

SEXUALITY, PARENT-ADOLESCENT COMMUNICATION, AND PARENTAL
INVOLVEMENT LAWS: IMPLICATIONS FOR FAMILY LIFE EDUCATORS AND
POLICY

by

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Abstract

This is a review of the body of literature about teenage sexuality, pregnancy, abortion, parent-adolescent communication, and parental involvement laws. The literature review focused on current United State's policies on teenage abortion and the effects of parental involvement laws and judicial bypass. A review of other nations' policies regarding teenage sexuality, pregnancy, and abortion and the outcomes of these policies is given and compared to the policies of the United States. Proponents' reasons for parental involvement laws are explored. Current research on the effects that parental involvement laws have on adolescents and their families, adolescents' abilities to make informed decisions about abortion, and characteristics of teenage girls who choose abortion is reviewed. The need for more research on teenage sexuality, parent-adolescent communication, and the effectiveness of parental involvement laws are identified. Implications for family life educators for the prevention of teenage pregnancy as well as interventions for family life educators in the event of adolescent pregnancy and abortion are provided. Implications for the need to review current parental involvement policies and the need to apply research to these policies are also recommended.

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Dedication

This is a dedicated to my family, and especially dedicated to my mom Valorie and my dad John for their emotional and financial support throughout my life. For letting me become the person that I am today and for accepting that they may not always understand me. I also would like to dedicate this to my grandparents, aunts, uncles, and my brother Zac.

INTRODUCTION

Opinions or beliefs on abortion are most often described as being for or against. Is one Pro-choice or anti-choice? Pro-life or anti-life? Rather than a common ground on the issue, there is an evident dichotomy. Many questions exist and swirl around the topic: When does life begin? Should we allow abortions in the United States? Are we keeping it safe because we are keeping it legal? These questions become more intense and confusing when discussing this topic in regards to adolescent abortion. Should parents have the right to deny access to such services for their adolescents? When is one old enough to make the decision based on informed consent? How do we keep our teenage girls from becoming pregnant in the first place?

Policies that govern and limit adolescents' access to abortion services are supported for many different reasons. Even though many people are against minors accessing abortion services, measures to keep adolescent females from becoming pregnant are continuously failing. Often decisions made within the political context are decided by external factors. Policy makers take into account competing factors such as media attention, gaining votes, career goals, and personal values (Bogenschneider, Olson, Linney, & Mills, 2000).

The Feminist Women's Health Center <http://www.fwhc.org/stories/storyteen.htm>, Retrieved April, 15 2008) provides an outlet for women and girls to blog about their experiences with abortion. This is not about pro-choice or pro-life. It is about discussing experiences related to pregnancy and abortion. The blogs represent many different perspectives on life and pregnancy. One specific section is dedicated to teenage girls' experiences. Here girls are given the space to discuss their experiences in a public arena while remaining anonymous.

The three stories presented below were found on this website. These personal teenage abortion experiences were chosen because they represent girls who are dealing with an important decision, often on their own. They are placed in this paper verbatim. These stories show actual adolescent experiences in regards to pregnancy, abortion, and family support. These stories are full of emotion, decisions, and ambiguity about what is right and wrong, ethical and unethical. Spelling and grammatical errors are present and left unchanged. All three stories presented below are from girls who were 15 years old when the pregnancy occurred. Even though they are the same age each girl had a different experience in regards to parental involvement in her decision, as well as parental support before, during, and after the abortion service. Represented are the different dynamics including parental support, life goals, and feelings about the experience.

Kylee's Story

I am a 15 yr old girl, who has just found out that i am pregnant. I was really scared and confused, i never thought it could happen to me.

I am in a really awkward relationship, which i am not happy in. My mum and dad fell out when i was 13, but when i told them, they both said they would stand by me what ever decision i made.

My boyfriend said he wanted me to get rid of it when he first found out, but he is now saying he dont know what he wants me to do.

I decided i want an abortion as i would never be able to give a baby the life i would want to, i am also not settled down in a proper relationship.

I always said i would never even consider abortions but when you know its the best thing to do for you then you will do it.

Thanks for reading my story.

Kylee

May 2004

Kristi's Story

Today is march 13, 1999... i had an abortion 4 years ago... march 10, 1995. I want to share my story to those who are thinking about having an abortion and to those who are like me... recovering.

It all started when i was a sophomore in high school... i met my first love... we got pregnant when i was 15 (only a couple of days before i turned 16) and he was 19.

My family already had its share of problems... my mom who was addicted to drugs and alcohol was the center of everyone's attention... i was scared to go home and tell my family i had gotten pregnant... i was scared to bring on more problems and i was scared of the reaction from my parents... i didn't feel like i could go to them for help... we didn't have much of a relationship.

My boyfriend and i decided to have an abortion... it was a way for us to "get rid of our problem." We went to a planned parenthood and i had our abortion... i remember the night before i had some time to think alone and i remember feeling sad and sorry yet i was already feeling the sense of relief that it would all be over soon. The morning of the abortion i tried to get it over with as soon as possible...

i had the abortion and went on with my life... in the last four years my boyfriend and i went our separate ways and decided to let ourselves grow up... i still am completely in love with him but i know it is best for us. I have "grown up" some... i am a full-time worker, enrolling in college... planning a happy future... every day i think about what my life would have been like if my boyfriend decided to have our baby... i can just imagine it but i would rather imagine it that had to experience it.

At first i went through many emotions... even regret... but now that time has gone on and i have grown i can see what people meant when they told me to wait on a family. I don't regret my decision now... just that i got myself in that situation... i took it as a learning experience though... just as everyone should.

Having an abortion is not an easy... but if you decide to go through with this life-changing decision... change your life for the better...

Kristi

13 March 1999

Sylvia's Story

I had just turned 15 three months before I found out I was pregnant. I was already going through a bad time in my life. I was in foster care and wanting to be with my family when I found out I was pregnant.

I called my boyfriend who lived an hour away from where I was placed. He broke up with me but not before he told me he cheated me.

I was devastated. I thought what am I going to do. I was afraid to tell my foster parents cuz I don't know them and I was scared so I knew I wanted to be able to do the things I wanted.

I couldn't afford a baby and I also didn't want that baby not to have a dad so I decided I had to get an abortion. When I think about it now I am glad I did it cuz I can be a kid still but I will always think what if I did have that baby who would that baby be but I made the right choice for me.

Sylvia

February 12, 2007

Kylee represents the group of females whose parents are supportive of her decisions. Had parental involvement laws been in place where Kylee resides, she would not have had problems with these barriers. Her story shows that while she had moral issues with abortion, she was determined to make the best decision for herself.

Kristi, however, does not have the same circumstances that Kylee does. It appears that Kristi comes from a home where her mother is an addict and has little time for her. Her parents are not available for discussion or support. She comprehended the extent to which her pregnancy may increase the stress in her family; but she was also concerned about the possible consequences of telling her family she was pregnant. Kristi is looking back at her time and does

acknowledge that the decision she made was very difficult and painful. She had feelings of guilt for her choice but recognized the effect it would have on her own life. She now feels that the decision she made was the right one for her.

