

State Legislative Initiatives That Address The Issue Of Teenage Pregnancy And Parenting



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EXECUTIVE SUMMARY

The United States has the highest rates of teenage pregnancy, birth, and abortion in the Western world.¹ Because teenage pregnancy and parenting have been associated with numerous socioeconomic and health problems, including low educational achievement, unemployment, single parenting, poverty and welfare dependency, pregnancy complications, infant mortality, and child abuse, state legislatures are looking for ways to prevent teenage pregnancy and to minimize the adverse consequences of teenage parenting.

In the summer of 1985, the National Conference of State Legislatures Teenage Pregnancy Project conducted a 50-state survey of state legislative initiatives on the issue of teenage pregnancy and parenting. Results indicate that forty-six bills relating to teenage pregnancy and parenting were introduced in the 1985 session, and thirteen of the bills passed. States with the most enacted legislation on the topic are Connecticut, California, New York, and Michigan.

Legislative initiatives fall under five categories:

- 1) recognition of the problem of teenage pregnancy and parenting, which includes resolutions or legislation requiring the establishment of task forces or special studies;
- 2) prevention of teenage pregnancy, which includes legislation relating to family life education or to contraception accessibility;
- 3) health care during pregnancy, which includes legislation relating to abortion, medical care accessibility, prenatal care programs, and supplemental nutrition programs;
- 4) social services for pregnant or parenting teenagers, which includes legislation establishing programs of alternative education, parenting education, day care, job training, and group residential facilities; and
- 5) comprehensive services, which includes legislation providing for state-level coordination of direct services and case management services for pregnant and parenting adolescents.

The legislative initiatives reflect two public policy strategies. Under the first strategy, the direct approach, teenage pregnancy and parenting are viewed as unique problems requiring specialized services. Under the indirect approach, the needs of pregnant and parenting teenagers are met through services aimed at the general population.

States that adopt the direct approach may develop policy to prevent teenage pregnancy or to provide pregnant and parenting teenagers with the services that they need. Prevention efforts are designed to intervene before the teenager becomes sexually active or before pregnancy occurs. Services are designed to ensure a healthy pregnancy and to assist the teenage mother in becoming independent after childbirth.

A complete public policy strategy may be one that seeks to both prevent teenage pregnancy and to provide pregnant and parenting teenagers with services. Such a strategy emerges from selected state legislative initiatives: sex education or family life education; school-based health clinics; statutes relating to accessibility of contraception, abortion, medical care; and state-level coordination and funding of comprehensive community-based services for pregnant and parenting teenagers.

This report examines these public policy strategies and the legislative initiatives behind these strategies. Sharing state experiences is important in the shaping of public policy related to teenage pregnancy and parenting.

ACKNOWLEDGMENTS

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FOREWORD

This section is part of a presentation made by Connecticut State Representative Mary M. Mushinsky at the NCSL Annual Meeting session "Teenage Pregnancy: Policy Perspectives on the Crisis and the Cost," August 5, 1985.

Connecticut, like many other states, has an epidemic of teenage pregnancy. When we did some statistical checks, we discovered that in Connecticut:

- o 16 percent of pregnancies are among teenagers;
- o 10,000 adolescents get pregnant every year;
- o more than 5,000 of these 10,000 adolescent pregnancies end in abortion;
- o slightly fewer than 5,000 of our teenage pregnancies result in live births; and
- o last year, we had 200 pregnant kids under 14 years old.

So you see, in Connecticut, nearly 50 percent of teenage pregnancies result in live births and 50 percent result in abortions. From live birth records, it looks like the teenage pregnancy rate is declining. The fact is that kids are aborting, and actually, the teen pregnancy rate is worse than ever.

The teenage pregnancy problem in Connecticut is much the same as in the rest of the United States. About 80 percent of these pregnancies are unintended and perhaps 20 percent are intended. About 70 percent of pregnant teenagers are unmarried and about 30 percent are married. Of the 30 percent of teenagers who are married, about one third were already pregnant when they got married. Eighty-five percent of unmarried mothers will be abandoned eventually by the father of the child. Most of the married and unmarried mothers will not finish school, and most will go on AFDC at one time or another. Most will probably also qualify for state Medicaid, which is an expensive program for us in Connecticut.

We did a computer check and found that a full 58 percent of our present Aid to Families with Dependent Children (AFDC) caseload are either currently teenage mothers or had their first child when they were teenagers. We have 21,000 of these young women on our rolls, and they are costing the state \$58,000,000 a year in AFDC benefits, which is more than \$1,000,000 a week.

The issue affects you as a state legislator. If you can do something about teenage pregnancy, you're going to relieve several burdens for yourselves. First, I'm sure you all have a lot of pressure from both sides on the abortion issue in general. Well, abortion is chosen heavily by teenagers. It's really a teenage pregnancy issue and the more you as a legislator can do to prevent these pregnancies, the more likely it is that you will eliminate abortion as an issue.

Second, teenage pregnancy is a heavy burden for taxpayers in your home states and it's a big social problem for your state. Emphasizing that you intend to relieve the taxpayers' burden is a good way of garnering support for what you are trying to do.

In 1984, I passed a bill to set up the Task Force on Education to Prevent Adolescent Pregnancy (Special Act 84-32) and specified who should be on it. In the summer of 1984, I set up the task force. We had pro-life proponents, a Catholic priest, social workers, doctors, staff from Young Parents Programs, teachers, and others on our task force. They were charged with studying the problems and costs of teenage pregnancy and suggesting solutions. It took them six months to work on the issue. In January 1985, they reported statistics and costs, and recommendations came from four subcommittees.

Out of these recommendations, we wrote seven bills which I filed with Representative Norma Cappelletti, who is my Republican cosponsor, and Representative Bob Keeley. Dr. Victor Strasburger of the task force said, 'Yes, these are blunt bills, but we were asked how to cut the teenage pregnancy rate, and this is how to do it.' (See State Legislative Initiatives)

The cost of the entire proposed teenage pregnancy package was \$850,000. If the legislation only prevented 156 of 10,000 annual pregnancies, it would pay for itself. Nevertheless, only one-third of the legislation passed.

In Connecticut, we experienced a lot of policy obstacles when we started working on this issue. We all know the problem is serious and we know that it is not going to go away, but very rarely do you find a consensus on how to tackle it.

The major roadblock is denial. Even though we live in a highly sexually oriented culture, no one wants to admit that teenagers are sexually active. When you start introducing teenage pregnancy bills, the argument you'll get from some of your constituents is 'These kids should not be having sex,' rather than 'How can we prevent these 10,000 pregnancies a year?' It's like watching a house burn down and saying, 'Gee, the people in that house really ought to put in some smoke detectors.' Well, sure they should have, but it's too late now. What you have to do as leaders is focus on reducing the pregnancy rate and don't let yourselves get distracted by the moral issue, which you are not going to be able to solve. You can't personally get all those kids to stop having sex.

I want to encourage you to be pioneers. Help your teenagers and your taxpayers by working to reduce the teenage pregnancy rate in your state. The first thing you have to do is research the problem, get the statistics for your state. They will probably shock you.

The next thing you should do after your research is get your communities involved. Set up a school curriculum committee that is broad-based. Try to involve the people that you're going to hear complaints from later, the people from the different churches and the different organizations. Examine some model programs and school curriculums from other states.

When you draft legislation, remember that at least 80 percent of these pregnancies are accidents and only 20 percent are willful. You will have to write bills that deal with both kinds of situations. You'll have to consider sex education to prevent unintended pregnancy and you'll have to deal with developing career goals and job goals in the kids who intended to get pregnant, and in that way, you tackle both ends of teenage pregnancy

prevention. As far as sex education, be sure to consider the needs of fundamentalist parents who really cannot tolerate it. Give them an escape hatch such as letting them take their kids out of a sex education course if they want to.

Finally, prepare yourself to take some heat. You are going to get some flack for this. Be able to answer your opponents' questions and be ready with the statistics. The news media will rally behind you. They see the numbers; they know that you have a problem. They will help you deal with the public.

The silent majority will support you on what you do even though they may not write letters. The vocal minority will never accept what you're doing and they will give you a lot of trouble. They will say 'Leave sex education to the parents.'

But I'm saying, go ahead anyway and introduce the bills. The dissent eventually goes away, and the people will accept what you're doing and respect you. Then, when your legislative time is finished, I'm sure you'll feel you've accomplished something worthwhile. And years from now, your teenagers will thank you.

INTRODUCTION

State legislators have long been reluctant to intervene in some of the more controversial aspects of family life. Traditionally they have relegated to the private sector much of the responsibility for problems such as teenage pregnancy, which immediately brings to mind the emotionally charged issues of sex education, contraception, and abortion--issues that for many people raise questions of morality, and thus, are difficult to address with legislation.

In recent years, state-level public policymakers have noticed the increasingly high rate of teenage pregnancy in the United States and have acknowledged the link between it and many other social problems. Many have decided that something must be done to prevent teenage pregnancy and to minimize the adverse socioeconomic and health consequences of teenage parenting, and have taken decisive action.

Over the past 10 years, task forces and special committees have been established in many states, and studies have been conducted for legislative use. Moreover, legislation has been introduced, and in a few states adopted, that in some way recognizes the unique problems of teenage pregnancy and parenting and attempts to deal with those problems.

This report examines state legislative initiatives relating to the issue of teenage pregnancy and parenting. It is important to note, however, that this report tracks only initiatives directly related to the problem of teenage pregnancy and parenting. This report does not examine legislation or programs designed to meet related service needs, although such legislation or programs may affect pregnant and parenting teenagers indirectly. For example, all states offer certain services relating to health, family planning, food and nutrition, equal educational opportunities, preschool and day care, welfare and social services, child support enforcement, employment and training, housing, runaway youth, and child abuse and neglect prevention and treatment. Although these services may very well serve pregnant and parenting teenagers, they are not specifically intended for only pregnant and parenting teenagers.²

Chapter I examines the problem of teenage pregnancy and parenting from historical, international, and national perspectives, with particular attention to rates of teenage sexual activity, pregnancy, childbearing, and nonmarital parenting. Chapter II explores the socioeconomic and health consequences of teenage pregnancy and parenting, especially as they relate to education, employment, income, family structure, and maternal/child health.

Chapter III examines state statutes and statutorily based programs directly related to the issues of teenage pregnancy and parenting, with emphasis on activity in the 1985 legislative session. These legislative initiatives are related to recognition of the problem, efforts to prevent teenage pregnancy, efforts to ensure a healthy outcome of pregnancy, and social services for pregnant or parenting teenagers. Chapter IV analyzes strategies for public policy for possible use by legislatures concerned with the problem of teenage pregnancy and parenting.

THE PROBLEM OF TEENAGE PREGNANCY AND PARENTING

A Historical Perspective

In the first half of this century, it was not uncommon for a couple to marry and have children well before they were out of their teenage years. Schooling and vocational training were completed for most people by the mid-to-late teens, and societal norms dictated that young people be ready to assume the responsibilities of family life at a relatively early age. Today, the process of social maturation, that is, the process of preparation for adulthood, has been extended several years so that most young people are not socially, emotionally, or economically ready to accept the responsibilities of parenthood until they are at least in their early twenties.

Meanwhile, the age of physical maturation has remained somewhat stable. Most young women are capable of childbearing by their mid-teens. Thus, the distance between physical and social-emotional maturation has been growing wider over the years. Because many teenage girls are becoming pregnant long before they are prepared socially or emotionally for adulthood, teenage pregnancy today is associated with a plethora of adverse socioeconomic consequences that were not as prevalent in the first part of this century.

An International Perspective

The problem of teenage pregnancy is particularly serious in the United States, which has the dubious distinction of having the highest rates of teenage pregnancy, birth, and abortion in the Western world.³ In 1980, more than one in 10 American girls aged 10 to 19 years became pregnant.⁴ This rate is more than two times higher than that of Canada, England, and France; almost three times higher than that of Sweden; and seven times higher than that of the Netherlands.⁵

The birthrate for American women younger than age 20 in the mid-to-late 1970s was 5.2 percent, or approximately one in 20, a childbearing rate similar to that of Italy.⁶ Childbearing rates in Canada, England and Wales, France, the Netherlands, and Sweden are all under 3.3 percent. It is important to note that "the reason that adolescent birthrates are lower in the (six) other countries than they are in the United States is not more frequent resort to abortion in those countries. Where the birthrate is lower, the abortion rate also tends to be lower."⁷

Of all American white females aged 15-19, 3.8 percent of whites and 6.6 percent of blacks had an abortion in 1980.⁸

