It is interesting to note that following the enactment of a 1981 Minnesota law requiring parental notification for abortions, the birth rate among St. Paul teenagers attending schools with clinics reversed itself.[23] This increase in the St. Paul birth rate coincided with a dramatic statewide *decrease* in abortions, births, and pregnancies among teenagers. From 1980 to 1983, abortions to Minnesota teens aged 15-17 decreased 40%, births declined 23.4%, and pregnancies dropped 32%.[24]

Not only are there serious problems with the data presented in support of the St. Paul project, but there is also substantial testimony demonstrating that clinic programs in general are not effective.

'Program advocates and service providers are more or less obligated to exaggerate the potential benefits of services in order to secure political and material support.'

A report released by the Muskegon Area Planned Parenthood and the Muskegon Heights Public Schools Health Clinics in Michigan found that: "There was no significant change in the pregnancy rate."[25]

Another report issued by the Support Center for School-Based Clinics acknowledged that there is a poor rate of consistent and proper use of contraceptives by adolescents:

> *Continued patient compliance poses a real challenge to health clinic practitioners. Many adolescents fail to use properly and continually a method of birth control, even after they have obtained that method.*[26]

Still another study which examined 10 localities in four states found that:

> *The comprehensive model assumes that timely interventions of health, educational, and social service agencies will help young women to make informal decisions about the resolution of their pregnancies (abortion, adoption or parenthood) . . . The scant evidence available on program effectiveness shows these to be optimistic goals.*[27]

The report concludes:

> *Comprehensive programs, despite their many virtues, are not the magic bullets that will solve the problems associated with unintended teenage pregnancy and parenthood. Nor should they be expected to do so.*[28]

Parental Concerns and Other Problems

Not only are school-based health clinics ineffective in thwarting teen pregnancy, but many parents believe that in-school clinics usurp their authority and responsibility for helping children make decisions about sex. Once a parent gives consent for the in-school clinic to provide any health service, all student visits are confidential. Thus, parents who want their child to receive a free sports physical must sign a "blank check" which gives the in-school clinic the freedom to provide other health services (including birth control counseling and prescriptions) without further parental notification or consent.

This particular policy is not accidental. According to the Center for Population Options, it is necessary "to assure minors access to family planning information."[29] In fact, CPO is encouraging in-school clinics to compose parental consent forms so that only forms returned denying registration will be recognized as parental disapproval. Forms not returned will be considered assent.

In addition to these problems, school-based health clinics appear to be the latest step in a growing movement to transform public schools into social welfare agencies which provide a wide range of peripheral services that interfere with academic pursuits. This movement has arisen despite a dramatic decline in scholastic achievement during the last decade—a decline largely caused by the inability of public schools to give proper attention to equipping young people with basic educational skills.

Many parents believe that in-school clinics usurp their authority and responsibility for helping children make decisions about sex.

Myron Lieberman, writing in *The Journal of Family and Culture,* addresses this problem:

> *The educational landscape reveals a mindless commitment of public school resources to the solution of social problems that are beyond their influence. In the long run, the waste of resources, substantial as it is, may be less important than the loss of respect for public schools engendered by such misguided efforts.*[30]

School-based health clinics also pose a financial problem. According to the Support Center for School-Based Clinics, the cost of clinics range from about $25,000 to $400,000 per clinic annually.[31]

School-based health clinics appear to be the latest step in a growing movement to transform public schools into social welfare agencies which provide a wide range of peripheral services that interfere with academic pursuits.

A study of a proposed clinic program in Mecklenburg County, North Carolina found that an average of $79,800 would be spent annually for a single clinic to serve an average of six teens per day. That breaks down to $73.88 per student served each school day.[32]

In light of the fact that school-based clinics fail to reduce the pregnancy rate, will be involved in diagnosis rather than treatment, and offer services already available in most communities through private physicians and public agencies, such wasteful expenditures to initiate and sustain the school-based clinic program seem totally unjustifiable from a fiscal standpoint.

Conclusion

Virtually everyone agrees that something must be done to stem the rising tide of children having children.

Premature births, abortion, drug and alcohol abuse, suicide, venereal disease, juvenile delinquency, and the perpetuation of the poverty-welfare cycle are but a few of the tragic consequences of teenage promiscuity.

Unfortunately, diagnosing the problem is often easier than finding a cure. For the past 15 years, the prescribed "cure" has consisted of progressive sex education programs, the establishment of confidentiality between adolescents and various public and private agencies, and the easy access to contraceptives.

Despite 15 years of effort and the expenditure of more than $500 million, teenage pregnancy and abortion rates continue to climb.

Reacting to the obvious inefficacy of existing programs, the "experts" are now offering the "new and improved" version—school-based health clinics.

Like past programs, however, school-based health clinics fail to *simultaneously* reduce pregnancy, sexual activity, abortion, and venereal disease among our young people.

They fail because they are founded upon the same flawed presuppositions as previous programs: the reliance on birth control to reduce teen pregnancy, the myth of moral neutrality, and the "kids are going to do it anyway" mentality.

School-based health clinics should not be funded because they usurp parental authority and involvement, fail to instruct in principles of morality and character development, are promoted under the pretense of providing general medical care when their prime focus is family planning, and represent unnecessary duplication of existing services at added cost to the taxpayer.

Because our children are one of the nation's greatest resources and because their behavior will determine the type of world that will exist for future generations, we must not abandon our children to sexual promiscuity. We must renew our efforts to mold their character in such a way that they reflect virtue, self-control, and self-sacrifice in service to others.

Teen pregnancy is merely the symptom of a greater problem—premarital, adolescent sexual behavior. Accordingly, public and private programs designed to reduce teen pregnancy should focus on discouraging sexual involvement among youth prior to marriage.

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Rather then presuming that teenagers are going to have sex anyway, our collective strategy for combatting teen pregnancy should be similar to the approach we have taken on curbing adolescent drug addiction, alcohol abuse, and smoking—we should encourage teens to say "no." □