Sylvia represents a few stories I read on the website about girls who became pregnant in foster care. Not only are they without parents, but they also face fears of constantly being uprooted and placed into a new home. Had Sylvia resided in a state with parental involvement laws, her ability to obtain a signature for an abortion would have been very difficult. Knowledge of her sexual activity or pregnancy by her guardians may have placed her in jeopardy of having a stable home. She discusses the process in which she came to the choice. It appears that she considered multiple circumstances and situations when she made her decision. All three girls identified a personal dilemma based on what to choose as their personal outcome. They considered multiple factors before deciding on an abortion. These factors included parental support, family stability, access to resources, and their own ability to support a child. It appears that the decision was not easy for any of the girls who wrote about their experiences and that there were varying degrees of parental involvement.

Laws and policies that guide abortion and adolescents' access to family planning services are reported by proponents as ways in which to ensure safety to the adolescent girls and their families. Unfortunately, these laws do not appear to be based in research or a current understanding of how these laws affect adolescents. Policy makers should consider all possible experiences and resources available to adolescents like Kylee, Kristi, and Sylvia, as well as current research, before enacting laws that limit their access to services.

Therefore, the question posed here is: are current policies and abortion restrictions benefiting adolescents? In order to answer this question one needs information on the actual

affects these policies have on adolescents and their families. Teen sexuality, pregnancy rates, and adolescents utilizing abortion services in the United States are important aspects to consider when analyzing the efficacy of current family planning policies. Research about adolescent pregnancy and possible correlations between the relationship with their parents and becoming pregnant will be discussed. Exploring barriers to adolescent abortion services and the outcomes of these barriers are the central themes of this paper. Understanding how effective these laws are at reducing teenage pregnancy and abortion rates will be examined. Reviewing ways in which other countries handle teenage sexuality and pregnancy, and the outcomes of these approaches provides a comparison to our nation's policies and programs.

Aside from exploring policies, literature about parent-adolescent communication in general as well as parent-adolescent communication about sexuality will be reviewed. This is important as the issues with adolescents accessing abortion services stems from the problem of teenage pregnancy. Another question is therefore proposed. What can we do to keep our teenage girls from becoming pregnant? Lastly, implication for family policy makers and family life educators will be suggested.

LITERATURE REVIEW

Teen sexuality and its consequences are not new concerns for the United States. The Committee on Child Development Research and Public Policy in 1984 stated that teen sexuality and pregnancy are of major concerns in our society; and successful ways for dealing with family planning issues in regards to adolescents needs to be more closely examined (Lottes, 2002). Family planning services, especially abortion, are a very controversial subject in our society. The current political climate supports current laws and requirements for abortion (American Academy of Pediatrics, 1996). Unfortunately not enough policies based in scientific research have been adopted and implemented. Many interviews and surveys have been completed with teenagers assessing the risks and consequences of abortion as well as the impact on their family. After reviewing the current research and statistics, it appears that current standards are failing to keep teenagers from becoming pregnant or from needing abortion services. This paper will examine the effects of such regulations and the impact they have on minor girls and their families in the United States.

Teen Sexuality

The average age that a teenager has first sexual intercourse in the United States is 15.9 years of age (Lottes, 2002). In 2002, 75 per 1000 females between the ages of 15 and 19 years old were pregnant (The Allan Guttmacher Institute, 2006) and the average teenager waited 22 months to seek contraception services after first sexual activity (Hock-Long, Herceg-Baron, and Whittaker, 2003). Teenagers appear to procrastinate seeking out access to family planning services, therefore 50% of pregnant teenagers became pregnant within the first sixth months of sexual intercourse (Henshaw & Kost, 1992). In her literature review, Hutchinson (2002) also

found that “adolescents who initiate sexual activity at younger ages are more likely to have multiple sexual partners” (p. 239). The larger the number of sexual partners, the higher the risk for becoming pregnant.

Lieberman (2006) reported on a study that examined the characteristics of sixth through eighth graders and the relativity of how certain characteristics correspond to sexual activity in the ninth grade. Those females who were more likely to become sexually active had peers who were accepting of sex, had also experienced unwanted sexual advances, had reached puberty and menarche at an early age, or were in a relationship with males who were two or more years their elder. The characteristics found in this research could help program developers to understand certain areas of focus for sexual education and parent education on this topic. Knowledge of risk factors and influences can greatly improve targeted areas of education and communication.

Ott, Millstein, Ofner, and Halpern-Felsher (2006) also studied motivations for adolescents to engage in sexual intercourse. Major themes, among the sample of 637 ninth graders, including feeling the need to gain intimacy and express love as well as a means of gaining social status and peer approval. These motivations were correlated with an acceptance of unprotected sexual activity. Many girls in this study believed that pregnancy would strengthen their relationship with their partner or boyfriend; so therefore this group of girls had fewer fears or concerns of becoming pregnant.

Teen sexuality continues to be an issue addressed. There are many different reasons and motivations that adolescents seek out sexual relationships at such a young age. Those adolescents who are becoming sexually active at a young age are at a higher risk for becoming pregnant. This leads to the high teen pregnancy and abortion rates familiar in the United States.

Pregnancy and Abortion

As of January 2005, 22% of all unplanned pregnancies in the United States ended in abortion and teenagers received 17% of all abortion procedures in 2005 (The Allan Guttmacher Institute, Facts on Induced Abortion in The United States, 2008). The American Academy of Pediatrics (1996) reported that as of the date of the journal article, 400,000 females under the age of 18 became pregnant each year and 41% of those pregnant ended these pregnancies by means of abortion. In the early 1990s at least 7% of 15-17 year old females had had abortions or miscarriages. Of these pregnant minors, 91% did not want the pregnancy, 2% reported being forced into intercourse, 2% wanted to be pregnant, and 5% were unsure if their intentions were to become pregnant or not.

Evidenced by this information, teenagers obtained a disproportionate number of abortion procedures (The Allan Guttmacher Institute, Facts on Induced Abortion in the United States, 2008; Lichter, McLaughlin, & Ribar, 1998). Effective measures to decrease adolescent need for abortion services should be addressed. Also, the American Academy of Pediatrics (1996) Committee on Adolescence published a statement on the importance of adolescent access to confidential abortion care. In their statement on minor abortion services support the access of minors to all options regarding undesired pregnancies.

Although teen sexual intercourse and pregnancy are very high in the United States, obtaining an abortion continues to have very heavy burdens for adolescents. Fears of abortion and its risks fuel these laws and policies. Even with high regulations, abortion continues to have fewer medical risks and mortality than childbearing. According to Adler, Ozer, & Tschann (2003) there is a 0.3 per 100,000 chance of a medical injury or death occurring during or after an abortion procedure compared to 9.2 per 100,000 deaths that occur during childbirth, for women of all ages. The American Academy on Pediatrics (1996) agrees that abortion has fewer medical

or psychological risks than pregnancy and childbirth. They state “mortality rates seem to be five times greater for teenagers who continue their pregnancies than they are for teens who terminate them” (p. 748) and that medical risks or negative psychological outcomes are extremely low when the abortion is legal, safe, and occurring within the first-trimester (American Academy on Pediatrics, 1996).

