

# Involving Parents In Reproductive Health Decisions



## Background

California leads the nation in reducing teen births having experienced a remarkable 40% decrease in the rates of births to teens over the past 10 years. Despite this progress, the actual number of unintended pregnancies to teens remains too high and continues to be an area of concern. To continue to address this, the State has invested time and money into developing successful and coordinated teen pregnancy prevention programs that include projects addressing family communication, recognizing that parent-child communication is an important component of successful teen pregnancy prevention programs. And research supports this. Teens cite parents as the biggest influence when it comes to decisions about sex.<sup>1</sup> And research shows that teens that feel connected to their parents are more likely to delay first sexual intercourse, have sex at an older age, have fewer sexual partners, and use contraception more consistently.<sup>2</sup>

Good family communication decreases the likelihood that a young woman will experience an unintended pregnancy, and increases the likelihood that she will involve one or both of her parents in her pregnancy decisions. Both objective data and subjective reports show that young women in families who communicate have a better chance of avoiding the difficulties that may accompany an unintended pregnancy. Additionally, good communication prior to a pregnancy makes it more likely that that a teen will involve her parent(s) in her decision about her pregnancy. Parental involvement in pregnancy decision is desirable, and most young women do involve at least one parent. However, in situations where girls do not involve their parents, there is generally a valid reason, such as fear of disappointing their parents, fear that the pregnancy would cause problems between parents, or fear of getting kicked out of their home.<sup>3</sup>

Despite this, laws exist that attempt to mandate family communication. Laws that require parental consent or notification for abortion are in place in 35 states throughout the U.S.<sup>4</sup> In 2005, voters in California will determine whether they wish to amend the State Constitution to require parental notification for a minor's abortion. This brief provides information about parental involvement in abortion decisions and makes recommendations for policies that support the continued decline in California's teen birth rate rather than mandating family communication.

The California Adolescent Health Collaborative (AHC) is a public-private statewide coalition with the goal of increasing understanding and support for adolescent health and wellness in California. As a coalition of representatives from public and private agencies, we are committed to a comprehensive, assets-based, multidisciplinary approach to improving the health and well-being of California youth.

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# Key Points

## *Notification does not increase parental involvement and can increase risk.*

While parental involvement is desirable, legally mandated involvement in the form of parental consent or notification may not be a benefit to all minors. In states without parental notification laws, 61% of young women involved their parents and for those 14 and under, that number rose to 90%.<sup>5</sup> Young women who choose not to involve their parents often have very real concerns for their safety. One study found that one third of young women who do not notify their parents about an abortion have experienced family violence and fear it will recur.<sup>6</sup>

Further, parental consent laws do not significantly lower the abortion rate among minors, as declines seem to be offset by an increase in travel to other states.<sup>7</sup> Finally, health risks rise since the parental involvement laws seem to delay minors from obtaining an abortion in a timely manner.<sup>8</sup>

## *Parents need support in communicating with their children about sexuality and reproductive health.*

In spite of the important role they play in the decisions of their children, the majority of parents (54%) indicate that they never talk to their children about sex, 28% said rarely and 5% said once a year.<sup>9</sup> And 90% of parents agree with the statement “Parents believe they should talk to their kids about sex but often don’t know what to say, how to say it, or when to start”.<sup>10</sup>

## *The most prominent medical associations oppose parental notification laws.*

The American Medical Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American Public Health Association oppose mandatory parental-involvement laws because they endanger adolescent health and place undue burden on physicians and the court system.

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# Policy Recommendations

## *Support programs that provide training in family communication.*

Parent-child communication has been recognized as an important part of sexuality education.<sup>11</sup> While a number of programs exist nationally, and in California, that promote family communication inadequate resources have been allocated to meet this need. Federal and state funding that is dedicated to teen pregnancy prevention and adolescent health services must set aside additional funds for agencies and providers to implement effective family communication programs.

