Young Women Speak Out!

Perspectives and Implications of Reproductive Health, Rights and Justice Policies

CLRJ RESEARCH REPORT

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California Latinas for Reproductive Justice

YOUNG WOMEN SPEAK OUT!

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Overview

How have notable reproductive and sexual health policies impacted California adolescents' rights to complete and accurate information and services? Does family communication about sex really influence their decisions? Are pregnant and parenting youth provided equal access to educational opportunities? Does the public debate surrounding adolescent childbearing recognize underlying systemic factors or vilify youth?

In *Young Women Speak Out!* California Latinas for Reproductive Justice (CLRJ) assessed young Latinas' perceptions about the implementation of key California reproductive and sexual health policies in order to address the questions posed above. This community-informed research project explored the views and documented the experiences of young Latinas in diverse California regions regarding reproductive and sexual health concerns in order to showcase the day-to-day implications that such policies have among youth in our communities. The young women's experiences highlight the significant gap between existing policies and their connection to the most underserved young Latinas' lives. They also highlight the systemic discrimination experienced by pregnant and parenting Latina youth within educational institutions and the absence of public debate focusing on health, educational and social support networks for these young parents.

> ***"A lot of my friends, we discuss options for birth control...but I am not a doctor, I am not a nurse. [We need] someone to talk to us, we just [need] to have someone who is educated to give us better answers with respect."***
> —22 year-old

Key Findings

CLRJ's qualitative research project identified the following key findings:

- There continues to be a wide gap between the passage of key reproductive and sexual health policies and their implementation, particularly for the most disenfranchised youth of color.
- Young Latinas continually face a range of obstacles in accessing comprehensive and medically accurate information about their reproductive and sexual health.
- Information about California minors' constitutionally protected rights to confidential reproductive health services has failed to reach young Latinas.

- Although Latina/o parents are concerned about sexually transmitted infections (STIs), unintended adolescent childbearing and keeping their children safe, many lack the information and tools to engage their children in these important discussions.

- Pregnant and parenting young Latinas face systemic discrimination in educational institutions, lack access to equal educational opportunities and experience a dearth of social supports in their communities.

Despite California's longstanding policies and laws supporting comprehensive sexuality education, many of the young participants recall receiving abstinence-based sexual health education at either the middle or high school level.

In addition to ensuring access to comprehensive sexuality education for youth, many participants suggested there should be comprehensive sexual health education classes for parents. These classes should not only provide parents with medically-accurate information regarding topics such as contraception, birth control and STIs, but also provide parents with tools to broach these topics openly with their children.

While participants recognized the importance of learning about their rights to confidential health services and increasing accessibility to such services, they also stressed the value of delivering these services with respect.

Policy Recommendations to Promote the Reproductive Health and Justice of Young Latinas

In response to the key research findings, CLRJ has proposed an array of policy recommendations in the following areas:

- Promoting and implementing policies that advance young Latinas' rights to access sexual and reproductive health information and services that are comprehensive, confidential and medically-accurate in order for youth to make well-informed decisions about their health and lives.

- Promoting policies that enforce implementation of the California Comprehensive Sexual Health and HIV/AIDS Prevention Act[1] and supporting culturally and linguistically appropriate programs to educate students, families and communities about the Act's provisions.

- Promoting and enforcing existing laws that prohibit discrimination against pregnant and parenting youth, including laws that ensure equal access to educational opportunities.

Methodology

CLRJ conducted three focus groups in diverse regions of California: Central Valley, San Francisco Bay Area and Los Angeles County. The predominantly Latina sample included 27 young women between the ages of 16 and 24. A small number of African American females participated in one of the focus groups. The focus groups were 90 minutes in length and were conducted between September and November 2009.

The focus group topic areas included:

- Comprehensive Sexuality Education;
- Family Communication and Beliefs about Sexuality;
- Confidential Reproductive Health Services; and
- Views on Pregnancy.