Aside from adolescents obtaining a disproportionate amount of abortions, the availability and access to abortion providers had significantly decreased. When comparing 1978 to 2000 the number of United State’s counties without an abortion provider rose 11% while women of childbearing age increased by 7% (Jones, Zolna, Henshaw, & Finer, 2006). This places a larger burden on adolescent females who have decided to terminate their pregnancy by abortion.

With all current knowledge about teen sexuality, pregnancy, and abortion, the current policies in the United States may be ineffective ways to deal with teenage pregnancy and abortion. While research shows little harm to one’s self in regards to abortion, many current state policies continue to uphold parental involvement requirements for minors seeking abortion services. Knowing current patterns of parent-adolescent communication about sexuality and its effects on sexual decision making and adolescent sexual patterns should be utilized to govern policy development.

Parent-Adolescent Communication

Adolescence is marked as a time in which many changes occur within the family unit. This area of development for the family is evident by a decrease in closeness and family time as well as an increase in topic avoidance as part of communication patterns between parent and child (Daily, 2006). During this time adolescence more often seek peer-like relationships with their parents so that they may achieve involvement in decision making, especially in decisions that affect them personally such as punishment, choices, friends, etc. (Aquilino, 1997). Aside

from what is currently not happening within the family, continued parent-child communication has been shown as an important contributor to overall positive adolescent development (Daily, 2006).

Parent-adolescent communication has also been more broadly defined in research as openness or parental support. Dailey (2006) defined openness as disclosure or discussion of thoughts, feelings, and viewpoints. Young, Miller, Norton, and Hill (1995) defined parental support as acceptance, open-communication, and responsiveness. The current body of research has found links between positive outcomes for adolescents when there are high levels of parental openness or support. Aquilino (1997) used both closeness and support as variables for his study on parent-child relations during the transition from adolescence to adulthood. He associated closeness and support as time spent together doing activities as well as private communications between parent and child on any subject.

Daily (2006) reported that parent child communication styles were strong predictors of the amount of disclosure engaged in by the teenager with their parents. She stated that adolescents who perceived their parents as accepting or responsive in communication are more likely to engage in disclosure with their parents. Also, adolescents who perceived parents as open, responsive, warm or uncritical were more likely to increase communication within the family context. However, research in the areas of topic avoidance suggests that if an adolescent expects parents to be unresponsive, they are more likely to avoid communicating with parents more often or all together. Along with topic avoidance, adolescents who perceived their parents as critical, discounting of communication attempts engaged in by the adolescent, or who give impersonal responses are less likely to be open with parents about important issues in their lives.

Updegraff, Madden-Derdich, Estrada, Sales, and Leonard (2002) found data in their study that resembles the findings of Daily (2006). According to Updegraff et al. (2002), opportunities to communicate openly with parents, such as expressing beliefs, ideas, and view points as well as discussing problems honestly is very beneficial for the adolescent; this was correlated with more positive peer interactions for the child throughout adolescence. Young et al., (1995) reported that parent-child relationships were the strongest predictor of overall life-satisfaction among adolescents; and parental support was the variable that was most closely linked as the predictor of parent-child relationship status in terms of the positive or negative sense.

Another theme throughout the research on parent-adolescent communication is that mothers and fathers communicate at different levels with their children. Both parents and adolescents have reported this (Daily, 2006). Young et al., (1995) found in their research that adolescents identified mothers as being more supportive than fathers. Daily's (2006) study found similar results in that both sons and daughters perceived mothers as more responsive and open than fathers. Updegraff et al., (2002) however found slightly different results in that among the adolescents in their research, acceptance, open communication, and conflict with parents appeared to have no significant sex differences.

The divide in the findings of the studies could be accounted for by the age differences. In Updegraff's et al., (2002) study, the participants were in fifth or sixth grade and much younger than participants in any of the other studies. Aquilino's (1997) participants were surveyed through the National Survey of Families and Households, and both parents and older adolescents responded to the survey. Young et al.'s (1995) participants in the survey ranged in age from 12-

16 and Daily's (2006) participants were 59 parent-adolescent dyads with the adolescents' ages ranging from 14-18 years old.

It appears that communication is a strong predictor of the relationship between parent and adolescent. Parent-child communication appears to be a contributor to the levels of disclosure a teenager partakes in. When more serious topics are brought up, avoidance of discussion by some adolescence may be a product of previous interactions with the parent as well as the perceived responses that would be given by the parent. Teenagers learn these patterns early. Without strong parent support and openness in communication, talking with parents about difficult topics such as sexuality, contraception, pregnancy and the risks involved is not likely. This places these adolescents at a disadvantage when topics including sexuality, contraception, and pregnancy are affecting their lives.

Parent-Adolescent Communication about Sexuality and Decision Making

Studies on the effects of parent-child communication about sexuality show mixed results on whether the adolescents' outcomes and decisions about sexuality are affected by parent-adolescent communication. Both parents and teenagers report that this topic of discussion is difficult (Eastman, Corona, Ryan, Warsofsky, & Schuster, 2005; Jones & Boonstra, 2004; Hutchison & Cooney, 1998). Eastman et al. (2005) held focus groups with both teenagers and parents separately. These focus groups explored parents' and teenagers' opinions and experiences in regards to communicating about sexuality. Parents reported that reasons for little or no discussion resulted from feelings of lack of competence, lack of information, and from fears of embarrassing their children. They state that teens often were resistant to this type of discussion. These teenagers in Eastman et al.'s (2005) study also verbalized communication problems with their parents. These teenagers reported that their parents often focused on the negative aspects of their choices, that parents did not listen or understand, and that parents tried

to be too involved in their lives or were not involved enough to have credibility to discuss topics such as sexuality.

The overall evidence from published research is that there are contradictory findings about sexual communication between parent and adolescent; and whether it is helpful or harmful in regards to sexual risk behavior choices made by the adolescent. Much of this inconclusive research and information is at least two decades old now (Hutchison & Cooney, 1998). However a more recent study by Lederman, Chan, and Roberts-Gray (2008) stated that according to current research, parent-child communication is associated with a decreased risk of teen pregnancy and is associated with delaying sexual intercourse for the first time. Hutchinson (2002) asserted that females who talked with mothers about sexual topics were less likely to initiate sex when compared with adolescent females who sought out friends for advice.

Unfortunately it appears that the majority of adolescents are not getting the type of communication in the home that could lead to possible benefits. Lederman et al. (2008) reported that in a nation-wide study 47% of United States youth aged 12-14 years of age stated that their parents influenced their sexual decisions the most when compared to peers, professionals, and school education. The same group in this survey reported that 87% thought it would be much easier to delay sexual activity, which in turn would aide at avoiding pregnancy, if communication with their parents was more open and honest.

The majority of studies focused on rates of sexual activity, contraception use, and risks taken by these teenagers (Hutchison & Cooney, 1998). While the results are often mixed, they tend to support that parent-child communication about sexuality decreases rates of sexual behavior. Other information found in these dated research reports were that parents are relatively uninvolved with the direct sexual education of their adolescent and when they are

involved it is mainly the mother doing the communicating with the adolescents (Hutchinson & Cooney, 1998). Positive impacts have been found when communication does occur before first sexual intercourse. The findings show that sexual intercourse is more likely delayed until a later age when compared to those teenagers who do not have communication with their parents about sex (Eastman, et al., 2005; Hutchinson, 2002; Hutchinson & Cooney, 1998).