A National Perspective

1. Sexual Activity

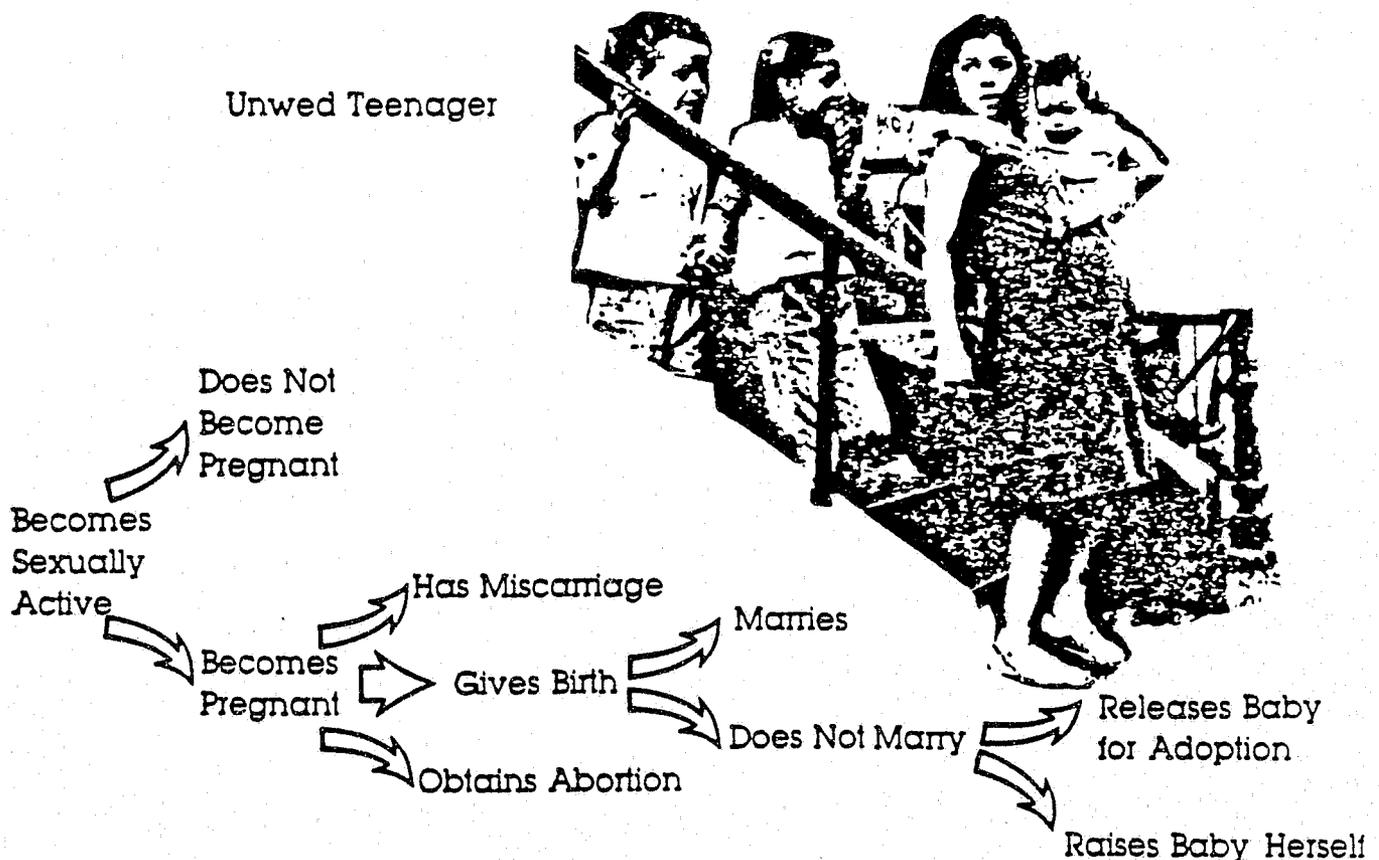
The fact is, sexual activity among unmarried American female teenagers increased 49 percent among whites and 14 percent among blacks between 1971 and 1979.⁹ In 1979, among unmarried 16-year-old girls, one-third of the whites and one-half of the blacks had had sexual intercourse.¹⁰ Over 25 percent of all sexually active teenagers reported in 1979 that they had never used a contraceptive, and nearly 40 percent reported that they used contraceptives sporadically.¹¹ As a result, the number of teenage pregnancies in the United States has risen over the years.

2. Pregnancy

Each year, over one million teenage pregnancies occur, 75 percent of which are unintended.¹² If current trends continue, 40 percent of today's American 14-year-old girls will become pregnant before the age of 20.¹³

When a teenager becomes pregnant, her options are to obtain an abortion or to give birth. Statistics indicate that most choose the latter. In 1980, an estimated 48 percent of pregnant teenagers gave birth, 39 percent obtained an abortion, and 13 percent miscarried.¹⁴ If a teenager chooses to give birth, she must decide whether to marry and legitimize the birth or not to marry. If she decides not to marry, she must choose whether to release the baby for adoption or to raise it herself.

The Process of Teenage Pregnancy and Childbearing



3. Childbearing

Currently, over one-half million babies are born to teenage mothers in the United States each year, a rate of nearly one in seven of all births.¹⁵ In 1980, among females aged 15-19, 4.5 percent of all whites and 9.5 percent of all nonwhites gave birth.¹⁶

States with the highest percentage of births to women under age 20 in 1982 were Mississippi (21.9 percent of all births), Arkansas (20.8 percent), and Kentucky (19.5 percent), a trend which may reflect cultural differences related to early marriage and childbearing in the southern and Appalachian regions. The lowest percentage of teenage births was in Minnesota (8.9 percent) and Massachusetts (9.7 percent).

Nearly half of all teenage births are occurring out-of-wedlock¹⁷ and the numbers are increasing. Only about 7 percent of unmarried teenage mothers aged 15 to 19 release their babies for adoption; 93 percent attempt to raise their babies themselves.¹⁸

4. Nonmarital Parenting

Nonmarital teenage childbearing is a phenomenon primarily of the past two decades. Prior to that time, the majority of pregnant teenage girls married, and for the most part, stayed married, so that even if they weren't socially or emotionally ready for childbearing, they at least had a partner and breadwinner. Having a partner and breadwinner eliminates many of the socioeconomic problems of teenage childbearing, which are most often related to single parenting.

The percentage of nonmarital births to women under age 20 varies from state to state. In 1982, states with the highest percentage of such births were clustered on the eastern seaboard: New Jersey (71.4 percent of all teenage births), New York (69.5 percent), and Maryland (68 percent). States with the lowest percentage of such births were clustered in the Midwest: Utah (27.8 percent), Wyoming (28.8 percent), and Idaho (29.8 percent).¹⁹

These geographical clusters may reflect several factors that may be helpful in fully understanding the problem of nonmarital teenage parenting. First, while black teenagers account for only 28 percent of all adolescent childbearing, they account for 47 percent of all births to unmarried teenagers.²⁰ Thus, states with high black populations may have high rates of nonmarital teenage birth. Second, the eastern seaboard states have a higher percentage of urban populations than the midwestern states. There may be a correlation between geographic areas, corresponding cultural values, and pregnancy resolution strategies. For example, low rates of nonmarital parenting in the Midwest may indicate that nonmarital teenage pregnancy is more often resolved by marriage or abortion in rural states than in urban states. Perhaps the stigma of nonmarital parenting is not as great in urban areas as in rural areas.

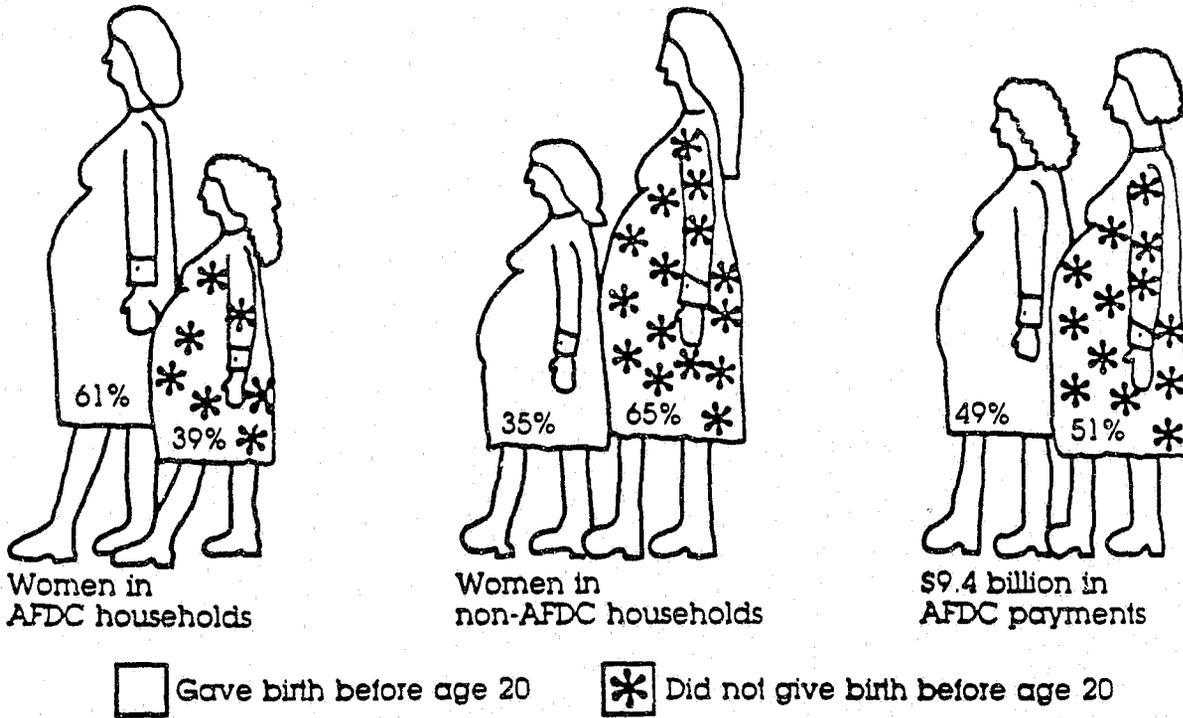
THE CONSEQUENCES OF TEENAGE PREGNANCY AND PARENTING

When a teenager becomes pregnant, her life and the lives of her unborn child, her male partner, and her family can be drastically affected. Teenage pregnancy and parenting has been associated with numerous socioeconomic and health problems, including low educational achievement, unemployment, single parenting, poverty and welfare dependency, pregnancy-related health complications, infant mortality, and child abuse.

Public Assistance

The problem of teenage pregnancy and parenting touches more than just the individuals immediately involved. Society, too, must bear the burden. Over half of the recipients of Aid to Families with Dependent Children are mothers who had their first child as teenagers.²¹ In 1975, state and federal governments spent \$8.6 billion in AFDC cash benefits, Food Stamps and Medicaid services for these AFDC households.²² Moreover, deliveries to adolescents account for 30 percent of all hospital deliveries paid for by Medicaid.²³

Percentage distributions of women in AFDC households and non-AFDC households, by whether they gave birth before age 20, and percentage distribution of \$9.4 billion in AFDC payments, by whether recipients gave birth before age 20, 1975



Statistics The Alan Guttmacher Institute

Education/Employment

Society must bear the burden of teenage pregnancy not only in financial terms (that is, public assistance), but also in terms of lost human potential. The plans and life goals of many young women must go unfulfilled because of unplanned pregnancies.

A study conducted by The Alan Guttmacher Institute in the late 1970s showed that, of the teenagers who had become parents before age 18, only one-half of the women and three-fifths of the men had finished high school by age 29.²⁴ Dropping out of high school has a direct effect on the teenage parents' employment opportunities. "Teenage parents are more likely than those who delay childbearing to have low-status, low-paying jobs or to be unemployed."²⁵ Low-paying jobs or unemployment in turn means that many teenage parents and their children live in poverty.

Family Structure

Problems related to family structure also contribute to the generally low socioeconomic status of teenage parents and of unmarried women who parented in their teenage years. About one-third of teenage females who conceive before marriage and carry the pregnancy to term marry before delivery.²⁶ The outlook for these marriages is not good. Nearly one-half of married women who give birth prior to age 18 are separated or divorced within 15 years, which is a rate three times higher than that of women who first bear children later than age 20.²⁷ Nearly one-quarter of the separations are within five years.²⁸

The high rates of divorce, separation, and out-of-wedlock birth among teenagers mean that many female teenagers are heading single-parent households. A majority of these households are living in poverty: 75 percent of single mothers under age 24 live below the poverty line.²⁹ These mothers generally cannot look to their babies' fathers for financial support. Only one in 10 of the mothers below age 25 ever receives child support payments from the child's father compared with one in four of the older mothers. Those teenage mothers who do receive some child support generally receive less than \$1,500 a year.³⁰

The problem of poverty is exacerbated by the fact that teenage mothers have nearly twice as many children as older women, which means more mouths to feed, more clothes to buy, and more day-to-day expenses.³¹

The children of these women tend to have lower IQs and scholastic achievement scores, and are more likely to repeat at least one school grade.³² Moreover, a cycle of family instability is established, as children of teenage parents tend to become teenage parents themselves.³³

Maternal and Infant Health

Pregnant teenagers and their babies also face many adverse health problems. Statistics from the mid-to-late 1970s indicate that teenage mothers are more likely to die of pregnancy-related health complications

than mothers in their early twenties and are more likely to suffer from pregnancy-related anemia, toxemia, and the complications of premature birth.³⁴ The risks are especially great for black, poor, and very young teenagers³⁵ who are also at very high risk of having low birthweight babies.³⁶

Teenagers as a whole are at a 39 percent greater risk of having a low birthweight baby than women in their early twenties.³⁷ In fact, one-fifth of low birthweight babies born in 1982 were born to mothers under age 20.³⁸ According to The Alan Guttmacher Institute, "low birthweight is a major cause of infant mortality, as well as a host of serious childhood illnesses, birth injuries and neurological defects, including mental retardation,"³⁹ which exact personal, familial, and societal costs.

Many low birthweight births could be prevented and infant mortality rates reduced if teenage mothers were receiving the proper prenatal care.⁴⁰ The fact is, among pregnant teenagers aged 15 to 19, one in seven black mothers and one in 10 white mothers receive little or no prenatal care.⁴¹ The average total cost of caring for a low birthweight baby in a hospital intensive care unit is between \$10,000 and \$15,000, compared with the average cost of a complete prenatal care package of only \$600.⁴²

Adolescent parents are also at a high risk of having mental health problems. Frank G. Bolton, Jr., a noted child abuse investigator, has observed that adolescent parents and child abusers share certain characteristics that create an environment conducive to child maltreatment. These characteristics include low self-esteem, low frustration tolerance, fear of rejection, ignorance of realistic expectations for the child, isolation, lack of information about child care techniques, parenting at a young age, low levels of education, successive birth of children, occurrence of large family sizes, high rates of unemployment, and lower levels of occupation and family income.⁴³

III

STATE LEGISLATIVE INITIATIVES

Many state legislators are concerned about the financial and human costs of a burgeoning pregnant and parenting teenage population. Over the past decade, states have begun to investigate the problem and to attempt to develop effective public policy strategies to deal with it.