Background: The Policy Landscape

California has emerged as a national leader in advancing reproductive health and rights policies for adolescents and has upheld minors' constitutional rights to access confidential reproductive health information and services, including those in the following areas:[2]

- Sexual assault;
- Pregnancy and pregnancy-related services, including abortion;
- Family planning; and
- Sexually transmitted infections.

Another important measure is passage of the California Comprehensive Sexual Health and HIV/AIDS Prevention Act, also known by its original bill number, SB 71.[3] This all-inclusive law established curriculum guidelines and specific content criteria for schools that choose to teach comprehensive sex education. Under SB 71, the sexual health instruction must be:

- Age appropriate;
- Medically accurate and objective;
- Unbiased;
- Equally available to English language learners; and
- Appropriate to pupils of all races, genders, sexual orientations, ethnic and cultural backgrounds, and students with disabilities.

The curricula must encourage students to communicate with their parents or guardians about human sexuality; provide information about sexually transmitted diseases, including Food and Drug Administration (FDA)-approved methods of reducing STI risk and information regarding local resources for testing and medical care; provide information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including emergency contraception; and provide students with skills for making and implementing responsible decisions.

Both California and federal law guarantee pregnant and parenting youth equal rights and opportunities in all public and private educational institutions that receive public funds. The statutes specifically provide that schools cannot discriminate against any student or exclude any student from her or his educational program or activity on the basis of a student's pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery from these conditions.[4] Furthermore, these provisions prohibit discrimination or harassment by fellow students, teachers, school administrators, and counselors, or any discriminatory school policy or practice.[5]

> **"Why is it not getting out there that it's the law to have confidential services?"**
> —22 year-old

These are just three examples of critical reproductive and sexual health and rights policies affecting youth in California. Despite these important legal protections, access to comprehensive, confidential, culturally and linguistically appropriate reproductive and sexual health services and information continues to be lacking for the most disenfranchised young women and youth in California. As such, adolescents who lack access to these vital services and information are more likely to postpone care, delay or forego obtaining important reproductive health screenings and have adverse health outcomes. This is exemplified by staggering California statistics among young women, including the following:

- Chlamydia infection rates are two times higher for young Latinas and over seven (7.5) times higher for African American females than the rates for White females.[6]
- Gonorrhea infection rates for young Latinas are one and one-half times (1.5) higher than the rates for White females.[7]
- The prevalence of knowing that Emergency Contraception is available without a prescription was higher for white females (27.4 percent) than either Latinas (17.9 percent) or African American (16.3 percent) females.[8]
- Latina/o youth are almost four times more likely to lack health insurance than White youth.[9]
- While the birth rate for young Latinas decreased to 56.9 (per 1,000) in 2008 from a rate of 61.9 the prior year, it remains higher than the birth rates for African American females at 39.9, Native American females at 27.1, White females at 13.1 and Asian/Pacific Islander females at 9.6.[10]
- National data indicates that Latina and White adolescents report similar percentages of ever having had sexual intercourse, yet approximately 66 percent of sexually experienced Latina teens used contraception the first time they had sex—less than both African-American (71 percent) and White adolescents (78 percent).[11]
- Nationally, among youth and young women ages 13 to 24, Latina and African American females account for over 75% of reported HIV infections, although together they represent only about 26% of U.S. women in this age group.[12]
- National data indicates that teen mothers are now more likely than in the past to complete high school or obtain a GED, but they are still less likely than women who delay childbearing to attend college.[13]

Views on Pregnancy

Pregnant and parenting Latina youth experience systemic discrimination in their schools and lack social supports to foster their educational opportunities.

Both federal and state laws provide pregnant and parenting students the right to remain in their regular or current school programs, including honors and magnet programs.[14] Despite these clear legal protections, the vast majority of the participants reported experiencing or witnessing systemic discrimination within educational institutions against pregnant and parenting youth, including pressure to transfer out of comprehensive high schools into alternative programs and being relegated to substandard instruction.