Hutchinson (2002) and Somers and Gleason (2001) asserted that higher levels of parent-adolescent communication leads adolescents to having an increased knowledge of sexuality as well as more conservative views on sexuality. Somers and Gleason (2001) found that school programs focused on sex education appeared to increase adolescents' basic knowledge about sexuality and biology but did not have an impact on attitudes or behaviors in regards to sexuality like parent-adolescent communication did. Therefore it appears that while education within the school system leads to better understanding and information in regards to sexuality, there is little evidence it changes or decreases undesirable behaviors including early sexual intercourse; and therefore it appears that sexual education may not be enough of what adolescents need to make healthy sexual decisions.

Verbal communication is not a sole factor affecting choices and knowledge that adolescents' possess in regards to sexuality and having intercourse. Miller (2002) reported that what can be conclusively derived from the current body of knowledge is that parents' sexual values in combination with communication between parents and adolescents have an important effect on the adolescents' intercourse experience. Values in regards to sexuality demonstrated by parents had an affect as well. These values correlated with adolescents' feelings of satisfaction about sexuality after having experienced intercourse. The more negative the values within the home, the more negative the sexual experience for the adolescents. Other important factors for

sexual communication, similar to those within general communication between parent and child, are parent-child connectedness, parental supervision, and the preexisting relationship between parent and child (Eastman et al., 2005; Hutchison & Cooney, 1998; Miller, 2002; Somers & Gleason, 2001). It appears that verbal communication does not stand alone as the process in which parents communicate with their adolescents.

Lederman et al. (2008) explored differences in parent-child communication in either interactive or dyadic models. Parents in a parent education program regarding communication with teenagers about sexuality were randomly assigned to two different groups. One group learned interactive techniques for communicating such as open dialogue with their children and the other group focused on parents communicating to their children directly without open communication. These parents had children aged 11-15 and attended education programs in the evenings. The results showed that the interactive model had a positive impact on the communication between parents and their children with parents feeling more comfortable with communication that took place. However this study also found that both groups of parents, interactive and dyadic models, decreased communication about sex in a two-year follow up. It appeared that the adolescents were more likely to consult friends after two years. One positive outcome in both groups was that parents felt more comfortable with discussing sexuality with their teenagers; and that interactive forms of communication appear to have the best results.

It should be important to note that the teenagers may have been seeking out friends because they were getting older and spending more time with peer groups. Other conclusions from this study can not be applied to the general population for many reasons. First, there is no overall comparison group. While both groups did feel more comfortable with communicating about sex with their adolescents, a comparison cannot be made to those that do not seek parent

education. Second, it may be that the parents willing to participate in parent education programs are more than likely to have communication with their children regarding sexuality. These parents may also invest more time and attention to their teenagers.

It seems that parents rank low in comparison to other resources accessed for information about sexuality in other countries as well. In New Zealand a questionnaire of 495 teenagers were interviewed about perceptions of the sources for sexual education that a hypothetical 15 year old might access. Each person was asked to rank the sources that this 15 year old would employ. Of those teenagers, self-influence was reported the highest, with parents as the lowest. Other sources ranking higher than parents were friends and peer groups (Headley, 2003). While the sample size was relatively large compared to other research in this field, the ability to apply findings to the general population may be difficult. The responders were asked about a hypothetical 15 year old rather than the resources they would have accessed themselves. Therefore those surveyed were not reporting on their own personal choices for sexual information which means it cannot be applied as definitive answer regarding the outlets of information sought out by the 495 teenagers in this study

Hutchinson and Cooney (1998) completed a state-wide random sample of 173 participants who were 19-20-year-old females with a valid driver's license. Those in the study were questioned about communication with their parents in regards to sexuality and decision-making. The respondents were either Caucasian or African-American. These females stated that almost 74% of their mothers and only 21% of their fathers had given them information about general sexuality. This is similar to reports in the literature review of Hutchinson (2002) who found that the majority of sexual communicators are mothers. Hutchinson (2002) completed a follow-up survey two years later, in the same state, using the same sampling methods with

Hispanic women of the same cohort. Hispanic women reported less overall sexual communication with either parent than Caucasian or Black females in the study two years prior.

The topics most widely discussed in the Hutchinson and Cooney (1998) study were the use of condoms, postponing sex until a later date, how sexual pressure might affect them, and ways to resist sexual attempts made by another. The topics surveyed that were least likely to be discussed were birth control, STDs, and HIV. It is important to note that African American women were more likely than Caucasian and Hispanic women to have received information from their parents on all topics listed. Ninety-seven percent surveyed identified that they would have benefited from more discussion with their mother and 87% indicated they would have benefited from more discussions with their father. While these respondents had discussed many topics related to sexuality, this sample may have problems being generalizable to common population. The respondents were already seen as adults and were asked to remember events and relationships from years prior. Other issues are that they may under-represent poor women who lack transportation and therefore have no need for a valid driver's license (Hutchinson, 2002).

Somers and Gleason (2001) explored contributions from multiple factors for adolescents receiving sexual education. The 157 participants in ninth through twelfth grades were given questionnaires about their sources of sexual education. The categories included sex education programs in schools, family, peers, media, and professionals. The study reported that a combination of more education from non-sibling family members and a decrease in sexual education in schools correlated with more frequent sexual activity. Also found was that increased education in regards to contraception from relatives led to increased sexual activity by the adolescent.

While this study seems particularly scary and worrisome because the non-sibling family members most often represents parents, the study did not account for age at which first communication took place. One inference made by Somers and Gleason (2001) was that parents may not be addressing these issues with their children until after first sexual activity has occurred. In correlation with this inference made by Somers and Gleason (2001), Hutchinson (2002) asserted that most studies done within this field support that communication in regards to sexuality between parent and adolescent is most effective when it take place prior to the teenager engaging in sexual activity for the first time. This would lead those who are sexually active to report higher levels of communication with their parents than those that are abstaining from sexual activity (Somers & Gleason, 2001). Other studies reviewed by Hutchinson (2002) reported that adolescents who never spoke with their parents about initiation of sexual intercourse and thought their peers were engaging in sexual activity at an early age were more likely to have sexual intercourse for the first time at a younger age. Girls who spoke with their parents about sexual initiation were less likely to be influenced by peer communication or action.

Some studies report that parents may be causing an increase in sexual activity if they discuss sex with their teenagers (Somers & Gleason, 2001) while other studies report that positive impacts are made from direct, open parent-adolescent communication (Eastman, et al., 2005; Hutchinson, 2002; Hutchinson & Cooney, 1998; Lederman, et al., 2008; Miller, 2002). The positive impacts include less sexual activity (Hutchinson, 2002). When considering these studies together, it appears that more research shows positive impacts about communication between parent and adolescent in regards to sexuality than research discounting this form of parent-adolescent connection. Conflicting research and evidence about the effects of parental communication with their teenagers in regards to sex may be explained. Differences found in the

research as to the effect parent-adolescent communication about sex are often the cause of methodological practices. It appears that the more recent studies about parent-adolescent communication and its effects show positive outcomes for the adolescents.