Overview of Legislation

Results of the NCSL Teenage Pregnancy Project survey indicate that as of September 1985, legislation specifically related to teenage pregnancy and parenting is on the books in 20 states: California, Connecticut, Delaware, Florida, Illinois, Indiana, Kentucky, Maryland, Michigan, Missouri, Montana, Nevada, New Hampshire, New York, North Carolina, South Carolina, Tennessee, Texas, West Virginia, and Wisconsin. States with the most enacted legislation are Connecticut (5), California (4), New York (4), and Michigan (3).

Forty-six bills were introduced in the 1985 session. States that were the most active in introducing teenage pregnancy and parenting legislation were Connecticut (9), California (4), New Jersey (4), Florida (3), Illinois (3), and Ohio (3). Thirteen bills were passed--in California (3), Connecticut (3), Delaware, Illinois, Montana, Nevada, New Hampshire, North Carolina, and Texas. Thirty-three bills were not passed--in California, Connecticut (6), Florida (3), Georgia, Illinois (2), Indiana, Maine (2), Massachusetts, New Jersey (4), New York, North Carolina, Ohio (3), Oregon, South Dakota, Tennessee, Texas, Vermont, Virginia, and Washington.

Both proposed and enacted legislation is categorized as relating primarily to: 1) recognition of the problem of teenage pregnancy and parenting; 2) prevention of teenage pregnancy, that is, strategies that seek to reach teenagers before sexual activity or pregnancy; 3) health during pregnancy; 4) social services during pregnancy or after childbirth; or 5) comprehensive programs.

The majority of legislation enacted to date relates to health care during pregnancy, particularly parental consent for pregnancy-related health services. Five states--Kentucky, Michigan, Missouri, New Hampshire, and New York--have statutes providing that an unemancipated minor may receive medical services relating to pregnancy and childbirth without parental consent. An equal number of states--Indiana, Missouri, Nevada, Tennessee, and West Virginia--have statutes requiring parental consent or notification before an unemancipated minor can obtain an abortion.

The majority of legislation proposed but not passed in the 1985 session also related to health care, specifically parental consent or notification. Eight states--California, Florida, Georgia, Maine, Ohio, Oregon, Vermont, and Virginia--introduced bills requiring parental consent or notification before a minor can obtain an abortion.

Recognition of the Problem

The first type of legislation is a recognition of the problem of teenage pregnancy and parenting. It includes:

- o resolutions recognizing the problem and urging action to address the problem; and
- o resolutions or legislation providing for the establishment of a task force or special study of the issue.

1. Resolutions

The formal recognition of the problem of teenage pregnancy may be the first step in developing a solution to the problem. In many states, the problem has been identified in the governor's state-of-the-state address or budget message. Another way of bringing the problem to the attention of the public is through a legislative resolution. The South Carolina General Assembly passed such a resolution in 1981, Concurrent Resolution (CR) 488, and Montana passed House Joint Resolution (HJR) 19 (Waldron et al.) in the 1985 legislative session.

The Montana resolution discusses the problem of teenage pregnancy, identifies comprehensive services as a possible solution, and urges the Department of Social and Rehabilitative Services to provide priority referral and placement for such services to young, single, pregnant, and parenting women. The legislature suggests that comprehensive services include prenatal care, counseling for pregnancy options, and parenting skills education.

The South Carolina resolution recognizes the seriousness of the teenage pregnancy problem, urges support of efforts to educate citizens about the costs of teen pregnancy, and seeks to initiate the collection of data on the issue.

2. Task Forces and Legislative Studies

Many state legislatures have found it helpful to initiate an in-depth study of a problem prior to introducing legislation. Task forces and legislative studies enable legislators to gain knowledge of the scope of the problem in the state and to advise the governor and legislature as to possible state policy and program development for addressing the issue.

Nine states--California, Connecticut, Delaware, Florida, Massachusetts, New York, Texas, Washington, and Wisconsin--have legislative task forces or legislative research projects that are examining the problem of teenage pregnancy and parenting. Only Delaware passed legislation in the 1985 session establishing such a task force.

The California Senate Office of Research prepared, at the request of Senators Gary Hart and Dan McCorquodale, a report on adolescent pregnancy in October 1984. The report, entitled "Mom, Dad . . . I'm Pregnant," provides data on teenage pregnancy and childbearing in the state and nation, reviews the circumstances associated with and consequences of adolescent pregnancy and childbearing, and identifies model prevention and comprehensive services

programs. Following the publishing of the report, Senator McCorquodale introduced Senate Bill (SB) 1151, the Adolescent Parent Educational Opportunity Act, which authorizes local school boards to establish educational programs for pregnant and parenting teenagers. The bill passed in the 1985 session (See Social Services for Pregnant or Parenting Teenagers - Alternative Education Programs).

In Connecticut, SA 84-32 established the Task Force on Education to Prevent Adolescent Pregnancy in 1984. Legislators, state agency personnel, and private sector representatives comprised the task force. After examining the problem for four months, the task force issued its final report in February 1985, which included legislative proposals, policy recommendations, and issues identified as requiring further study.

In the year during which Connecticut has had a teenage pregnancy task force, the state has emerged as a leader in legislative initiatives to address the problem of teenage pregnancy and childbearing. During the 1985 session, Connecticut legislators introduced seven pieces of teenage pregnancy-specific legislation, three of which passed: 1) SA 85-103 (Mushinsky et al.), which establishes a teenage pregnancy prevention council of legislators, state agency heads, and representatives from private service agencies that will coordinate pregnancy prevention programs throughout the state (See Comprehensive Services Programs - Coordination of Services); 2) PA 85-458 (Mushinsky et al.), which establishes a program to provide subsidized job training to parents or dependent children under 20 and not attending school (See Social Services - Job Training Programs); and 3) PA 85-539 (Eads, Roche), which establishes a Young Parents Grant Program to assist local boards of education in establishing or maintaining an education program with day care components for parenting students (See Social Services - Alternative Education Programs).

The Delaware General Assembly passed House Resolution (HR) 94 (Maroney) in the 1985 session, which establishes a legislative task force on infant mortality that will study specific issues related to prenatal care and the prevention of infant mortality, including the prevention of teenage pregnancy.

The Florida House of Representatives' Ad Hoc Committee on Children and Youth studied teenage pregnancy and parenthood and issued a report in March 1985. Policy recommendations called for:

- o incentives for local school districts to provide alternative education services;
- o provision of subsidized day care in alternative education programs;
- o development of a curriculum designed to encourage the postponement of sexual activity; and
- o development of a program within a state agency that will coordinate teenage pregnancy and parenting prevention efforts.

Three bills relating to teenage pregnancy and parenting were introduced this session in Florida, making it one of the seven most active states on the issue.

In Massachusetts, the Women's Caucus of state legislators recently formed the Teenage Pregnancy Task Force to examine the problem and make legislative recommendations.

The New York State Temporary Commission to Revise the Social Services Law issued a 1983 report entitled "Teenage Motherhood and Public Dependency: New York State's Response to the Issue of Adolescent Pregnancy." The commission, which continues to study issues related to social services, is comprised of members appointed by the president of the Senate, the speaker of the Assembly, and the governor. In its report, the commission recommended that the Department of Social Services become the centralized authority for programs and case management. As a result of the commission's work, New York Law Ch. 975, the "Teenage Services Act," was passed, creating a case management system to assist pregnant and parenting teenagers that receive public assistance to become financially independent (See Comprehensive Services Programs - Case Management Services).

In Texas, the House of Representatives' Select Committee on Teenage Pregnancy studied teenage pregnancy in 1982 and issued policy recommendations. The recommendations, published October 1, 1982, in "Final Report of the Select Committee on Teenage Pregnancy," called for:

- o the coordination of information and services;
- o the implementation of a program of reproductive and family life education;
- o the provision of accessible and confidential family planning services;
- o special education funds for school-aged parents;
- o insurance coverage for pregnant minors;
- o Medicaid reimbursement for prenatal care;
- o increased counseling and referral services for adoption;
- o allocation of funds for family planning services;
- o the establishment of a committee to study day care needs in the state; and
- o a strong program of child support enforcement.

Having been made aware of the teen pregnancy problem, Texas legislators introduced three pieces of teenage pregnancy legislation in the 1985 session, one which passed. HB 1023 (Madla) establishes a maternal and infant health improvement services program that includes preventive, health, medical, and health education services designed to prevent adolescent pregnancy (See Health During Pregnancy - Prenatal Health Care Programs).

In Washington, the House of Representatives' Office of Program Research issued a report in June 1985 that examines teenage pregnancy trends in the United States and in the state. While no legislative proposals were presented in the report, it is interesting to note that a bill creating a media campaign to reduce teenage pregnancies was introduced in the 1985 session (HB 1174).

The Wisconsin Special Committee on Pregnancy Options has been conducting extensive research on teenage pregnancy and public policy in the 1985 session; legislation will likely be proposed in the 1986 session as a result of the committee's findings. The committee is comprised of state legislators and people from the private sector and was established by the

Legislative Council. Also new in 1985 is the Adolescent Pregnancy Prevention Subcommittee of the Assembly Committee on Children and Human Services, which has not met to date.

Two states--New Jersey (SB 2347, Lipman et al.) and Tennessee (HJR 83, DeBerry et al.)--introduced bills in the 1985 session that would provide for the establishment of a teenage pregnancy task force to study the issue and make policy and program recommendations. The New Jersey bill passed the Senate but not the Assembly. The Tennessee bill passed the House but not the Senate, and may be reintroduced in the 1986 session.

Prevention of Unwanted Teenage Pregnancy

Prevention of unwanted pregnancy is one approach to dealing with the problem of teenage pregnancy and parenting. State legislative initiatives that fall under this category relate primarily to:

- o educational efforts; and
- o family planning efforts.

1. Family Life Education

One legislative approach preventing teenage pregnancy is to establish family life education programs. The intent of this type of legislation is to do one or more of the following:

- o teach young people about the reproductive process and the pitfalls of early parenting;
- o encourage chastity or responsible sexual behavior; and
- o encourage the development of life goals that act as an incentive to postponing parenthood.

No state currently requires family life education by statute.⁴⁴ Three states, however--Illinois, Michigan, and Tennessee--have statutes that encourage or facilitate the offering of family life education.

The Illinois "Sex Education Act" establishes a division of sex education under the State Board of Education and a Sex Education Advisory Board to aid in establishing a sex education program that could be used in the schools.

Under Michigan Comp. Laws Ann. Section 380.1507, school districts may provide instruction in sex education, including family planning, human sexuality, reproductive health, and family life.

Tennessee Senate Joint Resolution (SJR) 138, passed in 1984, advocates the full implementation of comprehensive health and safety education, including family life education, in Tennessee schools and communities.

Bills that relate to establishing a program of reproductive health education or family life education in the public schools were introduced in Connecticut (HB 6902, Mushinsky et al.), Ohio (HB 28, Jones et al.), and Texas (HB 1515, Delco). None of the bills passed. A House joint resolution (HJR 275, Basnight), passed in North Carolina in the 1985 session, requires

the Legislative Research Commission to study the teaching of adolescent sexuality in the public schools, specifically: how and what youth are being taught, what resources are being used and are needed for better delivery of adolescent sexuality education, and what improvements in the program will help to reduce unwanted pregnancies and infant mortality rates.

2. Family Planning

State legislative initiatives in the area of family planning have been limited largely to "parental consent" statutes, with the exception of one New York bill introduced in the 1985 session.

The bill, SB 41-A (Halperin), would require public secondary and state university schools to provide students with information concerning all medically recommended forms of birth control and lists of birth control or family planning clinics, including those nearby. The bill was not passed in early 1985, but may be considered again in late 1985 or 1986.

Parental consent statutes require that an agency or physician obtain parental consent or notify parents prior to dispensing contraceptive pills or devices or providing family planning information to an unemancipated minor. Under common law, minors were considered incapable of giving effective legal consent for their own medical care due to their young age.⁴⁵ Over the years, legislation and court decisions have enabled minors in some jurisdictions to obtain medical care without parental consent. In order to remove any doubt on the part of an attending physician, some states are enacting legislation that clearly defines consent requirements for family planning services, as well as abortion services and pregnancy-related medical care.

For example, Section 381.82 of the Florida Statutes permits the Department of Health and Rehabilitative Services to provide contraceptive information and services to minors when at least one of the following criteria is met: 1) the minor is married; 2) the minor is a parent; 3) the minor is pregnant; 4) the minor has the consent of a parent or legal guardian; or 5) the physician determines that the minor may suffer probable health hazards if the services are not provided.

In three states--California (SB 99, Richardson), Illinois (SB 1114, Kelly-Hudson), and North Carolina (HB 1317, Etheridge)--parental consent legislation relating to family planning services was introduced during the 1985 session. Conversely, two states--Connecticut (HB 6937, Mushinsky et al.) and South Dakota (HB 1204, Wofford et al.) reported the introduction of a "mature minor" statute that enables a minor to receive family planning services without parental consent. None of the bills passed.

3. Other Approaches

One innovative approach to preventing teenage pregnancy is by a campaign of public service announcements that encourage postponement of sexual activity or responsible sexual behavior. These campaigns aim to capture the attention of young people as they watch television, listen to the radio, read magazines, and drive past billboards on the roadways. Illinois, Michigan, and Tennessee have used such campaigns in the context of teenage pregnancy and infant mortality (See Appendix - Nonlegislative Programs).

Washington (HB 1174, Lux) had the only bill introduced this session establishing a teen pregnancy media campaign, and it failed.