Participants stated that pregnant youth at their high schools were forced to transfer to another school, also referred to as the "pregnant high school." One young woman shared her own experience: "I had to leave; my principal or superintendent told me 'you can't stay here while you are pregnant. You have to go to another school, because [the] pregnant school is required for pregnant people.'"

When asked why some pregnant or parenting young women were forced to go to a "pregnant high school," one participant stated, "[s]ome schools probably feel like that because they don't want you to be there because it might not be good. I mean, they think it's not positive, that's how some schools look at it." Another young woman explained that in her school, "they didn't have all those kinds of support groups or stuff like that because they look at it like it's not good, and it's not a care or concern for them."

> ***"At the pregnancy school, my teachers . . . didn't even teach the class she just gave us work that we had to work out of our workbooks all day and that's it... [W]e had cooking class once a week so that we could be prepared to be able to cook for our children and that's it. She didn't teach us anything academic wise."***
> —18 year-old

Other participants stated that although pregnant young women were not forced to leave their schools, they were ostracized within their institutions. One young woman recalled: "In our school they stayed, but we…had some bungalows way in the back, so they were kind of hidden." Another participant noted: "There was a pregnant minor section...when they first started incorporating it; they were allowed to come up to our lunch area but eventually they were just kept in the one corner of the school."

In addition to prohibiting the exclusion of pregnant and parenting students from schools made available to the general student population, both California and federal laws require that participation in special "schools" or programs for pregnant or parenting students must be completely voluntary. Moreover, the instruction provided through such programs or schools must be comparable to programs and schools offered to non-pregnant students.[15]

Participants' experiences demonstrated unequal and substandard education being offered to pregnant and parenting students. The vast majority of the participants felt that the curriculum at these "special" schools was very poor. One young woman stated: "They do not have the honor classes, because they don't, they just have regular classes to get them through." Another participant stated that the pregnant high school she was forced to attend, "[w]asn't even pushing us towards our education, they were just pushing us towards our baby, they kept cramming it into our heads in nine months you are going to have a baby."

Only a very few of the young women reported a positive experience at their school for pregnant and parenting students when the program created a supportive environment. One participant stated: "A lot of girls end up doing way better when they go to our school because they...don't feel like they have to stop going to school." When asked what she thought made her particular program successful she stated: "It is supportive because you are surrounded by other pregnant girls, you are all in the same situation, and the teachers are supportive and the principal understands because she went through it herself."

These young women's experiences illuminate the systemic conditions created by educational institutions that prevent pregnant and parenting students from exercising their civil rights to equal educational opportunities.

In addition to experiencing exclusion and substandard education in their schools, participants expressed facing a severe lack of social supports for continuing their education and accessing positive opportunities. For example, many of the young women stated that the lack of resources and support

"We should view [adolescent childbearing] as maybe a positive thing because... sometimes... it makes you stronger. It makes you see things differently and also [improves] communication with your parents." —20 year-old

"They make it sound like having a baby and your life is over." —18 year-old

in their communities to attend college appear to be crucial factors that lead them to decide to start their families early. One participant stated: "I think it has to do with having programs where it enhances the young girls' confidence and opens their eyes to a whole new world and more opportunities about education, and not just marriage after high school and not just working."

In addition, the vast majority agreed it was very important to have motivating teachers, counselors and quality education. One young woman stated, "Maybe if I would have been more exposed to colleges and stuff like that at a young age, maybe it would have motivated me to do good in school." The same participant stated that if the school officials "start when you are young, to talk about stuff like that and also have mentors and start thinking about what you want to do as a career, then that will probably motivate them to stay in school and not get pregnant at such a young age." Another young woman stated, "[w]hen we went to Sacramento, we saw little kids there and I was like 'why didn't my school do that?' And at my college sometimes, I see elementary school kids getting a tour and I think that would have opened my mind if I would have had those opportunities." These statements support research findings that indicate that attending school, doing well in school and planning to go to college and believing that they will be able to attend college are all factors that delay early childbearing.[16]

Some participants attributed the perpetuation of so-called "traditional" gender roles in their communities as a factor for adolescent childbearing. In particular, they mentioned the expected role of Latinas as caregivers. For example, one young woman stated: "My mother purposely wanted to break the

cycle because she did not want that for us, but her sisters and in her family they were taught 'you're a woman, you're a mother and that's your job, your job is to take care of your family and have babies and take care of the babies and take care of the household, that's your responsibility as a woman.'"