What should be noted is that in each study the sample sizes are usually relatively small and involve only one area of the nation. There is also a wide variation in the operational definitions of parent-adolescent communication, teenage sexuality, sexual activity, sexual behavior, etc. This can lead to differing reports and statistics on this topic (Hutchinson, 2002; Hutchinson & Cooney, 1998). Lastly, there is a lack of a standard measure to analyze this topic because different studies used different types of standards and analysis (Hutchinson & Cooney, 1998). Hutchinson (2002) also identified that the general omission of fathers from most studies has an affect on rates, patterns, and topics discussed about sexuality as well as the role fathers play in the sexual development of their daughters. Without these important components a definitive explanation of what actually occurs in parent-child communication or its impact on teenage sexuality is not currently probable.

The complete effects of parent-adolescent communication and the outcomes of teenage sexuality still remain unclear. While research is contradictory, there is some agreement that the more a parent and adolescent communicate, the better choices the child will make in regards to timing of first intercourse, contraception, and views about sexuality. While there are no laws requiring parent-child interaction and communication about sex and its consequences, there are policies in place throughout the United States that require teenagers to involve and communicate with their parents if they choose to have an abortion. These are known as parental involvement laws.

Current Policy in the United States

The legal decision made in the famous Supreme Court case, *Roe v. Wade*, determined that abortion is “inherently, and primarily, a medical decision” (Ehrlich, 2003, p. 5) and that a woman seeking an abortion should receive the same rights of privacy protected by the constitution under the 14th amendment (Rodman, 1991). This has been upheld for all adult women; however women under 18 years of age are governed differently by the same laws. According to *Roe v. Wade* and the 14th amendment, minors have rights to access abortion services without parental involvement, but the ability to impose parental involvement laws is also afforded to each state (American Academy of Pediatrics, 1996). Therefore, parental involvement laws were created because minors (anyone individual under the age of 18) are deemed by parental involvement laws in the participating states’ courts as not having the same rights as legally identified adults. This means that parents have decision-making power over their daughters’ abortion decisions.

Before examining these laws, it is important to define the central terms used. “Parental notification laws require that one or both parents to be notified prior to the adolescent having an abortion; parental consent laws require explicit permission from one or both parents” (Adler et al., 2003, p. 211). Therefore, notification occurs before the procedure takes place, but parental permission is not required for service to take place. Parental consent requires signed permission from a parent of the minor before the abortion procedure occurs. The term parental involvement refers to both parental notification and parental consent (Adler, et al., 2003). Often during research and statistical analyses of many states, the terms have been lumped together, and parental involvement then expresses that the states have either parental consent or parental notification requirements. It should be noted that a “parent,” in terms of the legal definitions, also refers to the legal guardian of the minor.

Parental involvement laws differ state by state. Some states are more lenient than others. A few states have imposed the strictest laws legally possible on a minor. The Alan Guttmacher Institute, the leading research agency on family planning services, provides monthly updates of related state laws. As of February 1, 2008 35 states require some form of parental involvement. Of these 35, 22 states require that one or both parents give explicit consent for abortion services. Eleven states require that one or both parents are notified of their daughter's intentions. There are two states that require both consent and notification. Six of the states that require parental involvement laws allow for a grandparent or another adult family member to be involved in the abortion decision in place of the parent or guardian (See Appendix A). Of the 35 states, only 29 make exceptions for parental involvement in cases of medical emergencies related to the minor's pregnancy, such as inducing an abortion to save the mother's life; while even fewer, 14, allow exceptions in the cases of abuse, assault, rape, incest, or neglect (The Allan Guttmacher Institute, State Policies in Brief, February 1, 2008.).

Politicians and advocates who favor ending parental involvement laws argue that such restrictions place an undue burden on the minor. This is counteracted with judicial bypass, a legal option to override the parental involvement laws. Judicial bypass is a process in which a minor appears in front of a judge who determines her ability to make such a decision based on informed consent and maturity. Judicial bypass is legally required under of the 14th amendment when states enact parental involvement. The case for judicial bypass was won in the 1979 case, *Bellotti v. Baird*, which found that such laws were unconstitutional if they did not include alternatives (Altman-Palm & Horton-Tremblay, 1998; Ehrlich, 2003; Harvard Law Review, 2004). The courts identified need of protection from abuse for the minors (American Academy of Pediatrics, 1996). Therefore if an adolescent does not wish to obtain her parents' permission,

she has the legal right to judicial bypass. Minors must prove, in court, that they hold the capacity and maturity to make an informed decision (Ehrlich, 2003; American Academy of Pediatrics, 1996; Rodman, 1991). This is decided by a judge of the local district courts.

One concern of judicial bypass is that the appointed judge may lack knowledge of child development and reasoning skills (American Academy of Pediatrics, 1996). The argument of judges' competency to understand and decide which minors may not involve their parents is a rebuttal to proponents who feel that the undue burden is repaired with the option of judicial bypass. However it seems that this issue is not simple and only affecting a few teenagers each year. Continued implementation of parental involvement laws seem to be a bureaucratic fix for the real issues of early sexuality and unplanned pregnancies that occur within the United States. Developing effective method based in scientific research and empirical evidence with the purpose of decreasing the teen pregnancy and abortion is very important. Other developed countries seem to be more effective at this than we are in the United States. Understanding their policies and programs may eventually lead to implementing more effective practices here in the United States.

World Policies

Understanding other countries' policies related to a decrease in teen pregnancy and sexual activities are important in creating effective plans and programs in United States. Although teenage pregnancy, childbearing, and abortion rates in the United States have been declining for the last few decades, there are still reasons for concern when comparing our country to those that are equally as developed. Even though teenage pregnancy has dropped since 1982 when 107 per 1000 15-19 year olds became pregnant, 75 per 1000 of 15-19 year olds still became pregnant in 2002 (The Alan Guttmacher Institute, 2006). Even with the rates continuing to decline in the United States, we still have a much higher teen pregnancy rate than

other developed countries. According to Singh and Darroch (2000) the United States' rate for teen pregnancy is nearly twice that of Australia or Canada and more than four times that of France.

Hock-Long et al. (2003) found that minors in the United States encounter more barriers to family planning services than minors in the United Kingdom. Laws and programs in the United Kingdom have increased initiatives to reduce barriers to family planning services in order to decrease teen pregnancy. These differences include making access to abortion and contraception easier for those under the age of 18 by not requiring parental involvement laws for abortion. Other system differences include easier access to surgical abortions as well as fewer barriers in place to gain contraceptive medications. The United Kingdom has taken steps to decrease the time between first sexual intercourse and contraceptive services and it could be the reason why there is a lower teen pregnancy rate than in the United States. While the United Kingdom has made attempts to increase teenage access to preventative care, the United States appears to be behind in this area. One correlation to the decrease in barriers is that the average teenager in the United Kingdom sought reproductive health care services after first sexual contact within six months; as opposed to the 22 months United States teenagers took (Herceg-Long et al., 2003).

Another country with progressive ideas on sexuality and abortion for minors is the Netherlands. The Dutch socially accept teen sexuality, guarantee anonymity or confidentiality, waive the need for a PAP smear and pelvic exam for contraception, provide non-judgmental services, and require minimal paperwork. The Netherlands fund all reproductive health services, education, birth control, and abortion, except condoms (David & Rademakers, 1996).

