 16.7 | 576 | 9.6 | 353 | 5.9 | 148 | 2.5 | 28 | 0.5 | 6,029 | 100.0 |
| Kansas | 238 | 2.3 | 4,408 | 43.3 | 2,873 | 28.2 | 1,334 | 13.1 | 698 | 6.9 | 420 | 4.1 | 194 | 1.9 | 6 | 0.1 | 10,171 | 100.0 |
| Kentucky[2] | 199 | 4.0 | 1,898 | 37.7 | 1,678 | 33.3 | 723 | 14.4 | 295 | 5.9 | 173 | 3.4 | 63 | 1.3 | 4 | 0.1 | 5,033 | 100.0 |
| Louisiana[3] | 17 | 1.7 | 331 | 34.0 | 317 | 32.5 | 157 | 16.1 | 86 | 8.8 | 33 | 3.4 | 24 | 2.5 | 9 | 0.9 | 974 | 100.0 |
| Maryland | 445 | 2.8 | 6,225 | 39.0 | 4,544 | 28.4 | 2,421 | 15.2 | 1,346 | 8.4 | 708 | 4.4 | 277 | 1.7 | 9 | 0.1 | 15,975 | 100.0 |
| Minnesota[4] | 120 | 1.4 | 2,992 | 34.3 | 3,237 | 37.1 | 1,170 | 13.4 | 609 | 7.0 | 392 | 4.5 | 212 | 2.4 | 0 | 0.0 | 8,732 | 100.0 |
| Mississippi | 3 | 2.1 | 39 | 27.9 | 40 | 28.6 | 23 | 16.4 | 18 | 12.9 | 11 | 7.9 | 6 | 4.3 | 0 | 0.0 | 140 | 100.0 |
| Missouri[5] | 174 | 2.2 | 2,369 | 29.7 | 2,599 | 32.6 | 1,390 | 17.4 | 784 | 9.8 | 465 | 5.8 | 202 | 2.5 | 0 | 0.0 | 7,983 | 100.0 |
| Montana[3] | 7 | 1.0 | 273 | 37.3 | 227 | 31.0 | 106 | 14.5 | 66 | 9.0 | 32 | 4.4 | 19 | 2.6 | 2 | 0.3 | 732 | 100.0 |
| Nebraska | 57 | 1.8 | 1,204 | 38.9 | 1,020 | 33.0 | 364 | 11.8 | 225 | 7.3 | 158 | 5.1 | 66 | 2.1 | 0 | 0.0 | 3,094 | 100.0 |
| Nevada | 70 | 4.3 | 457 | 28.3 | 541 | 33.5 | 273 | 16.9 | 135 | 8.4 | 87 | 5.4 | 24 | 1.5 | 27 | 1.7 | 1,614 | 100.0 |
| New Hampshire | 11 | 1.6 | 253 | 37.9 | 196 | 29.3 | 105 | 15.7 | 56 | 8.4 | 32 | 4.8 | 14 | 2.1 | 1 | 0.1 | 668 | 100.0 |
| New York | 1,715 | 1.1 | 41,202 | 25.5 | 49,887 | 30.9 | 33,188 | 20.5 | 20,026 | 12.4 | 10,806 | 6.7 | 4,147 | 2.6 | 550 | 0.3 | 161,521 | 100.0 |
| (City) | (1,219) | (1.0) | (28,439) | (23.5) | (37,691) | (31.2) | (26,545) | (22.0) | (15,577) | (12.9) | (8,060) | (6.7) | (2,852) | (2.4) | (446) | (0.4) | (120,829) | (100.0) |