The current public and policy discourse on adolescent childbearing fails to assess the broader health, educational and systemic factors exemplified by these young women's stories. Findings from CLRJ's former qualitative research project reflect that research and policies in this area continue to focus primarily on identifying prevention strategies that rarely delve into important indicators such as the availability of comprehensive sex education, contraception access and use, family dynamics, future goals and expectations, economic opportunities, dating violence and pregnancy controlling behavior.[17] Consequently, this narrow view centers on mitigating perceptions of adolescents' "risky" behavior rather than promoting health, educational and social support networks for pregnant and parenting youth. One advocate stated: "More research is needed to show increased positive outcomes for teen parents, such as completing high school education, as opposed to continuing to vilify youth for being young parents."[18]

In addition to shifting the negative paradigm surrounding pregnant and parenting youth, existing civil right laws and policies must be enforced in order to prevent schools from continuing to segregate pregnant and parenting students and deny their opportunities to graduate, prepare for college and other economic advancements.

Confidential Reproductive Health Services

Information about California minors' constitutional rights is not reaching young Latinas.

Many of the participants reported that they were unaware of their constitutionally protected rights to access confidential reproductive health services and thus have either not accessed services or have delayed services as a result. One young woman stated that when she was in high school, "I would not be able to go after school, because my mom would ask me 'why weren't you home at this time, what were you doing?'" In addition, questions about who pays for an adolescent's health care lead to confidentiality concerns. One participant stated: "I'm on my mom's insurance and I don't want her to know."

> ***"If you have health insurance, do they offer programs if you don't want to tell your parents, but you want to go in and get educated?"***
> —23 year-old

These experiences are consistent with data indicating that one in five teens whose parents do not know they obtain contraceptive services would continue to have sex, but would either rely on withdrawal or not use any contraceptives if the law required that their parents be notified of their visit.[19] Many youth have also reported that they would avoid accessing services or delay testing and treatment of STIs if their parents were notified.[20]

The young women's perspectives emphasized the importance of confidentiality in the context of pregnancy –particularly for the most vulnerable youth. For example, the vast majority of the participants agreed that parental notification policies would put certain girls in harm's way. One young woman stated: "[When] I got pregnant I was actually going to have an abortion and if this law would have gone through where I would have had to tell my parents, I would have killed myself." Similarly, another participant stated: "I was 15 [and] pregnant and nobody knew I was pregnant...I was on the streets, I was on the run and I didn't want nobody to know." Although most young women involve one of their parents or other trusted adults when faced with an unintended pregnancy, these statements reflect data indicating that some of the young women who choose not to involve their parents, cite fear of physical harm, being kicked out of the house, a difficult family situation, or other abuse.[21]

In addition to concerns about confidentiality, young Latinas related their experiences with other systemic obstacles when accessing reproductive or sexual health services, such as affordability and adequate provider care. Many participants stated that financial burdens, such as lacking health

insurance or information about free or low-cost services, prevented access. For example, one young woman stated: “I got it for free because I was a minor, but now I can’t.” Another participant stated: “They give you a card and you can get free pap smears, free breast exams, but you have to be 18 and younger. There’s nothing like that for 18 and over.”

Aside from access to preventive care and adequate health insurance coverage, many participants expressed the need for health care providers who are caring, knowledgeable and not judgmental. As one young woman stated, “when it would come time to talk to doctors about my options, my birth control options...it was written all over the[ir] face like disgust... I would just feel like so horrible and this doctor who is supposed to be knowledgeable thinks I am doing something completely horrible.” This lack of compassion from providers stigmatizes adolescent sexual behavior, creating yet another barrier for adolescents to exercise their rights to confidential health services.

