Parents should be consulted before birth control drugs or devices are given to teens. The Istook amendment requires parental notification five business days before an unmarried minor receives a contraceptive drug or device in a federally-funded Title X family planning clinic. The amendment also requires the clinics to comply with state reporting requirements on child abuse, child molestation, sexual abuse, rape and incest. Without such a requirement, criminal activity directed against a minor may go undisclosed.

What is the Title X program?

Title X of the Public Health Service Act was established as a federal program in 1970. For many years it has offered low income women certain "reproductive health" services, including family planning as well as "non-directive" pregnancy counseling and referrals on all "options," including abortion. By law, abortion may not be treated as a method of family planning in the program; yet abortion referrals are mandated by Public Health Service guidelines governing the program.

This year, the Title X program is slated to receive $203 million from the federal government to fund approximately 4,800 state or county health departments, independent clinics, and Planned Parenthood affiliates across the country (known as "grantees"). In 1996, Planned Parenthood affiliates received $46.4 million in Title X funds, according to the Government Accounting Office (GAO). Planned Parenthood is strongly opposed to parental consent or notification laws, which, in its view, interfere with the "confidential" relationship between its counselors and unemancipated minors.

One-third of the approximately five million women served by the program are teenagers. Unmarried teens may qualify for free services regardless of their parents' income or consent. Currently, a teenager may walk into any Title X clinic and receive free prescription contraceptives, including potentially harmful implants or injectables like Norplant and Depo-Provera, without her parents' knowledge or consent.

Why is parental notification needed?

Most forms of contraceptives have potentially dangerous side effects for young women, which parents -- not clinic workers -- are left to deal with. None of these drugs and devices shields against sexually transmitted diseases. Some, such as Norplant, Depo-Provera and the low-estrogen Pill may sometimes act as abortifacients by preventing the embryo from implanting in the womb. Others, such as "emergency contraception" (sometimes called the "morning-after" pill, though actually taken up to 72 hours after intercourse), have this abortifacient effect as their primary mode of action.

Teen contraceptive use does not reduce abortions. A 1986 study found that despite large national expenditures for family planning for 15-19 year olds, both pregnancy rates and abortion rates rose over time. The researchers compared 1971 (federal, state and local) expenditures at $111 million with 1981 figures of $400 million (including Title X funds). With the teen population about the same in each year, in 1972 the pregnancy rate for 15-19 year olds was 95 per 1,000 and in 1981 the rate was 113. During
that same time, the abortion rate rose from 190,000 to 430,000. (Stan Weed, "Curbing Births, Not Pregnancies," The Wall Street Journal, Oct. 14, 1986.) Further, according to the Alan Guttmacher Institute, most women having abortions were using contraceptives when they became pregnant. Contraceptive effectiveness is even lower among teens.

Recent national statistics show that teen sexual activity, pregnancy rates, and abortion rates are declining for a variety of reasons. The messages we send to our teens should encourage this trend by stressing the dangers of premature sexual activity. Parents are the most appropriate and reliable people to send such a message. Many Title X grantees send the opposite message.

In a 1996 Henry J. Kaiser Family Foundation survey of 1,500 teens (ages 12-18), 55% said their parents are the source they trust for the most "reliable and complete" information about sex and birth control. The next highest category was the 39% who said they trust a doctor or nurse; 9 percent trust a family planning clinic.

In a widely cited example in 1997, a 37-year-old Crystal Lake, IL teacher was convicted of criminal sexual assault and child pornography for having an 18-month affair with his 14-year-old student. He had been taking her to the local health department, funded by Title X, where she received injections of Depo-Provera, so he could continue to abuse her without her parent's knowledge. The teacher is serving a sentence of ten years, and the health department voted not to accept Title X funds next year.

This shocking example, and the overall lack of parental notification in the Title X program, are affronts to parents' rightful role as the primary educators of their children. Government agencies or counselors cannot replace and should not interfere with the rights and responsibilities of loving parents, particularly in sensitive matters dealing with human sexuality and the transmission of human life. Government should protect the role of loving and supportive parents, and make it possible to terminate the parental rights of those who abuse their trust. Current policy does just the opposite: Pushing parents out of the situation, and protecting abusers.

Email us at prolife@usccb.org
Pro-Life Activities | 3211 4th Street, N.E., Washington DC 20017-1194 | (202) 541-3000 © USCCB. All rights reserved.