



Save Confidential Family-Planning Services; New Restrictions on Title X Would Jeopardize Teens' Health

Confidential contraceptive services are under constant political attack. In 1996, 1997 and 1998, House opponents of family planning took the opportunity during consideration of the Labor, HHS, and Education spending bill to impose a parental-consent mandate on contraceptive services for young people. Twice, the House rejected these efforts, but in 1998 the House narrowly approved the proposal. Fortunately, this did not become law.

In the 109th Congress, family-planning opponent Rep. Todd Akin (R-MO) introduced H.R.3011, legislation to require parental consent and notification for teens seeking contraceptives at Title X-funded clinics. Although superficially appealing, such a mandate is misguided: rather than facilitating healthy family communication, these proposals discourage young people from seeking medical care – exactly the opposite effect of what's most needed.

- **Confidential family-planning services help teenagers obtain timely medical advice and appropriate health care.** Title X of the Public Health Service Act is the nation's cornerstone family-planning program and has been a critical component of efforts to reduce teen pregnancy and sexually transmitted disease (STD) rates. Each year, publicly funded family-planning services help teenagers avoid almost 400,000 unintended pregnancies.¹ Teen pregnancies would have been 20 percent higher during the past two decades without publicly funded family-planning services.²
- **Parental-consent requirements threaten young people's health.** Studies indicate that imposing parental-consent or notification mandates on young people means that many teens delay or avoid seeking health services, placing them at risk for unplanned pregnancies as well as STDs including HIV. When young people delay diagnosis and treatment for STDs, their health, future fertility, and even lives are put at risk.
- **Parental-consent requirements will result in increased rates of unintended pregnancies, abortion, and STDs.** Statistics bear out the need for more, not less, access to contraceptive and STD services. A study published in the American Journal of Public Health found pregnancy rates increased two years after a county in Illinois imposed parental-consent for contraception at a public-health clinic.³ Despite declining teen-pregnancy rates, four in 10 American girls become pregnant at least once before age 20.⁴ Eighty-two percent of teen pregnancies in the United States are unintended and a staggering three million teens⁵ – approximately one in four sexually active youth – acquire an STD each year.⁶ For the vast majority of these teens, parental-consent

requirements would not have the effect of reducing their sexual activity but instead would deter them from behaving responsibly and seeking much needed, sensitive health services.

- **Research indicates that teens may respond to a lack of confidentiality by forgoing services:**
 - Many teens initially involve a parent or other adult in their decision to seek family-planning services while others, after counseling, will bring a parent or other adult with them on subsequent clinic visits. However, if a teen cannot turn to a parent and discuss these difficult, sensitive issues, society's first responsibility is to ensure that he or she is getting needed medical care.
 - A 2005 study published in the Journal of the American Medical Association concluded that parental-involvement laws neither discourage young people from having sex nor encourage them to involve their parents in their decision-making processes. In fact, almost 20 percent of young people indicated that they would sidestep clinics and engage in risky behavior if they were forced to involve their parents.⁷
 - Similarly, a 2002 study published in the Journal of the American Medical Association found that 59 percent of teens said that knowing their parents would be notified would prevent them from seeking family-planning services. Amazingly, 99 percent said they would still have sex.⁸
 - In the year following the elimination of a parental-consent requirement for HIV testing in Connecticut, the number of teens aged 13-17 obtaining HIV tests doubled.⁹
 - Fifty-eight percent of high-school students surveyed in three public schools in Massachusetts reported having health concerns that they did not want to share with their parents. Approximately 25 percent of the students said they would forego medical treatment if disclosure of treatment to their parents were a possibility.¹⁰
 - Another study of adolescents found that if confidential treatment for sexually transmitted diseases were available, 50 percent of the adolescents would seek care. Only 15 percent reported that they would do so if parental consent or notice were required.¹¹