The Dutch policy makers use research and ethics to approach the topic of teen sexuality and to teach responsibility (Lottes, 2002).

The Netherlands's sexual education programs are non-judgmental and use many different outlets to inform and educate their youth. One example is a television program titled *Sex With ...* which uses rock-star and pop-star icons to discuss sexuality with youth. All topics are discussed including contraception, oral sex, teen pregnancy, abortion, and sexual orientation. One common theme of these programs is the *double-dutch* which encourages the simultaneous use of both birth control methods and condoms during sexual activity to prevent both pregnancy and sexually transmitted infections (David & Rademakers, 1996). The integrated efforts of the Dutch in discussing and dealing with teen sexuality are very different and much more liberal than those policies found in the United States. The United States does not have television programs with rock or pop stars discussing sexuality. Sexuality, in educational formats, is rarely found on television in this country. Another example to support the idea that the Netherlands have more liberal policies is the removal of barriers to family planning services; these include making the issues nonjudgmental as well as waiving the need for certain services. When compared to the Netherlands the United States appears to be much more traditional as we continue to uphold policies and barriers such as parental involvement laws that make access to family planning services much more difficult.

In comparison with the United States, Dutch adolescents have fewer sexual partners and delay sex almost a full two years longer on average than teenagers of the United States. The age of first sexual intercourse for the United States is 15.9 years of age; Dutch minors wait until the average age of 17.7 years old (Lottes, 2002). In 1992, 9.2 per 1000 15-19 year old Dutch adolescent girls had unwanted pregnancies compared to the 95.9 per 1000 for youth 21 years old

and younger in the United States (Adler et al., 2003) while the numbers are not comparable because of the statistical age differences, it may be important to note that in 2002 75 per 1000, 15-19 year olds in the United States were pregnant (Lottes, 2002). Although this statistic is a decade later, the 15-19 year olds in the United States are still much more likely to become pregnant than adolescents in the Netherlands.

The Netherlands provide modern contraception free of charge and according to Lottes (2002) this type of access is largely supported by the population. The result of providing free contraception led to the majority of citizens actively practicing effective birth control methods. Another result of a wider use of contraception for the Netherlands, besides lower teen pregnancy rates and teen abortion rates were a decline in unplanned pregnancy for the whole population. In the 1960s, 45% of first births were not planned. Today, after the implementation of free contraception, more liberal attitudes were found regarding sexuality and the monetary allowances for services which led to only 6% of first births being unplanned today. Another reason for this decline, aside from more of the population practicing contraception and an increase in liberal beliefs about sexuality, were the free-standing, non-profit abortion clinics founded in 1971. Abortion in the Netherlands is paid for by the National Health Insurance so that all citizens may have access regardless of income or socio-economic status in society. The Netherlands does, however, require a five day waiting period before receiving the abortion service and requires all abortions to be recorded and registered for the use of national statistics. This could lead to more accurate statistics about abortion and pregnancy in the country.

Adler et al. (2003) found that Nordic countries use well-trained sexual educators. Their policies are built upon research and understanding of adolescent physical and cognitive developmental levels rather than on political or religious referendum, stance, or belief. Sweden,

for example, has sexual education principles that are based on democracy, tolerance, and human equality. These characteristics may be attributed to more open points of view in Nordic countries than are present in the United States. When comparing Sweden to Italy, the sexual health policies and educational requirements are much more liberal in Sweden. One connection made for the more progressive policies in Sweden is the smaller role religion plays in the day-to-day life when compared to Italy. Since Italy's citizens are more likely to be Catholic than the citizens of Sweden, and Catholicism does not support or promote premarital sex, more candid, open discussions about sexuality is much rarer and less detailed in Italy (Adler et al., 2003).

Finland is a great example of how Nordic countries are changing political stances and policies in regards to family planning services. Finland completed research in the 1960s of the sexual education, support, programs, and materials needed by the population. Because of this research, by the 1970s, a change of policies allowed for abortion to be legal; also programs were activated to educate hospitals' staff on how to perform safe abortions. As a result, teen pregnancy rates dropped from 49 per 1000 in 1975 which is still drastically lower than what the United States faced in 1982 (The Alan Guttmacher Institute, 2006) to 19 per 1000 in 1995 (Lottes, 2002). This massive decline in teen pregnancy for Finland in only 20 years seems to be a statistic that the United States should aspire to. Finland also experienced a decline in the requests for teen abortion. In 1975 21 per 1000 pregnancies ended in abortion while in 1995 only 9 per 1000 pregnancies ended in abortion. During the 1960s-1970s the changes in policies along with a less moralistic approach to sexuality, pregnancy, and abortion, were adopted by policy makers (Lottes, 2002). It appears that huge benefits could be gained from a systemic change in how the United States family planning policies are developed; rather than approached from a moralistic, political stance, evidence based practices and information should be employed

to develop policies. This could lead to a decrease in the need for teen pregnancy which could subsequently lead to a decreased need for adolescent abortion.

In summary, while all countries handle teen sexuality, teen pregnancy, and family planning services differently, some policy changes and programs have aided in a decreased need for adolescent abortion services. Looking at current family planning policies in other developed nations with proven success may aide the United States in developing programs with similar achievement rates. While both pro-choice and pro-life leaders in the United States urge for the ending of teenage abortion services, there are few methodical ideas that coincide between the two parties on how to achieve this.

Proponents' Reasoning for Parental Involvement Laws

Arguments for or against these parental involvement laws are present in our culture's institutional structures, such as political campaigns and policies, religious standings, and medical practices. The polarized sides debate the topic relentlessly. These arguments are not always research based or tested but none-the-less hold strong force for the justification of these laws. In 2000, a National Election Study found that 98% of the population voiced an opinion on abortion. More than one in five of those polled stated that it was "extremely important" (Jelen & Wilcox, 2003, p. 489).

So the argument continues today and becomes more intense when considering adolescent females receiving this medical procedure. Upheld in our society by the legal systems of 35 states is the belief that minors' immaturity leads to the need for help with decision making (Adler et al., 2003; Rodman, 1991). Decision making assistance is viewed as especially important in regards to abortion which holds high moral conflicts for some. Proponents of parental involvement laws testify that this service is psychologically and emotionally harmful to the stability of a teenager because of its perceived damage to the mental and physical health of non-adults (Adler et al.,

2003; Griffin-Carlson & Mackin, 1993, Rodman, 1991). Abortion is reasoned to be a “sensitive service” (Adler et al., 2003, p. 212) and that the decision itself is “high-risk” (Adler et al., 2003, p. 212) with both terms referring to the idea that the consequences and damages of such services hold long-term negative effects on those who receive the procedure. The idea of “sensitive services” (Adler et al., 2003, p. 212) implies that the moral degradation of abortion will subsequently have a harmful effect on the adult lives of these minors.

Also, preservation of family and parental rights are stated as paramount for needing such laws (Griffin-Carlson & Mackin, 1993). Proponents for parental involvement laws state that parental rights to govern and parent their children would be at stake if adolescents were allowed rights to end a pregnancy without the parents’ knowledge or consent. Allowing youth to obtain services that many view as wrong, harmful, or immoral, without the permission and consent from parents is believed to be unjustified. Therefore the ability for parents to approve or deny such services is to be a private matter and a decision only to be made within the family unit (Harvard Law Review, 2004). With current fears, ideas, and campaigns reporting on the fragility of the family and the family being *under attack*, it is understandable that our culture would continue to support parents as the major decider in regards to daughters’ sexuality and health care.