## *Support programs designed to reduce unintended teenage pregnancies:*

### ***Provide effective sexuality education in schools in accordance with the California Education Code.***

Comprehensive, medically accurate sexuality education that includes messages about both abstinence and contraception has been shown to be effective in helping young people delay intercourse and use contraception more effectively if they do become sexually active. Although most California schools do provide some sexuality education, it is not currently required and does not always comply with the Education Code.<sup>12</sup> HIV/AIDS education is a State mandate but does not include the same requirements as for comprehensive sexuality education.<sup>13</sup>

California Education Code stipulates that when sex education is taught, it be medically accurate, include information on the effectiveness and safety of contraceptive methods, foster skills to make responsible decisions about sexuality, and encourage communication within families.<sup>14</sup> In order to continue to decrease the incidence of unintended pregnancies and encourage greater parental involvement, all middle and secondary schools should provide sexuality education, in accordance with the California Education Code.

### ***Ensure access to confidential adolescent health services.***

In addition to comprehensive sex education, teens need health care that is easy to access, confidential, non-judgmental and affordable. Publicly funded family planning and adolescent health services provide such care, and help teenagers avoid unintended pregnancy. Without the availability of these services, the national teen birthrate would be 25% higher, and, the number of abortions would be an estimated 40% higher than they currently are.<sup>15</sup> Assurance of confidentiality in contraceptive care is especially important. One in five girls indicated that they would no longer access family planning services if they were required to notify their parent regarding their need for birth control, but these same teens indicated that they would not discontinue their sexual activity.<sup>16</sup>

To continue to lessen the need for abortions, funding should be increased to support additional services through a system of community clinics and school-based health centers that provide confidential reproductive health services for teens.

## Conclusion

Parental notification laws do not increase family communication as would be desirable. Instead they appear to cause delays in receiving services and cause an undue burden on all those involved.

In order to continue California's success in reducing its incidence of teenage pregnancies and births, policies should support programs that have already been found to be effective, including providing access to confidential care, appropriate sexuality education, and parent education.

## References

- <sup>1</sup>Albert, B. (2004) *With One Voice: America's Adults and Teens Sound Off About Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- <sup>2</sup> Resnick, M.D., Bearman, P.S., & Blum, R.W. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA*, 278(10): 823.
- <sup>3</sup> Henshaw S, Kost K. (1992) Parental Involvement in Minors' Abortion Decisions. *Family Planning Perspectives*, 24, (5).
- <sup>4</sup> State Policies In Brief: Parental Involvement in Minors' Abortions. Alan Guttmacher Institute. Available at: <http://www.agi-usa.org/statecenter/abortion.html>.
- <sup>5</sup> Op Cit. Henshaw.
- <sup>6</sup> American Academy of Pediatrics [AAP], Committee on Adolescence. (1996) The Adolescent's Right To Confidential Care When Considering Abortion. *Pediatrics*, 97(5): 746-752.
- <sup>7</sup>Henshaw S. (1995) The Impact of Requirements for Parental Consent on Minors' Abortions in Mississippi. *Family Planning Perspectives*, 27: 120-122; Ellertston C. (1997) Mandatory Parental Involvement in Minors' Abortions: Effects of the Laws in Minnesota, Missouri, and Indiana *American Journal of Public Health*, 87(8).
- <sup>8</sup> Ibid.
- <sup>9</sup> Berne, L. & Huberman, B. (1999) *European Approaches to Adolescent Sexual Behavior and Responsibility*. Monograph. Advocates for Youth: Washington, D.C.
- <sup>10</sup> Op Cit. Albert.
- <sup>11</sup> California State Education Code 51933.
- <sup>12</sup> Burlingame P. (2003) *Sex Education in California Public Schools: Are Students Learning What They Need to Know?* San Francisco, CA: ACLU of Northern California.
- <sup>13</sup> California State Education Code 51933 through 51934.
- <sup>14</sup> Op Cit. Education Code.
- <sup>15</sup> Forrest, J.D. & Samara, R. (1996) Impact of Publicly Funded Contraceptive Services on Unintended Pregnancies and Implications for Medicaid Expenditures. *Family Planning Perspectives*, 28(5):188-195.
- <sup>16</sup> Jones R, et al. (2005). Adolescents' Reports of Parental Knowledge of Adolescents' Use of Sexual Health Services and Their Reactions to Mandated Parental Notification for Prescription Contraception *JAMA*; 293: 340 - 348.

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