- **Leading medical and public health experts**, including the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Public Health Association, the American Medical Women's Association, and the National Medical Association **oppose mandatory parental notification or consent requirements in order for young people to obtain family-planning services**. Also, an American Medical Association (AMA) policy statement from 1993 indicates that the AMA "oppose(s) regulations that require parental notification when prescription contraceptives are provided to minors through federally funded programs, since they create a breach of confidentiality in the physician-patient relationship. Obstacles to the distribution of birth control information, medication, and

devices should be removed, and physicians should provide contraceptive services on a confidential basis where legally permissible.”¹²

- **Most teens seeking services at a Title X clinic are already sexually active.** Confidential access to health-care services does not “cause” teens to start having sex. On average, teens are sexually active for 14 months prior to making a family-planning visit.¹³ One study showed that only 14 percent of teens sought family-planning services before becoming sexually active. More than one-third of teens (36 percent) sought services only because they suspected they were pregnant.¹⁴
- **Imposing a parental-involvement mandate on even one service offered at a Title X clinic will deter teens from seeking any services.** Title X family-planning clinics offer a wide range of services including contraception, STD testing and treatment, HIV screening, routine gynecological exams, and breast and cervical cancer screening. If teens are required to have written parental consent or know their parents will be notified prior to their receiving contraceptive services, not only will they avoid seeking family-planning services, they will avoid seeking any services at a Title X clinic.
- **Title X strikes the appropriate balance: it encourages parental involvement without imposing a government mandate.** Under Title X guidelines, adolescents are assured that the counseling sessions are confidential and, if follow-up is necessary, that every attempt will be made to assure their privacy. However, counselors are also required to encourage family participation in the decision of young women to seek family-planning services and provide counseling to teens on how to resist unwanted sexual activity.
- **Barriers to contraceptive services run counter to the national goal of reducing unintended pregnancy and stopping the spread of disease.** Recent declines in the teen-pregnancy and teen abortion rates have been attributed to increased use of birth control along with some decrease in the rate of teen sexual activity. A 1999 analysis by The Guttmacher Institute reports that approximately 75 percent of the decline in the teen-pregnancy rate between 1988 and 1995 reflects improved contraceptive use among sexually active teenagers, while 25 percent is due to reduced sexual activity.¹⁵ Another study published by the American Journal of Public Health that found that declines in teen-pregnancy rates between 1995 and 2002 were mainly the result of increased use of contraceptives, indicating that the United States in that period was consistent with trends seen in other industrialized nations around the world.¹⁶ Nonetheless, U.S. teens continue to experience substantially higher pregnancy rates and birthrates than teens in other Western industrialized countries because of lower contraceptive use. The adolescent pregnancy rate in the United States is nearly twice that in Canada and Great Britain and approximately four times that in France and Sweden. Sexually active teens in the United States are less likely to use any contraceptive method and especially less likely to use highly effective hormonal methods, primarily the pill, than their peers in other countries.¹⁷

- **The link between poverty and teen childbearing is profound and long-lasting:**
 - Half of all single mothers on welfare were teenagers when they had their first child.
 - Less than one-third of teen mothers ever finish high school, leaving many unprepared for the job market and more likely to raise their children in poverty.
 - The children of teen mothers tend to bear the greatest burden of teen pregnancy. They are more likely to do poorly in school, more likely to drop out of school, and less likely to attend college. The consequences to the children of teen mothers continue into young adulthood.
 - Girls born to teen mothers are 22 percent more likely to become mothers as teens themselves, continuing the cycle of poverty.¹⁸

- **Parental-involvement mandates in the Title X program would disproportionately impact low-income teens.** Under most parental-involvement mandates proposed by anti-choice lawmakers, young women who can afford services from a private doctor and/or a health-insurance program will continue to have access to confidential care. The burden of a parental-involvement mandate on the Title X program will fall on young low-income women who depend on the public sector for health care.