| (Upstate) | (496) | (1.2) | (12,763) | (31.4) | (12,196) | (30.0) | (6,643) | (16.3) | (4,449) | (10.9) | (2,746) | (6.7) | (1,295) | (3.2) | (104) | (0.3) | (40,692) | (100.0) |
| N. Carolina | 388 | 2.4 | 5,791 | 35.2 | 4,805 | 29.2 | 2,708 | 16.4 | 1,597 | 9.7 | 788 | 4.8 | 341 | 2.1 | 45 | 0.3 | 16,463 | 100.0 |
| Oregon | 129 | 1.5 | 3,193 | 36.3 | 2,794 | 31.8 | 1,450 | 16.5 | 714 | 8.1 | 348 | 4.0 | 136 | 1.5 | 30 | 0.3 | 8,794 | 100.0 |
| Pennsylvania[4] | 706 | 1.9 | 12,682 | 33.3 | 12,351 | 32.4 | 5,835 | 15.3 | 3,550 | 9.3 | 2,024 | 5.3 | 829 | 2.2 | 133 | 0.3 | 38,110 | 100.0 |
| Rhode Island | 34 | 1.2 | 849 | 29.6 | 868 | 30.3 | 526 | 18.3 | 312 | 10.9 | 191 | 6.7 | 80 | 2.8 | 7 | 0.2 | 2,867 | 100.0 |
| S. Carolina | 76 | 2.0 | 1,186 | 31.5 | 1,242 | 33.0 | 592 | 15.7 | 345 | 9.2 | 156 | 4.1 | 60 | 1.6 | 103 | 2.7 | 3,760 | 100.0 |
| S. Dakota | 13 | 0.8 | 588 | 36.7 | 588 | 36.7 | 165 | 10.3 | 117 | 7.3 | 51 | 3.2 | 40 | 2.5 | 39 | 2.4 | 1,601 | 100.0 |
| Tennessee | 150 | 2.0 | 2,653 | 35.8 | 2,434 | 32.9 | 1,075 | 14.5 | 615 | 8.3 | 309 | 4.2 | 125 | 1.7 | 45 | 0.6 | 7,406 | 100.0 |
| Utah[6] | 10 | 0.8 | 331 | 27.8 | 419 | 35.2 | 200 | 16.8 | 97 | 8.2 | 60 | 5.0 | 23 | 1.9 | 49 | 4.1 | 1,189 | 100.0 |
| Vermont | 17 | 0.9 | 642 | 33.3 | 664 | 34.4 | 326 | 16.9 | 170 | 8.8 | 84 | 4.4 | 27 | 1.4 | 0 | 0.0 | 1,930 | 100.0 |
| Virginia | 328 | 2.3 | 5,205 | 36.2 | 4,373 | 30.4 | 2,256 | 15.7 | 1,233 | 8.6 | 677 | 4.7 | 290 | 2.0 | 10 | 0.1 | 14,372 | 100.0 |
| Washington | 255 | 1.4 | 6,553 | 36.0 | 5,887 | 32.4 | 2,971 | 16.3 | 1,405 | 7.7 | 789 | 4.3 | 313 | 1.7 | 12 | 0.1 | 18,185 | 100.0 |
| Total | 8,630 | 1.5 | 177,196 | 30.9 | 180,735 | 31.5 | 102,917 | 17.9 | 57,046 | 9.9 | 30,689 | 5.3 | 11,873 | 2.1 | 5,073 | 0.9 | 574,159 | 100.0 |

