Teen Pregnancy and School-Based Health Clinics

Introduction

The sexual revolution of the last two decades has brought about a marked increase in the sexual activity of America's youth. During the 1970s, the percentage of sexually active teens grew nearly 67 percent, and while this growth has begun to level off in recent years, there are still more than 11 million sexually active teenagers in America today.[1]

This increased sexual behavior has spurred a dramatic rise in the pregnancy rate for unmarried teenage females. In fact, more than one million teenagers become pregnant each year.[2]

To combat this growing problem, public health clinics have made birth control counseling and free contraceptives available to minors and many public schools have implemented sex education programs.

Although well-intentioned, these programs have not worked. In fact, they may have actually exacerbated the problem. In a recent report on teen pregnancy, the House Select Committee on Children, Youth & Families found that despite sex education and contraceptive distribution programs

there has been no change in the percentage of sexually active teens who become pregnant, but there has been a huge increase in the percentage of teens who are sexually active. And this increase in sexual activity has led to a proportionate increase in pregnancies to unmarried teens.[3]

Why has teenage sexual activity and pregnancy increased despite the development and implementation of well-intentioned and well-financed programs?

The primary reason these programs have failed is that they are based on three flawed presuppositions:

(1) teenagers will exercise greater sexual responsibility if they have an increased awareness of sexuality and an increased accessibility to contraceptives;
(2) programs that do not explicitly encourage or discourage teen sexual activity are "morally neutral;" and
(3) teens will be sexually active even if encouraged to say "no."

Barrett Mosbacker has worked with several organizations involved in helping pregnant teenagers. He is a member of the Family Research Council's Resource Network.

Contraception is the Answer?

The first presupposition undergirding current pregnancy prevention projects is that adolescents do not have enough information on the proper use of contraceptives. It is assumed that teenage pregnancy will be reduced if teenagers have easier access to contraceptives and better education on responsible sexual behavior and the proper use of birth control.

If the greater availability of contraceptives and sex education is effective in reducing teenage pregnancy, one would expect to see a correlation between increased contraceptive use and decreased pregnancies. But a study of premaritally sexually active females aged 15-19 found that as sexual activity increases, the probability of pregnancy also increases—even when contraceptives are used consistently.[4]

The contraceptive failure rate is largely responsible

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for this phenomenon. To quote from the Select Committee on Children, Youth & Families:

The contraceptive failure rate for teens who always use contraceptives is about 10% (Zelnik and Kantner, 1976 and 1979). Therefore, hypothetically, if sexual activity among teens reached 100% and the constant use of contraceptives 100%, we would still have a pregnancy rate of about 10%.[5]

While teen contraceptive use has increased, so has the sophistication in birth control methods. According to Dr. James Ford and Michael Schwartz of the Free Congress Foundation:

At least as significant as the increased regularity of contraceptive use was the increased sophistication in contraceptive methods. By 1976, oral contraception had far outstripped all other methods in popularity among unmarried teenagers, having been used by 58.8% of all unmarried teenage contraceptive users.[6]

Thus, the emergence of family planning clinics has coincided with an unprecedented increase in the incidence of premarital teenage pregnancy. This increase in teen pregnancy has occurred even though more teens are using contraceptives, using more effective forms of contraceptives, and are exposed to more instruction on sexual behavior and birth control methods.

Even the largest providers of contraceptives acknowledge that the increased availability and use of contraceptives has not reduced teenage pregnancy. Planned Parenthood's own journal, *Family Planning Perspectives,* states:

More teenagers are using contraceptives and using them more consistently than ever before. Yet the number and rate of premarital pregnancies continues to rise.[7]

Sociologist Phillips Cutright reaches the same conclusion:

We find no evidence that the programs reduced white illegitimacy, because areas with weak programs or no programs at all experience smaller increases or larger declines (in pregnancy) than are found in areas with strong contraceptive programs.[8]

The anomaly of increasing contraceptive use with a corresponding increase in pregnancy rates is bewildering to researchers Melvin Zelnik and John F. Kantner:

If all other factors had remained the same, the substantial increase in the prevalence of premarital sexual experience among teenage women between 1971 and 1976 might have been expected to result in an increase in premarital pregnancy. Over the same period, however, these same young women reported a dramatic increase in overall contraceptive use, in use of the most effective methods, and in more regular use of all methods—changes which, other things being equal, should have led to a decrease in premarital pregnancy.[9]

Professor Kingsley Davis, a member of the board of Sponsors for Zero Population Growth, summarized the failure of contraceptives to reduce teen pregnancy:

The current belief that illegitimacy will be reduced if teenage girls are given an effective contraceptive is an extension of the same reasoning that created the problem in the first place. It reflects an unwillingness to face problems of social control and social discipline while trusting some technological device to extricate society from its difficulties. The irony is that the illegitimacy rise occurred precisely while contraceptive use was becoming more, rather than less, widespread and respectable.[10]

The Moral Neutrality Myth

The second false assumption of current pregnancy prevention projects is that programs that do not explicitly encourage or discourage teen sexual activity are "morally neutral." According to this line of reasoning, teachers and counselors merely act as catalysts of discussion and help students "discover" their own values. No moral judgments are made. While students are told it is OK to say "no" to sex, they are not told they *ought* to say "no."

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On the surface, this approach is appealing because it gives the impression of being neutral and objective. It must be pointed out, however, that sex education is neither objective nor neutral. Indeed, it cannot be. It is philosophically and intellectually impossible to be morally neutral. Either sexual activity is presented as having moral parameters, or as having no parameters, but both are equally moral statements.

What is perhaps more striking (if no more harmful) is the inherent contradictions that exist in our approach to questions of right and wrong as they relate to our nation's children. No responsible teacher, parent, school superintendent or counselor would take a "neutral approach" to stealing, lying, cheating on exams or violence. Yet, this is precisely what is being done in the area of sexual activity.

Unfortunately, moral neutrality is not stagnant. Once it is accepted that teenage sexual activity is not a moral issue that can be addressed in sex education programs, there is an inevitable slide into open acceptance of such activity.

The Minority Report of the House Select Committee on Children, Youth & Families asks some very important questions in this regard:

Every generation has inherited the difficult job of bringing children into adulthood, and the same problems have presented themselves. What is so