



## **The Loss of Confidential Reproductive Health Care Services: Projected Impact on Adolescent Minors**

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In recent years, much legislation has been proposed to mandate parental involvement—through parental notification or parental consent—in minors’ decisions on family planning and abortion services. Legislation has been proposed in the Congress, in the California State Legislature, and through California ballot initiatives that would rescind a minor’s right to confidential family planning, abortion services, or both.

Parental involvement in adolescents’ family planning care is a federal priority. All clinics that receive Title X funding strongly encourage adolescents to talk with their parents or legal guardians about reproductive decisions. By providing information and education, clinics also support and encourage parents and children to talk with each other about sexual health. Opponents of *mandated* parental involvement maintain that while many teens can talk to a parent, some of them would face negative consequences in their households if they disclosed sexual activity, pregnancy, or the desire to seek reproductive health care. Existing research shows that these consequences include being kicked out of the house or forced to continue an unintended pregnancy.

Currently in California, minors age 12 through 17 have the power to consent, without parental notification, to family planning services and to seek an abortion. Approximately 70,000 minor adolescents, of whom nearly 63,000 are female, are served annually in family planning clinics that receive program funding from Title X and service reimbursement from the Family Planning, Access, Care and Treatment Program (Family PACT). An estimated 16,730 minors obtain abortions in California each year. No federal funds may be used for abortion; nor are resources for abortions provided by programs funded by Title X or reimbursed by Family PACT. However, abortion is covered by public health insurance plans (such as Medi-Cal

for low-income individuals), which exclusively use State funds. Whether they seek confidential family planning or abortion services, these adolescent minors stand to be affected by a legal mandate for parental involvement.

In this study we assessed how minors’ intentions in obtaining care would be shaped by a change in California’s minor consent law and the loss of confidentiality in family planning and abortion services. The study had two primary objectives:

- To assess the impact of mandatory parental notification on minors’ intentions to obtain family planning services. Specifically, we sought to determine (1) the percentage of minors who would still come to the clinic for prescription birth control and sexually transmitted disease (STD) testing and treatment, and (2) the extent to which parental knowledge that a minor was a client at the clinic would affect the likelihood of return.
- To assess the impact of mandatory parental notification or consent on minors’ pregnancy-related decisions. Specifically, we sought to estimate the percentage of minors who would travel out of state or petition the court for a judicial bypass in order to obtain an abortion and avoid mandated parental involvement. (The judicial bypass is a legal proceeding in which a minor can appear before a judge and petition the court for permission to consent to her own abortion.) This legal option is available in the majority of states that have enacted parental notification or parental consent laws for abortion.

### **Methods**

The Institutional Review Board of the California Family Health Council approved the study. Female and male clients age 12–17 seeking family planning services, not including abortion and prenatal care, were eligible to participate. Participants completed an anonymous, two-page, self-administered survey. The surveys and informed consent forms were provided in English and Spanish.

A stratified random sample was drawn from a list of family planning clinics that were recipients of Title X

funding in 2005 and had served 200 or more minors that year; the study was designed to be representative of minors served in these clinics. Data from 48 clinics were included in the analysis. The response rate for participants within each clinic was calculated; the overall response rate was 78%.

A total of 1,753 minor adolescents age 12–17 who were seeking family planning services completed the survey. Of these, 1,635 were females. Female adolescents were the focus of all analyses. The number of surveys obtained allowed estimates of the percentage of minors who would still come to the clinic for prescription birth control to be accurate within  $\pm 2.5$  percentage points.

### Findings

The findings emphasize the importance of encouraging and supporting parent-child conversations about sexual health through information and education. They suggest, however, that legislation mandating parental involvement would not improve teens' safety. Mandated parental involvement may result in minors delaying or avoiding timely care and experiencing an increase in medical risks, but not increasing their abstinence from vaginal sex. If confidential services were rescinded, the estimates suggest that:

- Less than half (49.5%) of the 63,000 female minor adolescents served at Title X-funded clinics annually would still come to the clinic for prescription birth control, and 44.7% would still come for STD testing and treatment. Only 9.8% would stop having vaginal sex.
- Among adolescents who would consider abortion, more than a third (36.9%) would leave the state to obtain an abortion where there were no parental involvement laws. In a separate question, 28.3% answered that they would seek a judicial bypass.

The study also provided important information on the positive effects of *voluntary, ongoing* communication between a parent and a daughter about sexual health. Specifically, the results speak to the effects of parent-child communication on a daughter's ability to tell a parent that she is a client at a clinic and on her willingness to return to the clinic for services knowing that the clinic would inform a parent.

- Approximately three-fourths of the sample had at least "some" discussion with their mother/female guardian about preventing pregnancy.

- Extensive ("a lot" of) discussion with a mother/female guardian about preventing pregnancy made it six times more likely that either parent knew a daughter was a client at a clinic; engaging in "some" discussion increased the odds of parental knowledge twofold.
- Parental knowledge that their minor child was a client at a clinic had the greatest influence on a minor returning to the clinic for family planning services: It increased the likelihood of return for prescription birth control sixfold.
- Latinas were 42% less likely than whites to tell a parent about being a client at a clinic.
- Adolescents in this study were less likely to report that their parents were aware of their visit to a clinic than adolescents in a prior study that used a national sample. This may be partly attributable to the composition of this sample.

### Policy Recommendations

- **Allowing minors to consent to their own family planning services, including prescription birth control, pregnancy testing, and STD testing and treatment, should be maintained in California.** Proponents of parental involvement laws often argue that such laws further parent-child communication and reduce sexual activity among minors. However, mirroring the results of two other studies (one national and one regional), this study indicates that outcomes would probably be otherwise in California. The likely impact would be more teen pregnancies in the state, resulting in both more births and more abortions among adolescents.
- **A minor's exclusive consent for abortion should be maintained in California.** This study indicates that parental involvement laws would decrease the safety of adolescents. Among adolescents who would consider abortion, substantial proportions indicated that they would engage in risky behaviors to avoid parental involvement, including traveling out of the state (36.9%) or out of the country (16.0%), seeking a judicial bypass (28.3%), and trying to "find a way around the law" (34.0%), which might include an illegal or self-induced abortion. While the responses to these options were not mutually exclusive, the data indicate participants' willingness to consider

several alternatives in order to bypass parental involvement.

- **Programs to assist, not mandate, parent-child communication about sexual and reproductive health should be implemented.** We found that adolescents who reported frequent parent-child communication about preventing pregnancy would be more likely to continue to seek birth control and STD testing and treatment services if parental involvement were to be required, compared with adolescents whose communication with a parent was less frequent or absent. However, mandating parental involvement would not result in improved family communication, but rather in teens engaging in riskier behaviors.
- **Further research is necessary to determine why California adolescents differ from their peers in other states in being less likely to report that their parents were aware of their visit to a family planning clinic.**

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