[1]Based on distribution of data from special health department sample of total abortions reported, April-December
[2]Based on distribution of data from 1 facility reporting approximately 85% of total abortions
[3]July-December
[4]Based on distribution of data from state health department, partial year reporting
[5]Based on distribution of data from 1 facility reporting approximately 80% of total abortions
[6]April-December

*All states with data available (33)

Note: these are the only figures available until the 1975 report becomes available in April, 1977.

**********
* RESOURCE PERSONS *
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## I. RESOURCE PERSONS REPRESENTING ORGANIZATIONS

| | |
|---|---|
| Mr. Gene Vadies<br>Director, Youth Services<br>Planned Parenthood Federation of America, Inc.<br>810 Seventh Avenue<br>New York, NY 10019<br>212-541-7800 | Speaker and central referral for Planned Parenthood resource speakers in each State, and for information on services and model programs. Expenses negotiable. |
| Dr. E. James Lieberman<br>Director, Family Planning Project<br>American Public Health Association<br>1015 18th St., N.W.<br>Washington, D.C. 20036<br>202-467-5000 | Co-author of Sex and Birth Control -- Guide for the Young. His work involves psychosocial factors in teenage sexuality. |
| Mrs. Marjorie Mecklenberg<br>President<br>and<br>Mr. Joseph Lampe, Treas.<br>American Citizens Concerned for Life, Inc.<br>4803 Nicollet Avenue<br>Minneapolis, MN 55409<br>612-825-9015 | Speakers on alternatives to abortion, and model programs. They can refer workshop planners to State resource persons with similar points of view. |
| Mr. William Burr Hunt II<br>Population Information Program<br>The George Washington U.<br>2001 S Street, N.W.<br>Washington, D.C. 20009<br>202-462-5828 | International perspective on successful pregnancy prevention, program models, and volunteer involvement. Will speak for expenses. |

| | |
|---|---|
| Ms. Janet Forbush<br>Executive Director<br>National Alliance Concerned with School Age Parents<br>7315 Wisconsin Ave., N.W.<br>Suite 211W<br>Washington, D.C. 20014<br>301-654-2335 | Speaker and central referral on other speakers from NACSAP affiliates in California, Louisiana, Michigan, Ohio, Oregon, Washington, and Wisconsin. Expenses requested, and honoraria may be requested. |
| Mr. William Ryerson<br>Director, Youth and Student Division<br>The Population Institute<br>110 Maryland Ave., N.E.<br>Washington, D.C. 20002<br>202-544-3300<br>and<br>Ms. Kathi Kamen, Director<br>Rock Tapes Project<br>The Population Institute<br>8961 Sunset Boulevard<br>Los Angeles, CA 90069<br>213-273-2101 | The Population Institute sponsors radio spot tapes by prominent rock stars and sports stars discussing sexuality and parenthood, and has an ongoing program that involves student interns who work with State legislatures to develop policy on teen-age programs. |
| Dr. Sol Gordon<br>Institute for Family Research and Education<br>760 Ostrom Avenue<br>Syracuse, NY 13210<br>315-423-4584 | Dr. Gordon and his associates can speak on teenage sexuality and program models that deal with teenage pregnancy. Dr. Gordon requests expenses and an honorarium. |
| Ms. Kay Daly<br>Director, Child Welfare<br>Child Welfare League<br>67 Irving Place<br>New York, NY 10003<br>212-254-7410 | A major resource on alternatives to abortion for the pregnant teenager. References for spokespersons from the League are available on a State and regional basis. |
| Mary S. Calderone, M.D.<br>Sex Information and Education Council of the U.S.<br>Suite 922<br>122 East 42nd St.<br>New York, NY 10017<br>212-661-7010 | A widely published resource person knowledgeable on sex education, sexual health, and youth sexuality. |

Ms. Barbara Worden
National Council of
Organizations for
Children and Youth
1910 K St., N.W., Rm. 404
Washington, D.C. 20006
202-785-4180

The NCOCY, representing a coalition of organizations concerned with youth, can help identify resource persons locally for IWY State workshops. Expenses for NCOCY persons are negotiable.

## II. RESOURCE PERSONS AND PROGRAM MODELS

Ms. Elisabeth Graham
Ms. Mildred Abbott
Columbia Presbyterian
Medical Center
Social Services Dept.
622 West 168th St.
New York, NY 10032
212-694-2141

Ms. Graham, a social worker, and her assistant, Ms. Abbott, a nurse-midwife, are available together as resource persons. Ms. Graham directs one of the oldest hospital-based programs for pregnant teenagers and their male partners, primarily black and Hispanic. Ms. Graham and Ms. Abbott are available for expenses.