Other arguments include a need for assurance that these girls are receiving guidance and that the communication within the family is increased (Henshaw & Kost, 1992). This is backed by the fear that the minors’ health and safety are at a risk when a minor seeks family planning services. Parents should be utilized to direct the medical care of their daughters. One fear is that adolescents, without guidance, lack the ability to find a good physician. This is another instance when parental rights are viewed as being infringed upon. Children under the age of 18 are, in

basic terms, property to their parents. We grant parents the rights to make the decisions they feel best suit and service their children and their family unit (Harvard Law Review, 2004).

Fears that criminal sexual exploitation, a vulnerability of this population group, would not be recognized without parental involvement are also grounds for these laws (Adler et al., 2003; Harvard Law Review, 2004). Such issues are a responsibility of parents and society. Along these lines, it is thought that parents being notified about their daughters seeking abortion services would be an important eye-opener for parents in reference to their daughter's sexual behavior. (Harvard Law Review, 2003). It seems evident that supporters of these laws fear that the lack of parental involvement would allow girls to have more opportunities to be promiscuous; and in turn fuels the argument that parents' blindness to their daughters' behavior could be detrimental to their future and overall health.

Another supporting argument is that if these laws are in place, adolescents will think about the consequences of their actions (Altman-Palm & Tremblay, 1998; Haas-Wilson, 1996). It is believed that youth will consider their limited access to abortion services before engaging in sexual behaviors that could lead to unwanted pregnancies; or that these young girls will choose adoption or mothering instead of abortion (Altman-Palm & Tremblay, 1998). Haas-Wilson's (1996) study was the only one reviewed for this paper that found a claim of significant decreases in minors' demand for abortion. Haas-Wilson (1996) reported that mandatory parental involvement "appears to decrease minors' demand for abortion by 13-25%" (p. 155). The meaning of this statement is that when parental involvement laws were enacted, the demand for minor abortion services fell by 13-25% in comparison to the years without parental involvement laws. Noted in the study are serious flaws with these results. Aside from the large time-span over which the study took place and different years were compared, this study could not have

taken into account policy enforcement, anti-abortion sentiment, and other options these adolescent females may have employed to end their pregnancy; it is assumed that the baseline number for determining decline would be difficult to decipher.

Also the Haas-Wilson's (1996) study did not account for adolescents who crossed state lines for services or adolescents who falsified information to obtain an abortion, such as fake identification stating they were at least 18 years of age. No study shows average numbers of this occurrence. Qualitative studies have reported these are opportunities that minors may take when relationship issues with their parents are strong predictors that parents will not consent or approve of the abortion service (Ehrlich, 2003).

Another flaw with the Haas-Wilson (1996) report was the assumption that minors understood the parental involvement laws that were in place in their state and therefore tailored their own sexual behavior because of the restrictions. The study did not explore teenage understanding of parental involvement laws in the states in which the research was done. The study assumed that a broad understanding and awareness of the laws were held by minors before engaging in sexual behavior or attempting to access abortion services.

There is no one specific reason for requiring parental involvement laws, but it continues to receive support because of the perceived benefits. Parental involvement laws are multidimensional and deal not only with family needs, communication, parents' ability to parent and make decisions for their daughters, but also because of the assumed under-developed decision making abilities of the minors. These laws also have been required by many states as creative ways to end services believed to be morally wrong. Assumptions of these arguments are that parents will have positive communication with their daughters and keep their best interests in mind. Also assumed is that parents are accessible to the needs of their daughters and that

adolescents understand the laws which govern their state and country. On the contrary, what has been shown to us in research, and over and over again in real life, is that these things are not always true, no matter how much we wish them to be.

Research Regarding the Effectiveness of Parental Involvement Laws

As shown above, there are many reasons for proponents, states, and parents to support parental involvement laws. The right to guide and protect children is a fundamental right parents must take very seriously. While there are beliefs about the needed maintenance of these laws, policy makers and proponents must understand how parental involvement laws affect abortion rates, teen sexuality, families, and youth. Without the complete picture of these effects, forming non-evidenced based policies could actually cause unintentional damages to pregnant adolescent females.

There is at least a 25-year-old debate on discontinuing parental involvement laws for abortion (Lottes, 2002). In 1984, after a two-year study by a qualified panel, the Committee on Child Development Research and Public Policy stated that there was no scientific evidence or basis for restricting availability of abortion to minors and that parental involvement laws are not effective or necessary (Lottes, 2002). The research refutes a direct causal relationship between the demand for abortion and parental involvement laws (Meier, Haider-Markel, Stanislawski, & McFarlane, 1996). Joyce and Kaestner (1996) and Raab's (1998) studies have found no decrease in the rates of minors seeking abortion services due to the application of parental involvement laws. Joyce and Kaestner (1996) studied three southern states: South Carolina, Tennessee, and Virginia. The authors compared abortion rates for adolescents' pre and post parental involvement laws. No impact was found on teen abortion rates when parental involvement laws were placed into the system. Raab (1998) studied three different states with parental involvement laws: Minnesota, Missouri, and Indiana. These findings were not associated with

an increase in birthrates either. Had the birthrates increased, many proponents and pro-life supporters would have sought justification that these laws at least reduced the prevalence of minors seeking such services.

Stone and Waszak (1992) held 11 focus groups throughout the United States to examine exactly what teenagers know about abortion and the laws that govern these services. Teens in the groups were from New Mexico, Massachusetts, Illinois, Wisconsin, Oregon, and North Carolina, both male and female, and ranged in age from 13-19 years old. Each group was made up of both male and female adolescents. These discussion groups were held in youth centers, churches, and other places teenagers frequented. Discussions led to strong central themes among all states. These themes included anti-abortion sentiment among the adolescents in the groups but also an understanding for the need for safe, legal abortions. Many stated that they could understand the need for parental involvement because of the role of money in youths' lives. The mother was most often stated as the parent responsible that should be for providing support. Even with the anti-abortion sentiment these groups reported being uncomfortable with laws requiring parental permission. Some stated concern for girls in abusive families. Other were concerned about situations in which parents held different beliefs or points of view from their daughters about abortion and her decision on what to do about her unwanted pregnancy.

Most of the youth in Stone and Waszak's (1992) focus groups did not know that abortion was legal or thought it was legal in only a few states. Even fewer of these teenagers understood or knew how abortion was regulated. A large proportion of teens in the focus groups believed that abortion was physically and emotionally dangerous. A good inference from this research is that adolescents do not have an understanding of the true effects of abortion in regards to adolescents or parental involvement laws in place. The teens held little knowledge of state or

federal abortion regulations in relation to minors' access and ability to obtain one. One argument for parental involvement laws is that teenagers will make better choices in regards to sexuality and pregnancy because of the restrictions placed on them. It appears that, at least in these focus groups, the teens were not informed of such laws and therefore would not take these into account when making sexual decisions.