Health During Pregnancy

The third major type of legislation pertains to health during pregnancy, specifically:

- o parental consent for abortion services;
- o parental consent for pregnancy-related medical services;
- o prenatal health care programs; and
- o supplemental nutrition programs.

1. Parental Consent Requirements for Abortion Services

In *Bellotti v. Baird*, 61 L. Ed. 2d 797, and in *H. L. v. Matheson*, 67 L. Ed. 2d 388 (1981), the U. S. Supreme Court acknowledged "the existence of important and compelling state interest in protecting minors against their own immaturity, fostering the family structure and preserving it as a viable social unit, and protecting the rights of parents to rear their children in their own household."⁴⁶ In the wake of this decision, state legislatures are introducing and enacting legislation that would require a minor's parent to be notified or give consent prior to enabling an unemancipated minor to obtain an abortion.

The California Legislature expressed its reasons for such a statute in SB 99 (Richardson), which was introduced in the 1985 session.

- "The Legislature finds and declares all of the following:
- 1) immature minors often lack the ability to make fully informed choices that take account of both the immediate and long-range consequences of their acts;
 - 2) the medical, emotional, and psychological consequences of abortion are serious and can be lasting, particularly when the patient is immature;
 - 3) the capacity to become pregnant and the capacity for mature judgment concerning the wisdom of an abortion are not logically related;
 - 4) parents ordinarily possess information essential to a physician's exercise of his or her best medical judgment concerning the child;
 - 5) parents who are aware that their minor daughter has had an abortion may better ensure that she receives adequate medical attention after her abortion. The Legislature further finds that parental consultation is usually desirable and in the best interest of the minor."

The bill failed.

Overall, statutes and bills requiring parental consent or notification before an unemancipated minor can obtain an abortion are the most common type of teenage pregnancy-related legislation. Two states--Indiana (Ind. Code Section 35-1-58.5 through 2.5) and Missouri (Mo. Rev. Stat. Section

188.028) have parental consent statutes; and two states--Tennessee (Tenn. Code Ann. Section 39-4-202 and West Virginia (W. Va. Code Chapter 1, Section 16-2F-1 through 9--have parental notification statutes on their books. Moreover, Nevada passed SB 510 (Rawson) in the 1985 session which requires parental notification.⁴⁷ In the 1985 session, two states--California (SB 99, Richardson) and Maine (HB 387, Carrier, and SB 1113, Hichens)--introduced parental consent legislation, and seven states--Florida (HB 364, Watt et al.), Georgia (HB 310, Smith et al.), Nevada (SB 510, Rawson), Ohio (HB 319, Luebbers), Oregon (SB 409, Hannon et al.), Vermont (SB 126, Manchester), and Virginia (HB 1364, Morrison)--introduced parental notification legislation. Only Nevada's bill passed.

2. Parental Consent Requirements for Pregnancy-Related Medical Services

Three states have statutes that would enable a pregnant unemancipated minor to be treated by a physician for medical conditions related to pregnancy or childbearing without parental consent: Kentucky (Ky. Rev. Stat. Section 214.185), Michigan (PA 153-1984), and New York (New York Law Chapter 976, 1984). South Dakota HB 1204 (Wofford, et al.), introduced and defeated in the 1985 session, would have enabled a minor to receive both pregnancy-related care and contraceptive services without parental consent.

New Hampshire SB 96 (Podles, Gordon) passed in the 1985 session, enables pregnant or parenting teenagers to obtain medical treatment for themselves or their children without parental consent. The Michigan statute also authorizes this. Missouri Revised Statute Section 431.065 enables a minor to authorize medical treatment for his or her child without parental consent.

3. Prenatal Health Care Programs

"Adequate health care is the basis of all effective services for our youngest parents."⁴⁸ Since the health of both the teenage mother and her baby is at risk when prenatal and postpartum health care is inadequate, legislators may want to consider legislation that provides for accessible prenatal and postpartum medical care. Two states--Texas and Connecticut--introduced legislation during the 1985 session establishing health programs specifically related to pregnant teenagers.

Texas HB 1023 (Madia), passed in the 1985 session, establishes a maternal and infant health improvement services program that specifically includes preventive, health, medical, and facility care for adolescents relating to pregnant teenagers and the prevention of teenage pregnancy.

Connecticut HB 6900 (Mushinsky et al.), introduced and defeated in the 1985 session, would have required funding to permit three full-time, school-based health clinics and to establish two more. School-based health clinics, located on school grounds or nearby, provide a wide variety of services, which may include athletic physicals, general health assessments, laboratory and diagnostic screenings, immunizations, first aid and hygiene, family planning counseling and services, prenatal and postpartum care, day care, drug and alcohol abuse programs, nutrition and weight reduction programs, family counseling and others, depending upon the specific health clinic.⁴⁹

In a related vein, Wisconsin Statute Section 632.895-7 requires that insurance coverage for maternity care be extended to the dependent children of policyholders. During the 1985 session, Massachusetts introduced a similar piece of legislation (SB 1037, Backman) that did not pass.

4. Supplemental Nutrition Programs

Prenatal care is poor among adolescents, often because they do not eat well-balanced, nutritional meals. While legislation cannot change teenagers' eating habits, it may help low-income teenagers obtain the food they need and cannot afford. New York Law Chapter 539 addresses this problem by providing for the establishment of an emergency nutrition aid program for low-income, nutritionally deficient pregnant women and adolescents.

SB 1179 (Bergeson), passed in California in 1985, also provides for such a program. It authorizes the state Department of Education to reimburse schools for costs incurred in serving nutritionally adequate meals to pregnant and lactating students, and appropriates \$500,000 from the General Fund for reimbursements.

Social Services for Pregnant or Parenting Teenagers

The fourth type of legislation makes available various social services to teenagers who are pregnant or parenting. There are primarily five service needs addressed by bills or legislation:

- o alternative education programs;
- o parenting education programs;
- o day care programs;
- o job training programs; and
- o group residential facilities.

1. Alternative Education Programs

For years, many school districts discouraged pregnant and parenting teenagers from attending regular high school classes for fear that they would be a bad influence on the other students. Concern about the legality of such practices led to the enactment of Title IX of the 1972 Federal Educational Amendments, which prohibits the exclusion of these students from any programs, courses, or extracurricular activities solely on the basis of pregnancy. Schools are permitted, however, to offer elective, separate-but-equal programs and courses for these students.

Pregnant and parenting teenagers often have a history of poor school attendance, weak academic skills, and little motivation to complete their education. Alternative education programs provide them with a flexible, responsive academic program, often accompanied by day care services. The programs may include parenting education, career counseling, health care and social services referrals, and other support services in addition to the academic program. Four states--California, Connecticut, Michigan, and Wisconsin--reported enacted legislation providing for such a program.

California Code Title 5 Chapter 16 Section 11820-11832, passed in 1982, provided for the establishment of the Pregnant Minors Program. An alternative high school academic program funded through legislative appropriations, it offers an equal educational opportunity to pregnant students. Pregnant students become ineligible for the program shortly after delivery. SB 1151, "The Adolescent Parent Educational Opportunity Act" (McCorquodale et al.), passed in the 1985 session, changes the administration of the program and provides that services include parenting and health education, supplemental nutrition programs, child care and health services, referral services, counseling services, and transportation services. Most important it enables the local school board to determine eligibility requirements for the program and to correct the ineligibility provision of the Pregnant Minors Program, allowing parenting teenagers to receive much-needed services.

The California Legislature also passed, in the 1985 session, HB 55 (Brown et al.), which establishes a Student Parent Education Program. The program will include academic and vocational instruction, parenting education, perinatal instruction and support, health education, nutrition supplement and instruction, transportation, counseling, health care and social services referrals, and care and development services for the children of teenage students.

In 1984, the Connecticut legislature appropriated \$35,000 through SA 84-539 to the Department of Health Services for grants to Young Parents Programs that were operating in seven municipalities. To augment the program, in 1985 the legislature passed PA 85-539, which requires the Department of Education to establish a Young Parents Grant Program to assist local and regional boards of education with establishing or maintaining education programs with day care components for parenting students.

In Michigan, Section 380.1301 of the Michigan Compiled Laws Annotated provides that school districts may have an alternative educational program for pregnant or parenting students and their children. The Department of Education acted on this by creating the Pregnant Persons and School Age Parents Program. Under the 1984 School Aid Act, the legislature appropriated \$660,000 for 1984-85 for teacher salaries in these programs and up to \$300,000 for eight pilot school-age parents' projects. To round out the alternative education programs, the Department of Social Services is required under Mich. Comp. Laws Ann. Chapter 400.1, Section 144, to provide programs, whenever possible in conjunction with the alternative programs, that focus on the special education, training, employment, and social needs of pregnant and parenting teenagers.

The 1983 Wisconsin Act 374 also provides for the establishment of a special education program for pregnant and parenting school-age mothers.

Bills relating to alternative education were introduced in Florida, Ohio, and New Jersey in the 1985 session. In the Florida 1985 session, two bills relating to alternative education were defeated. HB 979 (Weinstock) would have revised the Alternative Education law to include specifically pregnant or married teenagers in statutory language pertaining to alternative education programs. HB 409 (Davis et al.) would have provided funding for day care services for parents attending secondary schools. Nevertheless, the legislature appropriated \$300,000 to the Department of

Education to fund six projects that would provide education programs with day care components for teenage mothers.

Similar legislation introduced in the 1985 session included Ohio HB 372, relating to the establishment of special education programs for pregnant and parenting teenagers; and New Jersey SB 2905, which would require a study of the effectiveness and need for such programs.

2. Parenting Education Programs

Parenting education programs or curricula are designed to provide teenagers with information and skills relating to parenting, including information on child growth and development. Often, parenting education is folded into other health, education, and social services programs serving pregnant and parenting teenagers. The purposes of these programs are usually to minimize parental frustration and possible child abuse, and to maximize optimal development of the child.

California Code Title 5, Article 1, Sections 18140-18144 establishes the School-Age Parenting and Infant Development Program, which provides parenting teenagers with both theoretical and practical instruction in parenting education; supervised infant day care and health care; instruction in child growth and development, family planning, and human sexuality; career counseling; high school academic instruction; and social services. Pregnant teenagers may enroll in the parenting education component of the program, but their educational, health, and social needs are provided for by the Pregnant Minors Program (See Alternative Education Programs).

Also, in 1984, the California Legislature passed SB 3031, which requires the superintendent of public instruction to survey local school districts to determine the extent to which parenting education courses are being offered.

In Illinois, SB 883 (Holmberg) passed in the 1985 session, enabling school districts to provide parenting education instruction in public schools.

3. Day Care Programs

"The lack of adequate child care is the teen parent's single greatest barrier to participation in educational programs."⁵⁰ Most teenage parents, especially teenage girls who are raising their babies alone, cannot afford typical day care services. Connecticut's SA 85-539, passed in the 1985 session, addresses this problem by establishing the Young Parents Grant Program, which will provide local boards of education with the funds to establish or maintain secondary education services for young parents in conjunction with day care services for the students' children.

A similar bill was passed in California in the 1985 session. AB 55 (Brown et al.) establishes Student Parent Education Program that includes a day care component.

In Florida, HB 409 (Davis et al.) failed in the 1985 session but would have required the Department of Education to establish a program whereby matching state funds would be awarded to school districts to provide day care services to adolescent parents enrolled in secondary schools.

4. Job Training Programs

A program of job training may help reduce the numbers of parenting teenagers who are dependent upon AFDC by giving them the means to become financially independent. In Connecticut in the 1985 session, PA 85-458 passed, providing for the establishment of a program to provide subsidized job training to parents or dependent children who are recipients of AFDC, are under 20 years of age, and are no longer attending school. The program will be federally funded. When introduced, the bill also targeted teenagers who are at risk of becoming parents. This provision was defeated, however.

5. Group Residential Facilities

Residential maternity homes provide pregnant and sometimes parenting teenagers with comprehensive services in a residential, supportive atmosphere. In 1980, Connecticut passed SA 80-54 that established a commission to evaluate the need for such shelter homes for unwed pregnant women and girls and unwed mothers.

During the 1985 session, New Jersey introduced two bills relating to group residences, both of which failed. SB 2902 (Lombardi) would have established a group residence pilot program for unwed pregnant and parenting girls, while SB 2903 would have established a New Jersey Maternity Residence Study Commission to determine the need for and feasibility of a group residence home.

Comprehensive Services Programs

Comprehensive services programs provide a multitude of health, educational, social, psychological, and financial services to pregnant and parenting teenagers. One way to ensure that comprehensive services are available to teens is to have a centralized office, agency or council administrate a grant program for comprehensive services providers, and/or to have the office, agency, or council coordinate service provision. Once comprehensive services are available, it is important that teens be directed to the services they need. Case management services ensure that teens have access to comprehensive services.

1. Coordination of Services

Connecticut, Maryland, and New York reported teenage pregnancy legislation that seeks to prevent pregnancy and/or deal with the consequences of adolescent parenting through state-level coordination and funding of comprehensive services programs.

In Connecticut, SA 85-103 (Mushinsky et al.) passed in the 1985 session, providing for the establishment of a teenage pregnancy prevention council of legislators, state agency heads, and representatives from private service agencies that will together coordinate pregnancy prevention programs throughout the state.

The Maryland Single Parent Services Program (Md. Ann. Code Article 6 Sections 101-103), administered by the Department of Human Resources,

provides specialized services to unmarried youth who are pregnant, parenting, or at risk of early or unplanned parenthood. Services include counseling, family planning counseling, case management services (referrals to other agencies for prenatal care, adoption, child support, employment/training, and health care services), and support services such as day care, aide service, or maternity home care.