Lorraine Hendricks, M.D.
Administrative Director
Gary Goldsmith, M.D.
Clinical Director
Ms. Betsy McGee
Family Planning
Administrator
The Door
618 Ave. of the Americas
New York, NY 10011
212-691-6161

The Door is a unique multi-service center that offers teens legal advice, psychiatric counseling, vocational and educational guidance, social and medical services. The three administrators listed are available to State workshops for expenses.

Ms. Virginia Ktsanes
Assistant Professor in
Population Studies
Dept. of Health Measurement Sciences
School of Public Health
Tulane University
1430 Tulane Avenue
New Orleans, LA 70112
504-588-5172

Associated most recently with three teen-clinics, Ms. Ktsanes developed a format of rap sessions that brought together the teen, the parents, and the doctors and nurses. She can talk about the reasons why teens drop out of programs, why retention takes place, and the value of co-ed sessions. She is available for expenses.

| | |
|---|---|
| Dr. Helen B. Barnes<br>U. of Mississippi Medical Center<br>2500 North State St.<br>Jackson, MS 39216<br>601-366-8676 | An authority on clinic programs for teens. |
| Dr. Laura Edwards<br>St. Paul-Ramsey Hospital<br>St. Paul, MN 55101<br>612-222-4260 | Director of a model program based in the St. Paul School system and supplemented with hospital services. |
| Dr. Leon Gordis<br>Mount Sinai Hospital<br>Baltimore, MD 10029<br>301-367-7800 | Speaker and published researcher on the findings from the clinic experience and on health ramifications in early pregnancy. Sinai Hospital operates a model family planning program. |

## III. RESOURCE PERSONS -- FEDERAL PROGRAMS

| | |
|---|---|
| Elisabeth Keys McManus<br>Deputy Assistant Administrator for Population & Humanitarian Affairs<br>Agency for International Development<br>Washington, D.C. 20523<br>202-632-9421 | Available to speak on the international perspective of teen-age pregnancy, and an authority on legal issues as they relate to adolescents. If asked to speak on AID programs, no expenses are involved. Expenses may be requested, however, if Ms. McManus is asked to speak on issues other than those directly related to her work at AID. If not available herself, Ms. McManus can provide other AID persons' names to State Coordinators. |
| Ms. Lynn Knauff<br>Off. of Child Health Affairs<br>Dept. of Health, Education and Welfare<br>200 Independence Ave., S.W.<br>Washington, D.C. 20201<br>202-245-7473 | A resource speaker herself, Ms. Knauff can also refer IWY State workshops to federal government contacts involved in teen-age family planning efforts, with attention to proximity and subject matter desired. |

Evalyn S. Gendel, M.D.
Associate Director
Maternal and Child
Health Programs
State Department of
Health & Environment
Topeka, KS 66004

Resource on State health department family planning programs.

IV. RESOURCE PERSONS -- LEGAL RIGHTS OF ADOLESCENTS

Ms. Harriet Pilpel
Senior Partner
Greenbaum, Wolff, & Ernst
70 East 96th St.
New York, NY 10028
212-758-4010

Noted authority on the legal rights of teenagers to health-related care; and with E. Paul and Nancy Wechsler has written "Pregnancy, Teenagers, and the Law" (1976, Perspectives, Jan/Feb. 1976). Ms. Pilpel is general counsel to the Planned Parenthood Federation of America, Inc. She will speak for expenses and may request an honorarium depending upon the time required.

Luke T. Lee
Fletcher School of Law
and Diplomacy
Tufts University
Medford, MA 02155
617-628-5625

Another authority on adolescent legal rights to contraception and abortion.

## V. RESOURCE PERSONS -- AUTHORS, RESEARCHERS, GENERAL AUTHORITIES

Wendy H. Baldwin, PhD.
Behavioral Sciences Branch
Center for Population Research
National Institute of Child Health & Human Development
National Institutes of Health
Bethesda, MD 20014
301-496-1174

Author of "Adolescent Pregnancy and Childbearing: Growing Concerns for Americans," (September 1976 issue of The Population Bulletin, a publication of the Population Reference Bureau, Inc.), and a speaker at numerous conferences. Available to IWY State conferences for expenses, where possible, and if an IWY conference is scheduled close to another professional commitment, Dr. Baldwin may waive expenses.