January 1, 2009

Notes

- ¹ The Alan Guttmacher Institute, *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics* (2000).
- ² Jennifer J. Frost et al., *Estimating the Impact of Serving New Clients by Expanding Funding for Title X*, OCCASIONAL REP'T NO. 33, at 11 (Nov. 2006).
- ³ Madeline Zavodny, Ph.D, *Fertility and Parental Consent for Minors to Receive Contraceptives*, 94 AM. J. PUB. HEALTH 1347 (2004)
- ⁴ Stanley K. Henshaw, The Alan Guttmacher Institute, *Special Report: U.S. Teenage pregnancy Statistics With Comparative Statistics for Women Aged 20-24* (1999).
- ⁵ GI, *In Brief: Facts on American Teens' Sexual and Reproductive Health* (2006); Stanley Henshaw, *Unintended Pregnancy in the United States*, FAM. PLAN. PERSP (1998).
- ⁶ Stanley K. Henshaw, *Unintended Pregnancy in the United States*, FAM. PLAN. PERSP (1998).
- ⁷ Rachel K. Jones, PhD; Alison Purcell, BA; Susheela Singh, PhD; Lawrence B. Finer, PhD, *Adolescents' Reports of Parental Knowledge of Adolescents' Use of Sexual Health Services and Their Reactions to Mandated Parental Notification for Prescription Contraception*, 293 JAMA 240-348 (2005).
- ⁸ Diane M. Reddy, PhD; Raymond Fleming, PhD; Carolyn Swain, MS., *Effect of Mandatory Parental Notification on Adolescent Girls' Use of Sexual Health Care Services*, 288 JAMA 710-714 (2002).
- ⁹ T.M. Maehan, H. Hansen and W.C. Klein, *The Impact of Parental Consent on the HIV Testing for Minors*, 87 AM. J. PUB. HEALTH 1340 (1997); Update, *Letting Minors Consent to HIV Tests*, 30 FAM. PLAN. PERSP 2, (1998).
- ¹⁰ D. Hollander, *Some Teenagers Say They Might Not Seek Health Care If They Could Not Be Assured of Confidentiality*, 25 FAM. PLAN. PERSP, 187 (1993); citing T.L. Cheng et al., *Confidentiality in Health Care: A Survey of Knowledge, Perceptions, and Attitudes Among High School Students*, 269 JAMA 1404-1407 (1993).
- ¹¹ A. Marks, et al., *Assessment of Health Needs and Willingness to Utilize Health Care Resources of Adolescents in a Suburban Population*, 102 J. PEDIATRICS, 459 (1983).
- ¹² House of Delegates, "Opposition to HHS Regulations on Contraceptive Services for Minors," American Medical Association, HOD Policy 75.998, Policy Compendium (USA: AMA, 1998).
- ¹³ The Alan Guttmacher Institute, *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics* (2000).
- ¹⁴ Rebekah Saul, *Teen Pregnancy: Progress Meets Politics*, GUTTMACHER REP. ON PUB. POL'Y (1999) at <http://www.guttmacher.org/pubs/tgr/02/3/gr020306.pdf> (last visited Oct. 29, 2007).
- ¹⁵ Heather Boonstra, *Teen Pregnancy: Trends And Lessons Learned*, 5 GUTTMACHER REP. ON PUB. POL'Y 8 (2002) at <http://www.guttmacher.org/pubs/tgr/05/1/gr050107.pdf> (last visited Oct. 29, 2007).
- ¹⁶ John S. Santelli*, Laura Duberstein Lindberg, Lawrence B. Finer, Susheela Singh, *Explaining Recent Declines in Adolescent Pregnancy in the U.S.: The Contribution of Abstinence and Improved Contraceptive Use*, 97 AM. J. PUB. HEALTH 150 (2007).
- ¹⁷ Jacqueline E. Darroch, Jennifer J. Frost, Susheela Singh., *Teenage Sexual and Reproductive Behavior in Developed Countries: Can More Progress Be Made?* (2001).

¹⁸ National Campaign to Prevent Teen Pregnancy, *Not Just Another Single Issue: Teen Pregnancy Prevention's Link to Other Critical Social Issues*, (2002).