The New York "Adolescent Pregnancy Prevention and Services Act of 1984" (New York Law Chapter 974 Article 8-A Section 465) authorizes the Department of Social Services, in cooperation with the Council of Children and Families, to receive and approve for funding comprehensive services plans submitted by not-for-profit agencies or county or municipal governments. These comprehensive plans would include, but not be limited to, vocational and educational counseling, job skills training, family life and parenting education, life skills development, coordination, case management, primary preventive health care, family planning, social and recreational programs, child care, outreach and advocacy, follow-up, crisis intervention, and efforts to stimulate community interest and involvement. Five million dollars were appropriated to the program in FY 1984-85. By April 1985, 22 organizations had been selected to receive \$750,000 for primary prevention demonstration projects and outreach, training, and public awareness projects. Twenty-three applications for the \$4 million Community Project Award are being considered for the final awards in that category.

Illinois legislation similar to the New York act was introduced during the 1985 session but failed. SB 1383 (Smith-Dawson), the "Adolescent Pregnancy Prevention Services Act," would have created an Advisory Council on Children and Families and would have established a grant program for community-based teenage pregnancy projects. SB 499 (Gery-Michael), introduced in Indiana, and HB 6936 (Mushinsky et al.), introduced in Connecticut, would have established similar grant programs but were defeated.

2. Case Management Services

Programs that provide case management services help link pregnant and parenting teenagers with the multitude of social and health services that they need through referrals to agencies and programs.

New York's "Teenage Services Act" (New York Law Chapter 975, Title 4-B, Section 409) provides for the establishment of a service case management system that will help pregnant, parenting, and at-risk youth gain access to the services they need to help them become financially independent, including educational services, vocational counseling, and family support services. Twenty-three teenage pregnancy projects were awarded \$1.4 million in grant money in January 1985 to provide the case management services.

These projects include life skills training programs for young adolescents at risk of early or unintentional pregnancy; self-sufficiency programs, which provide employment-related services, child care training, and remedial education; and planning projects to enhance existing prevention services by increasing their availability in high-risk areas. One program, a cooperative effort of the state Department of Labor and the Albany Urban League, will provide self-sufficiency services for adolescent fathers who are unemployed.

Connecticut HB 6230 (Mushinsky), defeated in the 1985 session, would have established a similar case management services grant program.

IV

PUBLIC POLICY STRATEGIES

Public policy strategies for the issue of teenage pregnancy and parenting look at the problem from two perspectives. First, the direct approach specifies that teenage pregnancy and parenting is an unique problem requiring specialized services; and second, the indirect approach asserts that the needs of pregnant and parenting teenagers can be met through services aimed at the general population.

Policy development under the direct approach may take two tracks. The first track is a strategy aimed primarily at preventing teenage pregnancy. These initiatives target adolescents before pregnancy occurs in an effort to educate them about sexuality and the responsibilities of childbearing. The second track is a strategy that targets the pregnant or parenting adolescent and is designed to assist her or him in adjusting to parenting.

Policy development may incorporate the above strategies, but rather than taking a specialized approach, it may rely on related services to accomplish these goals. Under the indirect approach, the issue of teenage pregnancy and parenting is addressed in the context of programs dealing with issues such as child support enforcement, maternal and child health, employment and job training, special education, AFDC, and child abuse prevention. Effective case management techniques ensure that pregnant and parenting teenagers are aware of and receive the services they need.

Many of the states that did not report the existence of specialized teenage pregnancy and parenting programs deal with the problem through related services. Other states have established specialized programs (See Appendix - Nonlegislative Programs) and have incorporated related services programs as well.

This section focuses on public policy strategies that directly address the problem of teenage pregnancy and parenting. These strategies recognize that teenage pregnancy and childbearing is a process: 1) teenager becomes sexually active; 2) the teenager becomes pregnant; 3) the teenager chooses either to abort or give birth; and 4) the teenager keeps the baby, often becoming welfare dependent, or releases the baby for adoption. As Moore and Burt describe in Private Crisis, Public Cost,⁵¹ each of these four stages in the process can be considered as possible intervention points for direct public policy.

Current state legislation dealing with the issue of teenage pregnancy and parenting is geared primarily toward the final stages of the process. The majority of states that have acted on the issue have sought to ensure the health of the pregnant teenager and to provide her with services once she delivers. While this strategy may be effective in alleviating some of the negative health and economic consequences of the problem, it does not tackle the core issue: prevention.

Legislators may want to consider developing intervention strategies for each stage of the process, strategies that seek both to prevent teenage pregnancy and to alleviate the negative consequences of teenage parenting.

A complete intervention strategy, as reflected in selected state legislative initiatives, might include sex or family life education, which addresses stages 1 and 2; school-based health clinics, which address stages 2 and 3; statutes relating to the availability of contraception, abortion services, and medical care, addressing stages 2 and 3; and a state-level coordination and funding of comprehensive community-based services for pregnant and parenting teenagers, focusing on stages 3 and 4.

In developing intervention strategies, it is important to consider first that intervention is easier and less costly, in both financial and human terms, early in the process. Second, in order for the strategy to be effective, issues of availability and accessibility⁵² must be resolved--that is, the service or program must be offered to the teenager in the first place, and it must be fairly convenient, or else it may not be used.

Sex/Family Life Education

Connecticut's Task Force on Education to Prevent Adolescent Pregnancy found

"that family life education is effective in producing a substantial increase in knowledge, a positive impact on attitudes toward sexuality, and enhanced self-esteem and ability to relate to others . . . It has a positive effect on the use of birth control and in reducing unintended pregnancy, decreases the rate of venereal disease, and does not produce an increase in sexual experimentation or corruption of morals. Further results include increased positive and realistic attitudes toward marriage and childbearing, and increased parent-child interaction."⁵³

As a result, the task force recommended a mandated family life education program for grades kindergarten through 12 and the establishment of Community Advisory Councils for curriculum development and mandated in-service teacher training.

The fact is that "many teenagers get pregnant because they lack basic information about human reproduction, think they are too young to get pregnant, or that they don't have intercourse often enough, or that it is the wrong time of the month for pregnancy to occur."⁵⁴ The reason for this lack of information may be related to the fact that most parents do not discuss sexuality with their children.⁵⁵ Encouraging the postponement of teenage sexual activity or preventing teenage pregnancy by offering sex or family life education in the schools may make important information accessible to teenagers who might not have another means of obtaining that information.

Legislators who are considering legislation on sex/family life education and are concerned about the controversy surrounding the issue may be interested in the results of a 1981 NBC/Associated Press poll, which indicates that 75 percent of adults approve of sex education in the schools.⁵⁶ Moreover, studies have shown that less than 1 percent of parents refuses to allow their teenagers to attend sex education classes.⁵⁷

One possible way to increase parent-child communication on issues of sexuality and to allay parents' fears about making family life education available to adolescents is to involve parents in the development of the curriculum, as suggested by the Connecticut task force, and to encourage parents' attendance at the class itself.

One alternative to family life education is a program that helps teenagers develop problem-solving skills and the ability to consider life's options. This type of program may prove effective in enabling teenagers to postpone sexual activity or avoid pregnancy.⁵⁸ These programs teach teenagers to develop and work toward goals, to be aware of alternatives, and to anticipate the consequences of their actions (See Appendix - Nonlegislative Programs). General problem-solving skills can be applied to sexual decision-making.

School-Based Health Clinics

To increase the accessibility of family planning services, prenatal care and other health services to teenagers, school districts in at least 11 states--California, Connecticut, Illinois, Indiana, Minnesota, Mississippi, Michigan, Missouri, New Mexico, Ohio, and Texas--have sanctioned the opening of health clinics in or near public high schools. Minnesota's school-based health clinics reported a 50 percent decrease in teenage childbearing over an eight-year period at the schools with health clinics (See Appendix - Nonlegislative Programs).

Connecticut's task force, in its legislative policy recommendation, advised the establishment of full-time, school-based health clinics, finding that

"school-based health clinics are a demonstrated means of providing comprehensive medical, educational, and counseling services. These clinics provide total medical services to students, not just services related to the prevention of pregnancies and pre- and post-natal care. In terms of the adolescent pregnancy problem, the goals of such clinics are the prevention of adolescent pregnancies, reduction of second pregnancies, reduction of obstetrical complications, and improvement of the health of the infant and mother."⁵⁹

Teenagers who find it difficult or inconvenient to obtain contraceptives may choose to be sexually active without contraceptives. By the same token, teenagers who find it difficult or inconvenient to obtain prenatal care may postpone such care or neglect to undergo regular prenatal check-ups.

Parental Consent and Mature Minor Statutes

Many state legislatures are encouraging parental involvement in adolescent sexuality decision making by means of parental consent or notification statutes. These statutes require that a parent be notified or grant consent prior to the provision of one or more of the following services: contraception, abortion, or pregnancy-related medical care.

As discussed in Chapter III, parental consent and notification requirements are designed to protect minors against their own immature decision-making and to protect the rights of parents to raise their children as they wish. It is also thought by proponents of such statutes that parental consent and notification statutes may increase parent-child communication on sexuality issues and enable a parent to be aware of potential emotional or health problems in the minor so that corrective action can be taken.

Legislators also may want to consider the restrictive effects that parental consent or notification statutes may have on the availability of contraceptives, abortion services, and prenatal care for sexually active or pregnant teenagers, and the effect that such barriers may have on rates of teenage pregnancy and childbearing.

An intervention strategy that includes mature minor statutes, statutes that enable a minor to obtain reproductive health services without parental consent, may improve the availability of such health services and have a corresponding positive impact on teenage pregnancy and childbearing rates.

Comprehensive Community-Based Services

The final stage for public policy intervention is after a teenager has given birth. At this point, if the teenager keeps her baby--and most do--she will require a multitude of health, social, and economic services.

For pregnant and parenting teenagers who can be encouraged to attend school, providing comprehensive services within an educational setting--the alternative school--may be the answer (See Social Services - Alternative Education Programs). For other teenagers, a case management system operated out of a hospital or social services office may ensure that they get the services they need (See Comprehensive Services - Case Management Services).

Legislators may want to consider the state's role in the provision of services as a state-level coordinator and funder of community-based comprehensive services. New York and several other states have had success with this approach (See Comprehensive Services - Coordination of Services and Appendix - Nonlegislative Programs - Illinois). In addition to providing services to parenting teenagers, these local programs also could assist with strategies aimed at the prevention of teenage pregnancy and the healthy resolution of pregnancy.

Legislators may want to consider incorporating the following components into any comprehensive services system:

- o Educational/Vocational Services
school continuation
parenting education
job training/career counseling
- o Health Services
family planning counseling
prenatal and postpartum medical care
nutritional counseling

- o Psychological Services
counseling, both peer and professional
support groups
role model interaction
- o Case Management Services
outreach
referrals
follow-up, home visits
- o Other Services
social activities
child care services
transportation services

Summary

A public policy strategy that uses specialized programs to 1) encourage the postponement of teenage sexual activity and prevent pregnancy; 2) lead the teenager to a healthy resolution of that pregnancy; and 3) provide special services to the parenting teenager may be an effective approach to dealing with both the problem of teenage pregnancy and the consequences of teenage pregnancy and childbearing. If the specialized programs are offered in addition to related services, comprehensive service delivery may result.

CONCLUSION

Increasingly, state legislators are becoming aware of the human and financial costs of teenage pregnancy and parenting. Over the past decade, increased rates of sexual activity among teenagers have led to increased numbers of pregnant teenagers. Teenage childbearing and parenting, particularly phenomenal numbers of nonmarital parenting, have placed an immense burden on state health and social services systems and have drastically reduced the life options of vast numbers of teenagers.

Various task forces have proposed public policy relating to the problem of teenage pregnancy and parenting, some of which has been adopted and implemented. These public policy strategies are aimed at both preventing teenage pregnancy and addressing the health and social services needs of pregnant and parenting teenagers. While many states use existing service systems to achieve these goals, a growing number of state legislatures are creating programs and services that recognize that the problems and needs of pregnant and parenting teenagers are unique and merit special attention.

While the problem of teenage pregnancy and parenting is an old one, the solutions are still fairly new. Many state legislators are interested in innovative public policy strategies being implemented by other state legislatures. They are also interested in knowing more about executive- and administrative-branch initiatives, the success rates of the various programs being adopted, the impact of federal legislation on state and local programs, the legislature's role as an appropriator of funds, and the relationship between teenage pregnancy and infant mortality prevention efforts. As state legislatures share their knowledge and experiences, public policy strategies will undoubtedly emerge that will help to prevent the problem of teenage pregnancy and to minimize the adverse consequences of teenage parenting for teenage mothers, their babies, and society.

APPENDICES

A. CHARTS

**PREGNANCIES TO POPULATION OF FEMALES AGED 15-19 BY BIRTH, ESTIMATED
MISCARRIAGE, AND ABORTION RATES PER 1,000 BY STATE, 1980, IN ALPHABETICAL ORDER**

	Pregnancies	Estimated Miscarriages	Abortions	Births
U.S. Total	110	15	42	53
Alabama	117	17	32	68
Alaska	124	18	42	64
Arizona	123	18	40	65
Arkansas	117	17	25	75
California	140	16	69	53
Colorado	113	14	49	50
Connecticut	80	9	40	31
Delaware	105	14	40	51
Florida	131	17	55	59
Georgia	131	19	40	72
Hawaii	105	13	41	51
Idaho	96	14	23	59
Illinois	100	14	30	56
Indiana	102	15	30	57
Iowa	77	11	23	43
Kansas	101	14	30	57
Kentucky	111	17	22	72
Louisiana	118	18	24	76
Maine	87	13	27	47
Maryland	122	15	64	43
Massachusetts	85	10	47	28
Michigan	102	13	44	45
Minnesota	77	11	31	35
Mississippi	125	19	22	84
Missouri	106	15	33	58
Montana	93	13	32	48
Nebraska	80	11	24	45
Nevada	144	18	67	59
New Hampshire	81	10	37	34
New Jersey	96	13	48	35
New Mexico	126	18	36	72
New York	100	12	53	35
North Carolina	110	15	37	58
North Dakota	75	11	22	42
Ohio	101	14	35	52
Oklahoma	119	17	27	75
Oregon	118	15	52	51
Pennsylvania	90	11	38	41
Rhode Island	83	11	39	33
South Carolina	114	16	33	65
South Dakota	86	12	21	53
Tennessee	113	16	33	64
Texas	137	20	43	74
Utah	95	15	15	65
Vermont	94	12	43	39
Virginia	107	14	45	48
Washington	122	15	60	47
West Virginia	103	15	20	68
Wisconsin	85	11	34	40
Wyoming	127	19	29	79

Source: The Alan Guttmacher Institute

B. BILLS AND ACTS OF THE 1984-85 LEGISLATIVE SESSION

CALIFORNIA

AB 55 Brown et al. passed

Establishes a Student Parent Education Program, which includes academic instruction, parenting education, perinatal instruction and support, health education, nutrition supplement and instruction, transportation services, counseling services, child care and child development services.