All the young women stated they should be able to make reproductive and sexual health decisions for themselves, but many were unaware that by law they had constitutionally protected rights to seek information and services without parental notification. As a result, many youth are needlessly going without vital health services and care, and thus it is critical that youth be informed about their rights and available free and low-cost programs. In addition to this lack of knowledge, participants’ experiences highlight a range of systemic factors that create substantial access barriers to confidential health services. Furthermore, they all agreed that it was imperative that young women not only have access to confidential medical services, but also feel that they can discuss these issues with people they trust, including health care providers.

Comprehensive Sexuality Education

There continues to be a wide gap between policy and practice.

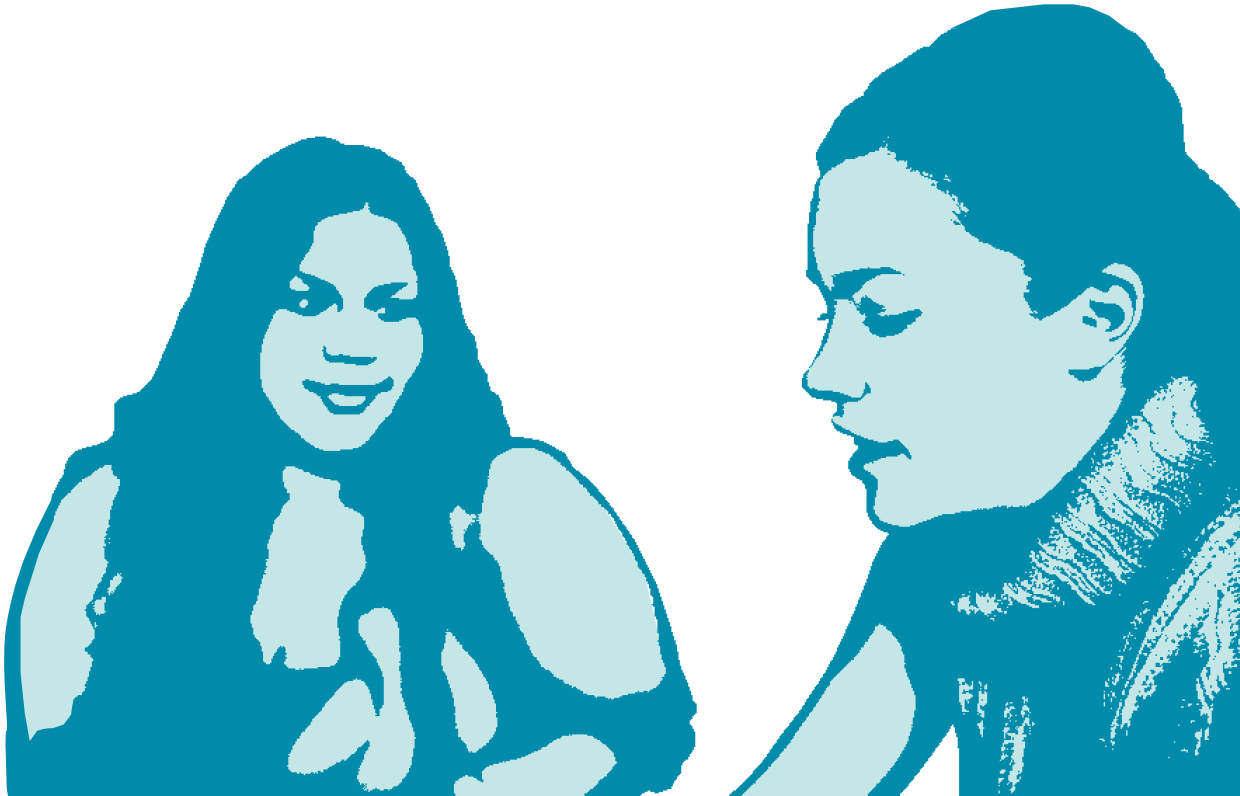
Although all of the participants reported receiving sexual health education between the 4th and 12th grades, most of them found that the information was not very useful. Nearly all participants stated that most of the instruction stressed abstinence. For example, one young woman stated the instruction "[e]mphasized that abstinence is the only thing that would prevent pregnancy and STIs, but it's not enough for people to understand; we were just told that sex is bad and abstinence is good." Another participant stated: "All I remember is pictures of female and male reproductive systems and that we were given jewels/pearls that...we pinned on as a representation of virginity and were told it was precious and should be given to someone special." Additionally, many of the young women also felt that some of the information was outdated. For example, one participant asked: "How are they going to keep showing this video that's raunchy and has outdated information?" Participants highlighted other major omissions in their instruction, including resources and referrals for STI testing and treatment, pregnancy testing and affordable emergency contraception. California's comprehensive sexuality education law, also known as SB 71, requires all of these topics to be taught.