Harriet B. Presser, PhD.
Prof. of Sociology
U. of Maryland
College Park, MD 20742
301-454-5933

Author of "Early Motherhood -- Ignorance and Bliss" (Family Planning Perspectives, Vol. 6, No. 1, Spring, 1974). Involved in a long-term study of teen-age pregnancy and its consequences in terms of future potential and implications for education, employment, and marital happiness. Would prefer to serve as a panelist rather than as a key-note speaker, and is available for expenses.

Dr. John Kantner
The Johns Hopkins U.
Dept. of Population Dynamics
Baltimore, MD 21218
301-955-3260

One of the most noted and published authorities on the issue of adolescent sexuality and early pregnancy.

Dr. Arlene Fonaroff
School of Pharmacy
U. of Maryland
636 West Lombard Ave.
Baltimore, MD 21201
301-528-7650

Knowledgeable on self-help programs and on issues involved in developing teenagers' awareness of sexual responsibility.

| | |
|---|---|
| Dr. James Jekel<br>Yale Medical School<br>New Haven, CT 06510 | Noted researcher on adolescent sexuality and program models for teen-oriented family planning and support services. |
| Robert Hatcher, M.D.<br>Emory University<br>Atlanta, Georgia | An obstetrician/gynecologist knowledgeable about clinic hospital based programs for teenagers, health and medical aspects of early pregnancy, and implications for future health of mother and child. |
| Dr. Ruth Dixon<br>U. of Calif. at Davis<br>Dept. of Sociology<br>Santa Barbara, CA<br>and<br>Dr. Lorraine Klerman<br>Heller School<br>Brandeis University<br>Waltham, MA 02514 | Two of the most noted researchers and authors in the field of adolescent sexuality. |
| Dr. Suzanne Black<br>PEEDEE District<br>Florence, SC 29501 | Can speak on programs involving males in sexual awareness and responsibility. |
| Frederick Jaffe and<br>Richard Lincoln<br>The Alan Guttmacher Inst.<br>515 Madison Ave.<br>New York, NY 10022 | President of the Alan Guttmacher Institute (research arm of the Planned Parenthood Federation), Dr. Jaffe offers a health and medical perspective on adolescent sexuality. |

Also recommended as contacts:

Silvia Hacker, PhD.
Health Services Department
University of Michigan
207 Fletcher
Ann Arbor, Michigan 48104

George Cvetkovich, PhD.
Department of Psychology
Western Washington State College
Bellingham, Washington 98225

Charles Arnold, PhD.
Graduate School of Public Administration
New York University
New York, New York 10003

expertise: research on adolescent male sexuality

Ruth Faden, PhD.
Department of Health Education
School of Hygiene and Public Health
Johns Hopkins University
Baltimore, Maryland 21205

Emily Mudd, PhD.
Professor Emeritus
University of Pennsylvania
734 Nobrook Lane
Haverford, Pennsylvania 19041

Susan Fishman
School of Medicine
University of Maryland
Baltimore, Maryland 21201

Ms. Fishman is a nurse-midwife

Joan Morganthal, MD.
Director, Adolescent Services
Adolescent Health Center
Mount Sinai Hospital
New York, New York 10029
212-831-1127

Anne Brunswick, PhD.
Columbia University
School of Public Health
60 Haven Avenue
New York, New York 10032

Ron Magarich, Deputy Director
Family Planning Training Institute
Mid-Atlantic Region
24 West Franklin Street
Baltimore, Maryland 21201

Catherine Chilman, PhD.
School of Social Welfare
University of Wisconsin
Milwaukee, Wisconsin 53201
414-963-4101

Frank Furstenburg, PhD.
University of Pennsylvania
Philadelphia, Pennsylvania 19104

Lulu Mae Nix
Director
Delaware Adolescent Program, Inc.
14th and Market Street
Wilmington, Delaware 19801
302-652-3445

Reuben Pannor
LaVista Child Care Center
3200 Motor Avenue
Los Angeles, California 90034

counseling for
teenage fathers

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* FILMS *
**********

Recommended, but to be used only after preview by the workshop coordinator, who will then be able to introduce the film with whatever cautionary comments may be needed.