SB 99 Richardson died

Would require parental consent before an unemancipated minor can be prescribed contraceptives or can obtain an abortion.

SB 1151 McCorquodale et al. passed

"Adolescent Parent Educational Opportunity Act"-- authorizes local school boards to establish adolescent parent educational opportunity programs for pregnant or parenting minors.

SB 1179 Bergeson passed

Requires that pregnant or lactating students be eligible for nutrition program supplements.

CONNECTICUT

HB 6230 Savage-Johnson died

Would establish a program to provide grants to community agencies for case management services for adolescent parents; includes an appropriation.

HB 6900 Mushinsky, Cappelletti, Keeley died

Would provide for funding to expand three existing school-based health clinics.

HB 6902 Mushinsky, Cappelletti, Keeley died

Would establish a program of family life education.

HB 6913 Osler died

Would provide financial incentives to local and regional boards of education to establish programs in family life education and would ensure that such programs have community input in development.

HB 6936 Mushinsky, Cappelletti, Keeley died

Would establish within the Dept. of Health Services an adolescent pregnancy prevention program to provide grants to any municipality, private nonprofit agency, or community coordination agency for the establishment of adolescent pregnancy prevention programs.

HB 6937 Mushinsky, Cappelletti, Keeley died

Would provide that a minor may consent to and receive pregnancy prevention services without parental consent.

SA 85-103 Mushinsky, Cappelletti, Keeley, Stolberg (HB 6938) passed

Establishes a teenage pregnancy prevention council.

PA 85-458 Mushinsky, Cappelletti, Kelley (HB 6931) passed

Establishes a program to provide subsidized job training to parents or dependent children under 20 and not attending school who receive AFDC.

PA 85-539 Eads, Roche (SB 802) passed

Establishes a Young Parents Grant Program to assist local boards of education with establishment or maintenance of education programs with day care components for parenting students.

DELAWARE

HR 94 Maroney passed

Establishes a legislative task force on infant mortality that will address, among other things, the issue of adolescent pregnancy prevention and possible programs.

FLORIDA

HB 364 Watt et al. died
SB 524 died

Would require parental notification before an abortion can be performed on an unemancipated minor.

HB 409 Davis et al. died

Would require the Dept. of Education to establish a program whereby matching state funds would be provided to school districts to provide day care

services to adolescent parents who are enrolled in secondary schools.

CS/HB 979 Weinstock died

Would provide that alternative educational programs include educational programs designed to meet the special needs and interests of students who are pregnant, married, or parenting.

GEORGIA

HB 130 Smith et al. died

Would require parental notification before an abortion can be performed on an unemancipated minor.

ILLINOIS

SB 883 Holmberg passed

Provides that school districts may offer parenting education instruction.

SB 1114 Kelly-Hudson died

Would require parental notification before an unemancipated minor can obtain contraceptives.

SB 1383 Smith-Dawson died

"Adolescent Pregnancy Prevention Act"--Would create an Advisory Council on Children and Families and establish a grant program for community-based teenage pregnancy projects.

INDIANA

SB 499 Gery-Michael died

Would establish a grant program to provide services to pregnant and parenting adolescents.

MAINE

HB 387 Carrier died

SB 1113 Hichens died

Would require parental consent before an abortion can be performed on an unemancipated minor.

MASSACHUSETTS

SB 1037 Backman died

Would require that insurance policies and employee's health benefits include coverage for a dependent's pregnancy, childbirth and related medical conditions.

MONTANA

HJR 19 Waldron et al. passed

Urges the Dept. of Social and Rehabilitative Services to provide priority placement and referral services for pregnant teenagers.

NEVADA	SB 510 Rawson	passed
	Requires parental notification before an abortion can be performed on an unemancipated minor.	
NEW HAMPSHIRE	Ch. 681, Stat. of Nev. 1985 SB 96 Podles, Gordon	passed
	Enables pregnant and parenting teenagers to give effective consent for medical treatment for themselves or their children.	
NEW JERSEY	SB 347 Lipman, et al.	died
	Would establish an adolescent pregnancy task force.	
	SB 2902 Lombardi	died
	Would establish a group residence pilot program for unmarried pregnant and parenting teenage girls.	
	SB 2903 Lombardi	died
	Would establish the New Jersey Maternity Residence Study Commission to determine the need for and feasibility of a group residence home for unmarried pregnant and parenting teenage girls.	
	SB 2905 Rolison	died
	Would direct the Dept. of Education to study alternative education programs to determine their effectiveness and whether there is a need for additional alternative education programs.	
NEW YORK	SB 41-A Halperin	died
	Would require public secondary and post-secondary schools to provide students with information relating to birth control and family planning clinics.	
NORTH CAROLINA	HB 1317 Etheridge	died
	Would require parental notification if a minor receives contraceptives.	
	HJR 275 Basnight	passed
	Authorizes the Legislative Research Commission to study the teaching of adolescent sexuality in the schools.	

OHIO	HB 28 Jones et al.	died
	Would require that schools teach health education, including venereal disease education.	
	HB 319 Luebbers et al.	died
	Would require parental notificaton before an abortion can be performed on an unemancipated minor.	
	HB 372 Sheerer et al.	died
	Would require the State Board of Education to develop educational programs for pregnant and parenting teenagers.	
OREGON	SB 409 Hannon et al.	died
	Would require parental notification before an abortion can be performed on an unemancipated minor.	
SOUTH DAKOTA	HB 1204 Wofford et al.	died
	Would enable minors to obtain medical treatment, including contraceptives and pregnancy-related care, without parental consent.	
TENNESSEE	HJR 83 DeBerry et al.	died
	Would establish a special legislative task force to study teenage pregnancy and to make program recommendations.	
TEXAS	HB 1023 Madla	passed
	Establishes a maternal and infant health improvement services program that includes preventive, health, medical, and health education services designed to prevent adolescent pregnancy.	
	HB 1515 Delco	died
	Requires the State Board of Education to include reproduction and family life education in health education classes.	
VERMONT	SB 126 Manchester	died
	Would require parental notification before an abortion can be performed on an unemancipated minor.	

VIRGINIA

HB 1364 Morrison

died

Would require parental consent before an abortion
can be performed on an unemancipated minor.

WASHINGTON

HB 1174 Lux

died

Would establish a media campaign aimed at reducing
the rate of teenage pregnancy.

C. NONLEGISLATIVE TASK FORCES

The following task forces related to teenage pregnancy and parenting are not statutorily based, nor were they informally formed by the legislature. Thus, they are considered executive or administrative initiatives. In some cases, however, legislators participate on these executive- or administrative-branch task forces.

COLORADO

Title: Teen Pregnancy and Parenting Task Force
Structure: Interdepartmental membership; Department of Social Services is the lead agency
Authorization: Established at governor's request
Policy: No legislative recommendations to date

FLORIDA

Title: Florida Task Force on Alternative Education
Authorization: Established at governor's request
Policy: Teen pregnancy policy recommendations published in "Alternative Education: Excellence Through Choice: A Report to the Legislature," March 1985

Title: Teenage Pregnancy Prevention Task Force
Structure: Interdepartmental membership; Department of Health and Rehabilitative Services is the lead agency
Authorization: Established by administrative order
Policy: Policy recommendations due to be published in January 1986

ILLINOIS

Title: Equal Educational Opportunity Task Force
Structure: State Board of Education membership
Authorization: Established by administrative order
Policy: No policy recommendations to date

Title: Governor's Statewide Task Force on Adolescent Parent Support Services
Structure: Interdepartmental membership
Authorization: Established at governor's request in 1982
Policy: Comprehensive policy recommendations implemented in "Parents Too Soon" project

Title: Parents Too Soon Interagency Task Force
Structure: Interdepartmental membership
Authorization: Established at governor's request

MARYLAND

Title: Governor's Task Force on Teenage Pregnancy
Structure: Appointed membership
Authorization: Established at governor's request
Policy: Report due to be published Fall 1985

Title: Interdepartmental Committee on Teenage Pregnancy and Parenting in Maryland
Structure: Interdepartmental membership; Department of Education is the lead agency
Authorization: Established by administrative order
Policy: No policy recommendations to date

MICHIGAN

Title: Adolescent Parenting Task Force
Structure: Membership represents the legislature, state agencies, private organizations
Authorization: Established at governor's request
Policy: Report due to be published in late 1985

MISSISSIPPI

Title: Adolescent Pregnancy Task Force
Structure: Membership represents state agencies, private organizations
Authorization: Established as part of Governor's Commission on Children and Youth

NEW JERSEY

Title: Teenage Pregnancy Task Force
Structure: Interdepartmental membership
Authorization: Established by administrative order

NEW YORK

Title: Governor's Task Force on Teenage Pregnancy
Structure: Membership represents the legislature, state agencies, private organizations
Authorization: Established at governor's request
Policy: Task force agenda published in "Setting Directions: Initial Report of the Governor's Task Force on Adolescent Pregnancy," February 1985

NORTH CAROLINA

Title: Statewide Coalition on Adolescent Pregnancy
Structure: Membership represents state agencies and private organizations

NORTH DAKOTA

Title: Council on Problem Pregnancy
Structure: Membership represents the state legislature, state agencies, private organizations

OREGON

Title: Oregon Teenage Pregnancy Task Force
Structure: Membership represents state agencies, private organizations

TENNESSEE

Title: Committee on Adolescent Pregnancy
Structure: Membership represents state agencies, private organizations
Policy: Many policy recommendations implemented; include passage of SJR 138 (1984) encouraging local school systems to include family life education in their curricula (See Prevention of Unwanted Teenage Pregnancy - Family Life Education)

Title: Governor's Healthy Children Task Force
Structure: Membership represents five state departments and agencies
Authorization: Established as outgrowth of Governor's Task Force on Mental Retardation Prevention
Policy: Policy recommendations of original task force implemented; include provision of prenatal care services statewide; passage of SJR 138 (1984) encouraging local school systems to include family life education in their curricula; as well as other programs relating to child health.

VIRGINIA

Title: School-Age Parents Committee
Structure: Established as advisory group to the Division of Children
Policy: Has disseminated teenage pregnancy information, sponsored a statewide media campaign, promoted family life education, sponsored a conference on teenage fathers

WEST VIRGINIA

Title: State Task Force on Adolescent Pregnancy and Parenting
Structure: Membership represents state agencies, school systems, health agencies, private organizations
Policy: Has issued policy recommendations

WISCONSIN

Title: Special Committee on Pregnancy Options
Structure: Membership represents the state legislature, private organizations
Authorization: Established by Legislative Council
Policy: Has issued a series of information memoranda exploring policy options

D. NONLEGISLATIVE PROGRAMS

The following projects and programs related to teenage pregnancy and parenting are not statutorily based, but executive, administrative, or public/private ventures. Many of these programs, however, receive some state funding, so that while they may not be a legislative initiative per se, they have received legislative sanction.