> ***"In high school, I honestly don't remember anything. I know I took it because it's mandatory but it was less than a semester and was combined with health and driver's ed."***
> —18 year-old

In addition to having complete sexual health information, it is also important for students to be given the opportunity to ask clarifying questions to strengthen their understanding of the curriculum. Accordingly, along with the curriculum content, CLRJ's assessment also explored participants' comfort level within the class as a measure of quality instruction and in order to find out whether they felt their concerns and questions were addressed. Many of the young women stated that they, along with their classmates, did not feel comfortable and avoided asking questions. The young women who did feel comfortable reported that it was due in large part because they were allowed to ask questions anonymously.

These experiences provide a glimpse of how much more needs to be done by educational officials in order to properly implement comprehensive sexuality education that abides by SB 71's guidelines. The instruction described by the young women was biased towards abstinence, lacked objectivity and omitted critical information regarding STIs and contraception— all of which are required by SB 71. The focus on abstinence is problematic because it excludes those students who are already sexually active or who have experienced reproductive coercion, sexual assault or abuse. Furthermore, delivering information that is ineffective[22] hinders the opportunity for young women to be equipped to make well-informed decisions regarding their reproductive and sexual health. More data needs to be available concerning the content and effectiveness of the curriculum being used throughout California's school districts. This data would be useful to ascertain whether or not schools are abiding by SB 71, and if students are able to apply the information learned and have the skills to do so. Additional research could also provide evidence for best practices to ensure that limited resources are being allocated properly. This is especially pertinent given California's escalating fiscal challenges.

"The schools are failing us when we don't even know about it."
—19 year-old



Family Communication and Beliefs About Sexuality

Parents are concerned about STIs and unintended adolescent childbearing and want to keep their children safe from harm.

A notable component of SB 71 includes encouraging students to talk to their parents or guardians about human sexuality, yet only a small number of young women remembered hearing about this in their sexuality education classes. Only a few participants stated that they felt comfortable talking to their parents about sexual health issues. Many of the young women expressed that it was very important for parents to know about the technical characteristics of sexuality, including contraceptives, birth control and different transmission routes. As one participant stated, "parents should be educated themselves on those issues and have comprehensive sex education, because I want it to be my mom telling me about this."

This statement supports research findings showing that adolescents' perceptions of parental expertise is vital for increasing parental influence on sexual behavior.[23] Research also indicates that talking about sexuality can actually decrease risky sexual behavior and unintended pregnancies.[24]

Many of the participants who felt comfortable talking to their parents mentioned that the conversations mostly focused on having protected sex. For example, one young woman stated that her parents told her: "It's your choice if you want to have sex. We would prefer it if you were married but always be protected." Participants stated that they also spoke with other trusted family members — including siblings, aunts, cousins and grandmothers — about reproductive and sexual health concerns. The vast majority of the young women stated that they spoke to friends about sex.