"It Couldn't Happen To Me"
16 mm. color 28 min.
Rental $30
Purchase $300

Perennial Education Inc.
1825 Willow Road
P.O. Box 236
Northfield, Ill. 60093
312-446-4153

Remarks made by some of the teenagers featured in this film (in particular, the girl who gave up her baby for adoption, and the girl who had an abortion) come across as flip, and there is a chance workshop participants may assume IWY endorses in toto all attitudes portrayed. IWY previewers split down the middle in evaluating the film segment on religion; half found the treatment very supportive of conservative attitudes; the other half did not like the statement that religious influence is weaker than it used to be.

Overall, IWY previewers thought this film did an especially comprehensive job of exploring many of the issues covered in the Teenage Pregnancy Fact Sheet:

-- why young girls take risks
-- concern with young 12 and 13 year olds who get pregnant
-- evidence that most pregnancies to youngest teens are due simply to ignorance
-- the problems rural small-town teenagers face when seeking help
-- the part religion plays in premarital sex activity, and the view that abstinance can be a rational option and an attainable goal; i.e. that self-control is not a myth
-- the part parents play in sex education
-- the problem of the male attitude: when boys want pleasures without taking responsibility.

"Teen Sexuality -- What's Right For You"
16 mm. color 29 min.
Rental $30, Purchase $300

Perennial Education
P.O. Box 236
Northfield, IL 60093
312-446-4153

This dramatic film follows a health class visit to a teen health center. As the students share confidences, they realize that sexual involvement is more than just physical; it has social and psychological complications. They ask health center personnel questions about pornography, homosexuality, venereal disease, male-female differences, being treated as a sexual object, moral values. "True liberation," one student decides, "is being able to say NO."

"It Happens To Us"
16 mm. color 30 min.
Rental $30

New Day Films
P.O. Box 315
Franklin Lakes, NJ 07417
201-891-8240

A sensitive film on abortion. All ages are shown, and male partners. Parents speak out on their obligation to teach sex education. Young women tearfully retell their painful experiences.

(Caution: there is a jarring comment toward the film's end when one speaker says, "Abortion can be a marvelous experience." Then speakers explain, "My abortion was the first time I had to confront reality. I have become more of a person."..."No one else was going to have that abortion for me: I am alone and I am alive."..."I wasn't very aware of myself before. I wanted someone to take care of and love, but I wasn't aware that the person I wanted to take care of was ME.")

In the time allowed, we could preview only the films suggested most often by key resource persons. Unfortunately, we have been unable to find that "single perfect film" for workshop purposes. As workshop organizers locate materials they can recommend to other groups, the agenda staff will be happy to share this information.

As an unofficial guide to state previewers, we will briefly list some of the comments made about films we did NOT recommend:

" sex scenes too explicit"
" too much four-letter language"
" leading characters are too old for Teenage Pregnancy discussion"
" too much fantasy -- not enough focus on real alternatives."
" one girl's mother tells this camera, 'It's easy to give in sometime; the brain may say NO (to a rape), but the body says YES."
" This young mother is too pretty, has her own car and a nice home of her own -- this example does little to dispell an unwed mother's fantasies of how things could work out."
" weighed against a lively workshop panel discussion, this film would score poorly"
" made in 1964, this film looks it"
" the girls don't show enough suffering. Rap group is too cozy."
" The couples shown leave a bad taste -- too hippie; few workshop participants could relate."

# PUBLICATIONS

## ARTICLES & BOOKS

*The Alan Guttmacher Institute. "11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States." The Alan Guttmacher Institute, The Research and Development Division of Planned Parenthood Federation of America, 515 Madison Ave., New York, NY 10022.