ALABAMA

Title: Teen-PEP (Parents Encouraging Parents)
Contact: Administered by Department of Pensions and Security,
(205) 847-2204
Purpose: Designed to prevent child abuse by parenting
teenagers through parenting education and referrals
Funding: Approximately \$5,000 in Children's Trust Fund money
from state legislature

ARKANSAS

Title: Teen Parenting Program
Contact: The Parent Center, (501) 372-6890
Purpose: Offers school-based alternative high school education
to pregnant teenagers, along with specialized health and
social services
Funding: \$16,500 in state monies in 1985-86, as well as
federal and private monies

CALIFORNIA

Title: Teenage Pregnancy Project (TAPP)
Contact: San Francisco Family Service Agency and the Unified
School District of San Francisco
Purpose: Uses case management techniques to offer pregnant and
parenting adolescents comprehensive services that can
include pregnancy testing; preventive health care
services; nutrition guidance; counseling; pediatric,
mental health, and family planning referrals; venereal
disease screening; educational, social, and child care
services; and maternity homes. TAPP also has services
aimed at encouraging young fathers to accept their family
responsibilities and develop their effectiveness as
parents. Services are delivered in conjunction with
the Pregnant Minors Program (See Social Services -
Alternative Education Programs). The program reportedly
has reduced the high school dropout rate, increased the
school enrollment and high school graduation rates, and
reduced the expected incidence rates for low birthweight
babies and repeat pregnancies.
Funding: Federal, state, and private monies

Title: Adolescent Family Life Program
Contact: Department of Health Services, (916) 322-6587
Purpose: Seeks to assure that pregnant adolescents receive comprehensive, continuous prenatal care in order to deliver healthier babies; to establish networks within regions to provide necessary services including medical care, psychological and nutritional counseling, academic and vocational programs, and day care; to provide a case manager for each family unit; to develop an adolescent life options program (primary pregnancy prevention); and to develop a data base to measure outcomes of adolescent pregnancies
Funding: Received \$5,000,000 in state appropriations in 1985-86

CONNECTICUT

Title: Adolescent Pregnancy Prevention and Services Program
Contact: Department of Health Services, (203) 566-2279
Purpose: Provides health care, social services, parenting education, and educational and vocational counseling
Funding: \$166,683 in federal Maternal and Child Health block grants in 1983-84

DELAWARE

Title: Delaware Adolescent Pregnancy Initiative
Contact: Department of Public Instruction
Purpose: Provides alternative education in conjunction with prenatal care and day care services
Funding: \$300,000 a year in state appropriations

FLORIDA

Title: The Bridge
Contact: Family Health Services, Inc., (904) 354-7799
Purpose: Offers comprehensive services to the broader adolescent population (clinical health services; substance abuse, psychological, job, educational, nutritional, and peer support counseling; referrals; and classes on various topics of interest to teenagers)
Funding: Some state funding through Department of Health and Rehabilitative Services, as well as private monies

Title: Delta Sigma Theta Sorority ("Apple-P")
Contact: Department of Health and Rehabilitative Services, (904) 487-2705
Purpose: Seeks to prevent teenage pregnancy through adolescent sexuality workshops, training sessions on postponing sexual involvement, peer counseling, pregnancy counseling, family planning counseling, and referrals. Also seeks to improve parent-teenager communication.
Funding: Some state funding through Department of Health and Rehabilitative Services

GEORGIA

Title: Perinatal Program
Contact: Department of Human Resources, Division of Public Health,
(404) 656-6353
Purpose: Provides teen peer counseling services, which involves
training teenagers in health and sexuality issues and
using them as resources for other teenagers
Funding: Federal and state monies

Title: Postponing Sexual Involvement Program
Contact: Grady Hospital, (404) 588-4204
Purpose: Seeks to prevent teenage sexual activity through a
program targeted to young teenagers that teaches them
about the responsibilities and consequences of sexual
involvement
Funding: Private funding

HAWAII

Title: Adolescent Family Life Project
Contact: Department of Health, (808) 548-6505
Purpose: Works to develop community task forces that will
coordinate existing services into a case management
system
Funding: Received \$145,000 from state legislature for 1985-86

ILLINOIS

Title: Parents Too Soon
Contact: Department of Public Health, (217) 782-4977
Department of Public Aid
Department of Children and Family Services,
(217) 785-2509
State Board of Education
Department of Commerce and Community Affairs
Department of Alcoholism and Substance Abuse
Department of Mental Health and Developmental
Disabilities, (217) 782-2243
Governor's Planning Council on Developmental Disabilities
Department of Employment Security
Division of Services for Crippled Children, University
of Illinois, (217) 782-7001
Purpose: Seeks to prevent teenage pregnancy, improve the health of
teen mothers and their babies, and help teenage parents
to be better parents
Funding: \$12.9 million in federal block grant monies in 1984

KANSAS

Title: Healthy Start, Home Visitor Program
Contact: Department of Health and Environment, (913) 862-9360
Purpose: Seeks to prevent teenage child abuse through
individualized, home-based parenting support
Funding: State funding

LOUISIANA

Title: Teen Parent Center
Contact: Division of Women's Services, (504) 342-2715
Purpose: Provides parenting teenagers with comprehensive services, including child care
Funding: Some state funding

MAINE

Title: Statewide Service Providers Coalition on Adolescent Pregnancy
Contact: Department of Human Services, (207) 289-2736
Purpose: Promotes prevention, self-sufficiency and the reduction of infant mortality rates through a network of local service providers
Funding: Federal block grant funding

MARYLAND

Title: The Self Center
Contact: The Johns Hopkins Adolescent Pregnancy Prevention Program, (301) 955-2865
Purpose: Provides in-school education and counseling to 10 to 15-year-olds to prevent pregnancy
Funding: Federal and private funding

Title: The Johns Hopkins Center for Teenage Parents and Their Infants
Contact: Johns Hopkins Hospital, (301) 955-2976
Purpose: Provides hospital-based health care, education, and counseling for low-income pregnant and parenting teenagers; coordinates services with the Self Center and local schools
Funding: Private funding

MASSACHUSETTS

Title: Services to Young Parents
Contact: Department of Social Services, (617) 727-0900
Purpose: Provides educational and vocational services to parenting teenagers
Funding: \$3.6 million from state legislature in 1983 and 1984 (funding includes Pregnant and Parenting Adolescent Program appropriation)

Title: Pregnant and Parenting Adolescent Program
Contact: Department of Public Health, (617) 727-2700
Purpose: Provides health and social services to both pregnant and parenting teens
Funding: Received \$3.6 million from state legislature in 1983 and 1984 (funding includes Services to Young Parents program appropriation)

Title: Family Support Center
Contact: Department of Human Resources, (301) 383-5528
Purpose: Through contacts with local agencies, will provide job preparation skills and training, educational services, parenting support activities, peer support, medical and diagnostic assessment services to identify developmental problems in young parents or their children, health care, family planning counseling, and other services designed to prevent teenage pregnancy and to insure that parenting teenagers receive the services they need
Funding: \$297,000 in state funds, FY 1986

Title: Educational Efforts to Reduce Teenage Pregnancy
Contact: Department of Health and Mental Hygiene, Preventive Medicine Administration, (301) 383-2732
Purpose: Will provide specialized health education to students in a cluster of Baltimore junior and senior high schools targeted on the basis of high teenage pregnancy rates
Funding: \$60,000 in state funds, FY 1986

MICHIGAN

Title: Teenage Parent Program
Contact: Department of Social Services, (517) 373-2035
Purpose: Contracts with local service providers to provide comprehensive prevention and parenting services, including parenting education and residential facilities; promotes prevention of teenage pregnancy through statewide chastity media campaign

MINNESOTA

Title: St. Paul Maternal and Infant Care Project/Adolescent Health Services Project
Contact: St. Paul-Ramsey Medical Center
Purpose: Provides primary general adolescent health services, including primary pregnancy prevention in four school-based health clinics. (For more information on school-based health clinics, see Public Policy Strategies)
Funding: Federal funding

NEW JERSEY

Title: Healthy Mothers, Healthy Babies
Contact: Department of Health, (609) 292-7837
Purpose: Targets adolescent pregnancy in its infant mortality prevention program; offers health and family planning services
Funding: \$1.83 million in Maternal and Child Health block grant money in 1984

NEW MEXICO

Title: Perinatal Program/Young Parents Center
Contact: New Futures School, (505) 883-5680
Purpose: An alternative school for both pregnant and parenting teenagers, educational/vocational counseling, on-site child care and health services
Funding: Local school district funding, federal and private monies

Title: Adolescent Health Program
Contact: Department of Health and Environment, (505) 827-5671
Purpose: Provides school-based health clinics in several locations
Funding: Federal grant money

NEW YORK

Title: Adolescent Pregnancy Program
Contact: Department of Health, (518) 474-2011
Purpose: Provides family planning and prenatal care
Funding: Federal funding

Title: Project Redirection
Contact: Manpower Demonstration Research Corporation,
(212) 730-5200
Purpose: Provides community-based social services, information and referrals, employment preparation and vocational training. Has been implemented also in Boston, Massachusetts; Phoenix, Arizona; and Riverside, California.
Funding: Federal and private funding

Title: Governor's Adolescent Pregnancy Prevention and Services Program
Contact: The Council on Children and Families, the Departments of Education, Health, (518) 474-2011, Social Services, (518) 474-2121 and the Division for Youth
Purpose: Seeks to prevent adolescent pregnancy through coordinated, comprehensive services and broad community involvement. Provides funding to communities to develop and expand programs designed to prevent teenage pregnancy or to meet the service needs of parenting teenagers.
Funding: State appropriations pursuant to Chapter 974 of the Laws of 1984 and Chapter 50 of the Laws of 1984

Title: Governor's Initiative on Adolescent Pregnancy
Contact: Governor's Office
Purpose: Seeks to reduce the incidence of teenage pregnancy, foster the better use of existing support services for parenting teenagers, and create new services where they are needed by means of 1) the Adolescent Pregnancy, Prevention and Services Program, and 2) the Governor's Task Force on Adolescent Pregnancy
Funding: State funding

NORTH CAROLINA

Title: Adolescent Pregnancy Project
Contact: Department of Human Resources, (919) 733-4471
Purpose: Provides parenting education and support service to pregnant teenagers under age 16
Funding: Appropriations through the state legislature

Title: Adolescent Parenting Project
Contact: Department of Social Services
Purpose: Provides parenting education and social services to teen parents
Funding: Appropriations through the state legislature

Title: Adolescent Pregnancy and Prematurity Prevention Project
Contact: Department of Human Resources, Division of Health Services, (919) 733-3446
Purpose: Seeks to prevent adolescent pregnancy and prematurity through 1) public campaign stressing abstinence; and 2) provision of family planning services, prenatal and postpartum medical care to all women, including adolescents. Provides grants to community-based programs and projects to accomplish these goals. Coordinated by Adolescent Pregnancy and Prematurity Prevention Advisory Board.
Funding: Over \$6.0 million for 1985-1987 from state legislature

RHODE ISLAND

Title: Ethnic Adolescent Family Life Project
Contact: Department of Health and Human Services, Office of Adolescent Pregnancy Programs
Purpose: Provides health care, counseling, and parenting education to inner city youth
Funding: Appropriations through the state legislature

Title: Adolescent Pregnancy and Parenting Project
Contact: Department of Social and Rehabilitative Services, (401) 464-2484, in cooperation with other state and private agencies
Purpose: Provides parenting education, counseling, educational/vocational training, and referrals
Funding: State and private funding

Title: Rainbow Center
Contact: Department of Social and Rehabilitative Services, (401) 464-2484, in cooperation with other state agencies
Purpose: Provides school based health care, counseling, and education services
Funding: Federal, state, and private funding

Title: New Directions
Contact: Women and Infants Hospital of Rhode Island,
(401) 272-1100
Purpose: Provides school-based health services, social services,
and parenting education
Funding: Some state funding

SOUTH CAROLINA

Title: Resource Mothers Program
Contact: Mcleod Regional Medical Center, (803) 667-2387
Purpose: Seeks to reduce rates of infant mortality and teenage
pregnancy by providing pregnant and parenting teenagers
with a trained resource person who encourages prenatal
care and teaches parenting skills
Funding: Private funding

Title: Teen Companion Program
Contact: Department of Social Services, (803) 758-3244
Purpose: Seeks to improve parent/child communication and to
provide preventive health education to teenagers in
families receiving AFDC through adult companions
Funding: State legislative funding for 1985-86

Title: Comprehensive Adolescent System of Health Project
Contact: Department of Health and Environmental Control,
(803) 758-5443, and Department of Social Services,
(807) 758-3244
Purpose: Provides preventive education, school health care, and
referrals
Funding: Some state funding

TENNESSEE

Title: Governor's Healthy Children Initiative
Contact: Department of Health and Environment
Purpose: Seeks to reduce infant mortality rates by encouraging
better prenatal care through statewide media campaign;
targets pregnant teenagers
Funding: Appropriations from state legislature

TEXAS

Title: Education for Responsible Parenthood
Contact: Dallas Independent School District, (214) 426-3234
Purpose: Seeks to prevent teenage pregnancy through sex education
and family planning services; seeks to improve teenage
parenting through family life education, social
services referrals; seeks to improve maternal and child
health through prenatal care program; includes
school-based health clinic
Funding: Local funding, including school district monies

UTAH

Title: Services for Unwed Parents
Contact: The Church of Latter Day Saints (the Mormans)
Purpose: Provides spiritual counseling, guidance counseling, medical care, residential facilities, education, one-on-one support, child placement services
Funding: Private funding

VERMONT

Title: Bennington Teen Pregnancy Project
Contact: Agency of Human Services, (802) 241-2220
Purpose: Provides case management services, counseling, referrals
Funding: Some state funding

VIRGINIA

Title: Resource Mothers Program
Contact: Department of Health, (804) 786-3561
Purpose: Seeks to prevent infant mortality through individualized support persons who encourage good prenatal care
Funding: Federal block grant money

Title: Better Beginnings Grant Program
Contact: Department of Mental Health/Mental Retardation, (804) 786-3921
Purpose: Provides grant money to projects to prevent teenage pregnancy
Funding: \$150,000 in state appropriations for 1985

WASHINGTON

Title: Adolescent Pregnancy Program
Contact: Department of Social and Health Services, (206) 753-7039
Purpose: Provides outreach, counseling, and services to promote self-sufficiency
Funding: Some state funding

WISCONSIN

Title: Adolescent Pregnancy Prevention Project
Contact: Department of Health and Social Services, (608) 266-3681
Purpose: Seeks to prevent teenage pregnancy through a program of educational workshops and life skills training
Funding: Federal block grant money

Title: Health Problems Education Program
Contact: Department of Public Instruction, (608) 266-1649
Purpose: Optional school health curriculum, which includes sex education
Funding: \$300,000 in 1984-85 from state legislature

Title: Pregnant or Parenting Adolescent Self-Sufficiency Project
Contact: Department of Health and Social Services,
(608) 266-3681
Purpose: Provides educational and vocational counseling to
encourage self-sufficiency
Funding: Federal funding

Title: Choices Program
Contact: Department of Health and Social Services, Division of
Community Services, (608) 266-2701
Purpose: Provides educational counseling and life skills training
to prevent teenage pregnancy
Funding: \$50,000 in state funding for 1985-86 as well as federal
funding

E. FURTHER RESOURCES⁶⁰

The Alan Guttmacher Institute
360 Park Ave., S., 13th Fl.
New York, NY 10010
(212) 865-5858

President: Jeanne I. Rosoff
Founded: 1968. To foster sound public policies on voluntary fertility control and population issues and to develop adequate family planning programs through policy analysis, public education and research. Offers technical assistance.