> ***"Well what can you do when your parents don't talk to you and you don't get it from the schools?"***
> —20 year-old

The participants who did not want to discuss sexual and reproductive topics with their parents cited fear of parents' reaction as a predominant deterrent. For example, one young woman recalled her apprehension in speaking with her mother, stating: "I was so scared of her and would tell her nothing...so everything I learned was through friends." Other participants indicated concerns about how they would be viewed by the male members of the family or of no longer being perceived as "innocent." For example, one

young woman stated: “We were never instilled with, ‘oh you need to wait for marriage.’ But I did grow up with a family with a lot of men and I am scared to get pregnant because, what would my uncles think of me?” Another participant said she didn’t talk to her parents “because I don’t want them to view me in a bad way. I don’t like telling them anything that has to do with sex, because they are going to know that I am not innocent.”

Many of the participants recommended that parents should also be presented with tools that build their skills on how to initiate conversations about sex. As one young woman stated, “[i]t’s about parents and how to talk to their kids about sex...the parents need guidance for this.” For the parents who do initiate these conversations, more research needs to be conducted concerning what Latino parents discuss, where they obtain their information, how often they engage in these conversations and other information needed in order to better inform policies developed to support voluntary and accurate family communication about sexuality. In collecting this information it is also imperative for researchers to recognize that there is great diversity in Latino families with respect to values, beliefs, family structure, and attitudes about sexuality and that each of these factors can impact voluntary parent-adolescent communication about sex.

“They can have a class just for the parents and teachers can teach the parents [that] it’s okay to talk to your kids about that, or don’t be embarrassed you need to tell them.”
—22 year-old

“I don’t think my mom was raised that way, nobody told her anything either...it’s a matter of information.”
—22 year-old

Policy Recommendations to Promote the Reproductive Health and Justice of Young Latinas

As the testimonials set forth in this report demonstrate, young Latinas are continually hampered from accessing comprehensive and medically accurate information about their reproductive and sexual health, while having limited knowledge about their legal rights to confidential reproductive health services. Their experiences further exemplify the urgent need to reframe the current discourse about pregnant and parenting youth and address the underlying systemic factors in order to better understand the complexities of adolescent Latina childbearing.

CLRJ supports public policies that further the availability of quality reproductive and sexual health information and services to Latina/o adolescents and young women, their families and their communities. CLRJ has identified the following recommendations to further its core policy priority of **ensuring that Latina/o youth have access to comprehensive and confidential reproductive health information and services as well as educational and social supports to promote healthy and economically secure futures:**

- Promote state and district-level policies to further the monitoring, implementation and enforcement of the California Comprehensive Sexual Health and HIV/AIDS Prevention Act (also known by its original bill number, Senate Bill 71) in California public schools in order to ensure that school-based sexuality education curricula are medically accurate, bias-free, comprehensive and equitable for all students.

- Promote policies and community-based programs that provide culturally and linguistically appropriate information and training about SB 71's requirements to educators, parents, students and community members.

- Support policies and community-based programs developed to promote voluntary family communication about sexuality by providing parents and parenting adults with the knowledge, understanding, and communication skills necessary to talk with youth about sex and sexual health in order to promote well-informed decision making.

- Promote policies and community-based programs that provide appropriate information and training about California minors' rights to confidential reproductive health services to youth, parents, community members and health care providers.

- Promote policies and enforce existing laws that promote positive health and educational outcomes for pregnant and parenting youth, including implementing their civil rights to access equitable and quality educational opportunities.

- Promote policies that support research and targeted communication strategies developed to reframe the public debate surrounding pregnancy and parenting among Latina/o youth in order to address the complexity of systemic factors affecting adolescent childbearing and promote positive educational opportunities and social supports.

End Notes

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California Latinas for Reproductive Justice (CLRJ) is a statewide policy and advocacy organization whose mission is to advance California Latinas' reproductive health and rights within a social justice and human rights framework. CLRJ works to ensure that policy developments reflect Latinas' priority needs, as well as those of their families and their communities.

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