American School Health Association. "School Age Parents." The Journal of School Health Vol. SLU, No. 5, May 1975 (Special Issue) A.S.H.A., Kent, Ohio. Single copy, $2.50.

Baldwin, Wendy H., PhD. "Adolescent Pregnancy and Childbearing: Growing Concerns for Americans." Population Bulletin Vol. 31, No. 2, Sept. 1976 (special issue) Population Reference Bureau, Inc., 1754 N St. N.W., Washington D.C. 20036.

Braen, Bernard B., Ph.D. and Janet Bell Forbush, M.A. "School-Age Parenthood: A National Overview." The Journal of School Health Vol. LV, No. 5, May 1975.

Furstenburg, Frank, Jr. "The Social Consequences of Teenage Pregnancy." Family Planning Perspectives Vol. 8, No. 4, Jul/Aug 1976. Also, Unplanned Parenthood, The Free Press, MacMillan, New York, 1976, $13.95, by the same author.

Hunt, William Burr, II. "Adolescent Fertility, Risks and Consequences." Population Reports Series J, No. 10, July 1976. (Special Issue) Dept. of Medical and Public Affairs, The George Washington University Medical Center, 2001 S St., N.W., Washington D.C. 20009.

Jekel, Dr. James. "The Past Decade of Special Programs for School Age Parents: Cause for Satisfaction or Just a Beginning?" NACSAP Newsletter Vol. 3, No. 1, Spring 1975. National Alliance Concerned with School-Age Parents, 7315 Wisconsin Ave., N.W., Washington D.C. 20014.

Lieberman and Peck. A Guide for the Young -- Sex and Birth Control. New York: Schocken Books $2.45 paperback.

National Alliance Concerned with School-Age Parents. "An Invitation to the Business Community." (Leaflet) NACSAP, 7315 Wisconsin Ave. N.W., Suite 211-W, Washington, D.C. 20014.

National Alliance Concerned with School-Age Parents. "School Age Parenthood -- A National Crisis -- A Challenge to Action" (Conference Proceedings). NACSAP, 7315 Wisconsin Ave., Suite 211-W, Washington D.C. 20014.

Paul, Eve W., Harriet F. Pilpel, and Nancy F. Wechsler. "Pregnancy, Teenagers and the Law, 1976." Family Planning Perspectives Vol. 8, No. 1, Jan/Feb 1976. The Alan Guttmacher Institute, 515 Madison Ave., New York, NY 10022.

Stewart, Karen Robb. "Adolescent Sexuality and Teenage Pregnancy" (Bibliography) State Services Office, Carolina Population Center, The University of North Carolina at Chapel Hill, Chapel Hill, NC.

*Urban and Rural Systems Associates. "Improving Family Planning Services for Teenagers." June 1976. U.R.S.A., Pier 1-1/2, San Francisco, California 94111.

*Zero Population Growth. "Teenage Pregnancy: A Major Problem for Minors." Z.P.G., 1346 Connecticut Ave., N.W., Washington D.C. 20036. Single copies free; 2-9 copies 5¢ each; 10-499, 4¢ each; 500 or more, 3.5¢ each.

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*Enclosed with kit.

NEWSLETTERS AND JOURNALS

Family Planning Perspectives
The Alan Guttmacher Institute, 515 Madison Ave., New York, NY 10022.

Focus on Children and Youth
National Council of Organizations for Children and Youth, 1910 K Street N.W., Washington D.C. 20006.

Getting It Together
Youth and Student Affairs Program, Planned Parenthood Federation Inc. 810 Seventh Avenue, New York, NY 10019. $4.00 a subscription.

Intercom
Population Reference Bureau, Inc. 1754 N St. N.W., Washington D.C. 20036.

Population Reports
Department of Medicine and Public Affairs
The George Washington University, 2001 S St. N.W., Washington D.C. 20009

Pregnant Pause
The Population Institute, 8961 Sunset Boulevard, Los Angeles, California 90069.

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WASHINGTON, D.C. 20520

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