Publications: 1) Planned Parenthood Washington Memo, biweekly;
2) Family Planning Perspectives, bimonthly;
3) International Family Planning Perspectives, quarterly;
4) Annual Report; also publishes research reports.

Affiliated with: Planned Parenthood Federation of America

Center for Population Options
2031 Florida Ave., N.W.
Washington, DC 20009
(202) 387-5091

President: Judith Senderowitz
Founded: 1980. Objectives are to reduce the incidence of unintended teenage pregnancy and childbearing through education to motivate teens to think and act responsibly about birth control and parenting; to conduct an advocacy campaign to assure minors' access to family planning information and services. Conducts programs to ensure that adolescents have the information necessary to make responsible decisions on reproductive issues. Operates through channels teens respect including rock music radio stations, prime-time television programs, and youth-serving agencies. Through the Adolescent Media Project, attempts to reach teenagers by using messages from people they admire, including athletes and rock stars. Provides technical assistance on program planning, implementation, and evaluation of sexuality education in the United States, and through International Clearinghouse on Adolescent Fertility, to health, education, and social services workers worldwide. Monitors legislative activities for various organizations concerned with youth issues; sponsors Reproductive Rights Caucus related to the television and motion picture industry. Maintains 2,500-volume library on sexuality education, family planning, and other adolescent fertility-related issues.

Committees: Caucus for Women's Right to Choose

Publications: 1) Issues on Action Update, quarterly; 2) Population Options, quarterly; 3) Information Summary and Program Focus (in English, French, and Spanish), semi-annual; also publishes fact sheets and resource guides and produces radio public service announcements.

Convention/
Meeting: Semiannual

Children's Defense Fund
122 C St., N.W.
Washington, D.C. 20001

President: Marian Wright Edelman
Founded: 1973. Staff: 60. Provides systematic, long-range advocacy on behalf of the nation's children. Engages in research, public education, monitoring of federal agencies, litigation, legislation drafting and testimony, assistance to state and local groups, and community organizing in areas of child welfare, child health, child care and development, education, family services, child mental health and teenage pregnancy.

Advocates: access to existing programs and services; creation of new programs and services where necessary; enforcement of civil rights laws; program accountability; strong parent and community role in decision-making; and adequate funding for essential programs for children. Maintains speakers bureau; compiles statistics.

Special Services: Toll-free number, (800) 424-9602
Publications: CDF Reports (newsletter), monthly; also publishes series of books and handbooks on issues affecting children.

Convention/
Meeting: Annual Conference

Choice
1501 Cherry St.
Philadelphia, PA 19102
(215) 567-2904

President: Ann Ricksecker, Executive Director
Founded: Staff: 20. Concerned with reproductive health care and information. Goal of CHOICE is to make available high-quality medical and social services to all people in every economic level. Programs include resource information center; consulting service; teen improvisational theater group; telephone hot line for counseling, information, and referral. Sponsors training programs, seminars, and workshops. Maintains library. Publishes paperback for adolescents on reproductive health, guide to women's health rights in Pennsylvania, and books on parents talking to children about sexuality and options in childbirth. Also known as Concern for Health Options: Information, Care and Education.

Family of the Americas Foundation
308 Tyler St.
Covington, LA 70433
(504) 892-4046

President: Mercedes Wilson, Executive Director
Founded: 1977. Members: 270. Staff: 4. Promotes teachings of the Billings Ovulation Method of birth regulation. Holds conferences to educate government officials on the use of natural family planning in developed and developing countries. Participates in conferences with medical, religious, government, and educational personnel. Assists parents in providing effective sex education for their children; teaches adolescents about fertility and the importance of protecting their capability for procreation and accepting responsibility for their sexual behavior. Provides referral services and technical assistance; maintains library of natural family planning reference materials. Is developing a standard teacher certification process; a procedure for continuous evaluation of existing teachers; and plans for review, revision, and consolidation of instructional materials and assessment of the needs of existing teachers. Plans include production of video tape packages for instruction, education, and publicity; organization of conferences for adolescent and family education; development and dissemination of an improved standardized charting procedure.

Publications: 1) WOOMB-USA News, quarterly; 2) Directory, annual; also publishes The Ovulation Method of Birth Regulation (book).

Family Resource Coalition
230 N. Michigan Ave., Room 1625
Chicago, Illinois 60601

President: Linda Lipton, Director
Founded: 1982. Members: 1500. Nationwide, community-based family support organizations concerned with child development. Seeks to: ensure the growth and improve the quality of family resource programs providing access to information and support necessary to strengthen family and community life and enhance the health, growth, and development of children; educate public, government, and corporate leaders about the needs of families with young children and the way in which family resource programs can meet these needs; enable family resource programs to become better family advocates within their communities through lobbying and technical assistance programs.

Publications: Report, 3/year; also publishes Program to Strengthen Families: A Resource Guide.

Convention/
Meeting: Annual

National Organization of Adolescent Pregnancy and Parenting
6813 Winifred
Ft. Worth, TX 76133
(817) 336-8311

President: Toni L. Brown
Founded: 1979. Members: 800. Professionals, paraprofessionals, parents, young people, and other concerned individuals. Purpose is to promote comprehensive and integrated services designed for preventing and resolving of problems associated with adolescent parenthood. Plans include providing advocacy services at local, state, and national levels for pregnant adolescents, school-age parents, and their children; sharing information and promoting public awareness; and conducting conferences and workshops to encourage the establishment of effective programs.

Publications: Network, quarterly.
Convention/
Meeting: Annual

Urban Institute
2100 M. St., N.W.
Washington, D.C. 20037

President: William Gorham
Founded: 1968. Staff: 155. Founded to meet the need for an independent, broadly based, research organization to conduct studies and propose solutions to the nation's social and economic problems. Works closely with government officials and administrators to improve decisions and performance by providing better information and analytic tools. Is linked with urban researchers in government, universities, and other research organizations. Aims to translate research findings into forms that can be readily understood and used. Maintains library of 20,000 volumes on social science topics including teenage pregnancy.

Publications: Policy and Research Report, 3/year; also publishes reports, books, papers, and reprints.

F. RESEARCH METHODOLOGY

In the summer of 1985, the National Conference of State Legislatures' Teenage Pregnancy Project conducted a 50-state telephone survey on legislative initiatives that address the problem of teenage pregnancy and parenting. Respondents were legislative council research analysts, legislative committee staff persons, and in some cases, state agency personnel. All 50 states responded to the survey.

Two weeks prior to the telephone survey, respondents were mailed a letter describing the content of the survey and asking that any pertinent written materials and legislation be sent to the NCSL office by a specific date. The purpose of the letter was to enable respondents to prepare in advance for the survey call.

The survey focused on the following information: 1) what legislation directly related to adolescent pregnancy and parenting has been adopted to date, proposed in the current legislative session, or is being considered for 1986; 2) what other legislative strategies, such as special committees, task forces, hearings, or studies, are being pursued or might be pursued in 1986; 3) what state or local programs seek to prevent adolescent pregnancy or meet the needs of parenting teenagers.

Information on legislation, task forces, and programs that was obtained from the states was catalogued in a file organized by state. Material from the files then was abstracted in a notebook, organized by state under the categories of legislation, task forces, and programs. The notebook serves as a quick reference to file material and helped answer information requests from legislators and representatives of national organizations over the course of the project.

G. THE NCSL TEENAGE PREGNANCY PROJECT

In May 1985, the National Conference of State Legislatures began a special project designed to assist state legislatures in developing effective public policy to address the issues of teenage pregnancy and parenthood.

The Teenage Pregnancy Project was conducted over a six-month period, from May 1 to October 31, 1985, with support from the Ford Foundation. The project was charged with four specific tasks: development of

- (1) a national advisory committee of organizations currently working on the issue of teenage pregnancy;
- (2) a 50-state survey of legislative strategies on the topic;
- (3) a special report with sections on state legislative strategies, policy implications and recommendations, and nonlegislative initiatives and resources to address the problem; and
- (4) a briefing program on teenage pregnancy that was held at the NCSL Annual Meeting in Seattle, Washington, August 5-9, 1985.

Through the successful completion of these activities, the project has provided a nationwide analysis of the role and contribution of state legislatures in developing public policy strategies regarding adolescent pregnancy and parenting. The project also has assisted state legislators in learning from their colleagues, thereby increasing interstate communication and cooperation. By enriching the knowledge base of those working to address the needs of pregnant teenagers, the Project hopes to ultimately enhance the quality of state-level public policy on this issue.

NOTES

1. Elise F. Jones et al., "Teenage Pregnancy in Developed Countries: Determinants and Policy Implications," Family Planning Perspectives 17, no. 2 (March/April 1985), p. 53.
2. For more information, see Kristin A. Moore, Adolescent Pregnancy and Motherhood: An Inventory of Federal Health, Nutrition and Related Programs to Serve Teens (Washington, D.C.: The Urban Institute, 1983).
3. Elise F. Jones et al., "Teenage Pregnancy in Developed Countries," p. 53.
4. The Alan Guttmacher Institute, "U.S. and Cross-National Trends in Teenage Sexual and Fertility Behavior" (New York: The Alan Guttmacher Institute).
5. Deirdre Wulf and Richard Lincoln, "Doing Something About Teenage Pregnancy," Family Planning Perspectives 17, no. 2 (March/April 1985), p. 52.
6. The Alan Guttmacher Institute, Teenage Pregnancy: The Problem That Hasn't Gone Away (New York: The Alan Guttmacher Institute, 1981), p. 23.
7. Jones et al., "Teenage Pregnancy in Developed Countries," p. 56.
8. Kristin A. Moore, "Facts at a Glance" (Washington, D.C.: The Urban Institute), p. 1.
9. Ibid.
10. Ibid.
11. AGI, The Problem That Hasn't Gone Away, p. 11.
12. Karen Pittman, Preventing Children Having Children (Washington, D.C.: The Children's Defense Fund, 1985), p. 15.
13. AGI, The Problem That Hasn't Gone Away, p. 23.
14. AGI, "U.S. and Cross-National Trends." Figures for abortions may be inaccurate due to incomplete reporting.
15. U.S. Dept. of Health and Human Services, "Trends in Teenage Childbearing: United States 1970-1981," 1984, p. 2.
16. Moore, "Facts," p. 1.
17. Ibid.
18. National Committee for Adoption, "Unmarried Parents Today," Vol. IV, Bulletin #3, June 26, 1985.

19. Pittman, Preventing Children Having Children, p. 14.
20. Ibid., p. 10.
21. Moore, "Facts," p. 1.
22. Ibid.
23. Pittman, Preventing Children Having Children, p. 5.
24. AGI, The Problem That Hasn't Gone Away, p. 30.
25. Ibid.
26. Moore, "Facts," p. 2.
27. AGI, The Problem That Hasn't Gone Away, p. 31.
28. Pittman, Preventing Children Having Children, p. 5.
29. Ibid., p. 4.
30. Ibid., p. 5.
31. AGI, The Problem That Hasn't Gone Away, p. 34.
32. Ibid., p. 30.
33. Ibid., p. 35.
34. Ibid., p. 29.
35. Ibid.
36. The Children's Defense Fund, The Data Book: A Summary. Adolescent Pregnancy Prevention: Prenatal Care Campaign (Washington, D.C.: The Children's Defense Fund, 1985), p. 3.
37. AGI, The Problem That Hasn't Gone Away, p. 29.
38. CDF, The Data Book, p. 2.
39. AGI, The Problem That Hasn't Gone Away, p. 29.
40. CDF, The Data Book, p. 2.
41. Ibid., p. 3.
42. Pittman, Preventing Children Having Children, p. 5.
43. Leslie Zamarripa, "Mom, Dad . . . I'm Pregnant." A Special Report on Adolescent Pregnancy to Senator Gary Hart and Senator Dan McCorquodale (State of California: Senate Office of Research, 1984), pp. 6-7.

44. The State Boards of Education of Maryland and New Jersey, however, require by administrative rule that family life education be taught in all public schools.
45. State of Connecticut, Report of the Task Force on Education to Prevent Adolescent Pregnancy, February 1, 1985, p. 25.
46. California SB 99, 1984-85 session.
47. It was reported in the February 1983 issue of "Public Policy Issues in Brief" (Vol. 3, no. 1) published by The Alan Guttmacher Institute that Kentucky, Louisiana, Massachusetts, North Dakota, Pennsylvania, and Rhode Island also have parental consent requirements and that Arizona, Idaho, Maryland, Minnesota, Montana, Nebraska, and Utah have parental notification statutes.
48. Phyllis Smith Nickel and Holly Delaney, Working with Teen Parents: A Survey of Promising Approaches (Chicago: Family Focus, Inc., 1985), p. 49.
49. Douglas Kirby, School-Based Health Clinics: An Emerging Approach to Improving Adolescent Health and Addressing Teenage Pregnancy (Washington, D.C.: Center for Population Options, April 1985), p. 7.
50. Smith Nickel and Delaney, Working with Teen Parents, p. 49.
51. Kristin Moore and Martha Burt, Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing. (Washington D.C.: The Urban Institute Press, 1982), p. 134.
52. These issues were identified by Moore and Burt in Private Crisis, Public Cost, p. 140.
53. State of Connecticut, Report of the Task Force, p. 19.
54. Center for Population Options, "The Facts: Sexuality Education and Parental Involvement," November 1984.
55. Ibid.
56. Center for Population Options, "The Facts: Sexuality Education," November 1984.
57. Ibid.
58. See Moore and Burt, Public Crisis, Public Cost, p. 140.
59. State of Connecticut, Report of the Task Force, p. 24.
60. From Encyclopedia of Associations: 1986, Vol. 1: National Organizations of the U.S., 20th Edition, Katherine Gruber and Iris Cloyd, eds (Detroit: Gale Research Company, 1986).
61. Taken in part from Smith Nickel and Delaney, Working with Teen Parents, pp. 101-103.

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