Other claims by those wanting to end parental involvement laws are that they are unconstitutional as it creates a distinction between abortion and other medical procedures (American Academy of Pediatrics, 1996; Ehrlich, 2003), which is in direct opposition to *Roe v. Wade* and the 14th amendment (Ehrlich, 2003). These laws promote a polarized standard in which girls are not deemed mature enough to decide to terminate a pregnancy, but are legally able to decide to become mothers. There are no laws requiring consent from the parents for their daughters to continue the pregnancy (Ehrlich, 2003; American Academy of Pediatrics, 1996).

Statistically it appears that parental involvement laws fail to decrease adolescents' need for abortion services. As shown by the research of Joyce and Kaestner (1996) and Raab (1998), demand for abortion did not decrease with the enactment of parental involvement laws. While Haas-Wilson (1996) did find a decrease in the need for abortion services for minors after the enactment of parental involvement laws, the research did not succeed at accounting for all methods teenagers would utilize to end a pregnancy. According to the research of Stone and Waszak (1992), within their focus groups, the youth did not have a general concept of abortion laws or how abortion is regulated.

After reviewing this current literature, it may not be plausible to assume that youth take parental involvement laws and restrictions into consideration before making decisions about sexual intercourse or pregnancy options. Other arguments against parental involvement laws

include the debatable unconstitutional nature of them. While proponents feel that adolescents lack the ability to make an informed, informed decision, the basic concepts of Piaget, formal operations, and abstract reasoning skills may suggest different.

Decision-Making Abilities During Adolescence

Piaget (1947) reported that “formal thought reaches its fruition during adolescence. An adolescent, unlike the child, is an individual who thinks beyond the present and forms theories about everything, delighting especially in consideration of which is not” (p. 148). Piaget speculated that adolescents possess the ability to make informed decisions and that by the age of 15 have reached formal operational thinking, the final stage of cognitive development.

Operation is defined as interrelated systems of logic and formal implies that what matters and is of importance is form rather than content. Piaget theorized that by adolescence, children have achieved the ability to make decisions based on logic, matter, and the ability to understand choice and options. Formal operations is apparent by those who are able to use abstract reasoning. According to Piaget, formal operations also utilizes associative thinking in which thoughts are not limited to only one choice but the adolescent is able to understand flexibility in their choices and reason about alternative outcomes (Muuss, 1988).

The distinction between formal operational thinking and preoperational thinking is the level of cognition in which one begins to increase their abilities by understanding and utilizing reversibility and associativity in their decision making. Piaget theorized and tested three variables responsible for adolescents to reach formal operational thought. First is the biological maturation of the central nervous system. Second is the experiences gained during interactions with situations presented in reality; and the last component of formal operational thinking is the influence of the social environment (Muuss, 1988).

Two different levels of formal operations have been suggested by Piaget. The first subset is called formal operations III-A and is characterized by an almost-complete utilization of formal thinking and functioning. The age groups studied by Piaget and categorized into this subset of formal operations are adolescents ages 11-12 through 14-15 years of age. It is often called the preparatory stage and is characterized by adolescence making discoveries and beginning to apply formal operations to their experiences. However, during this period, the adolescent may not be able to verbalize or systematically understand the reasons for their assertions (Muus, 1988).

The second subset is identified as formal operations III-B. An adolescent typically enters this level of thinking at about the age of 14-15 years. At this time adolescents are able to formulate and apply in-depth generalizations to their experiences. During III-B adolescents systematically understand reasons for their conclusions as well as the probable outcomes for the choices made. Their decision making processes expand much more into abstract thinking skills than those of previous levels of cognitive development. Piaget explained that during this period the adolescent experiences a restructuring and disequilibrium of the brain through experience and their environment. This in-turn leads to an increased level of equilibrium and intellectual structure (Muuss, 1988).

According to the theory of Piaget, abstract reasoning has four main components. These include: understanding alternatives that one possesses, being able to evaluate these alternatives, having an ability to examine different perspectives of an issue, and critically reason about chance and probability (Gordon, 1990). A study done in 1982 by Weithorn and Cambell found that when given all information available, 14 year olds met the criteria for abstract reasoning. Weithorn and Cambell concluded that 14-17 year olds are capable of making decisions as

competent adults (Dickey & Deatruck, 2000). This study coincides with Piaget's theory that by the age of 14-15 years old, one has developed complete formal operational thinking.

According to Ehrlich (2003), in 1972 Judge William O. Douglas, during a judicial bypass hearing, questioned the historic belief that adolescents lack the ability to make an informed decision. Douglas utilized the research of Piaget's theory of abstract reasoning as well as studies on operational thinking to express disapproval of parental involvement laws and judicial bypass because they contradict the theoretical beliefs of brain development and decision making abilities in adolescence. Judge Douglas connected the reasoning and developmental level of adolescents, under Piaget's theory, to adolescents' abilities to make an informed abortion decision on their own. Judge Douglas asserted that, theoretically, minors have the ability to reason about their choices and are able to make an informed decision (Ehrlich, 2003).

While these theoretical explanations of child development have not been researched or directly applied to the abortion decision and parental involvement laws, they are strong statements about the disconnect between theoretical standards and current legal policies. If research states that an adolescent has highly developed reasoning capabilities, then the proponents standing that teenagers are unable to give informed consent are not based in scientific knowledge and data.

Proponents rationalize that adolescents lack the ability to make informed, rational decisions about their pregnancy and abortion (American Academy of Pediatrics, 1996). It is important to apply adolescent decision making research to the laws that govern medical situations. Parental involvement laws not only void any confidentiality minors' possess but also appear to undermine the minors' autonomy and ability to make conclusive decisions about their

own health care. It should be noted that these studies did not examine an abortion decision, but a medical decision in general.

The classic study by Weithorn in 1983 examined 9, 14, 18, and 21 year olds. Each participant was asked to make a medical decision for another person. The outcomes of this study found that the children's answers did not significantly differ when compared to answers provided by adults. All choices made by each age group were rational (Zinner, 2004). The inference from this study is that minors maybe more capable of critical thinking than given credit for; and the limited autonomy afforded to them under current laws may be unnecessary. This study found that that reasoning skills of adolescents are on par with those of the adults.

There is a common law rule in the medical field. This rule states that anyone under the age of seven has no capacity to make decisions for themselves. Adolescents between seven and 14 are presumed to have no capacity, in most cases and 14-21 year olds are presumed to have the capacity equal to adults to make decisions for themselves. If the family planning area of the medical field applied this common law rule of seven to abortion then all adolescents age 14 and over would be allowed autonomy in decision making; as long as they met developmental guidelines (Zinner, 2004). Dickey & Deatrck (2000) agree that 14 years and older have the capacity to make medical decisions on their own when developmental standards are met.

Autonomy in health care decision making must fall under the contexts of developmental abilities, legal concerns, and ethical principles (American Academy of Pediatrics, 1996; Dickey & Deatrck, 2000; Zinner, 2004). Those afforded autonomy should be able to evaluate health care options, make the best decision, and take necessary action. Being competent to make these decisions requires that one can understand the alternatives available, can choose the reasonable outcome of choice, have rational reasons for their choices, and can understand the outcomes of

such choices. (Dickey & Deatruck, 2000). The requirements for being competent are much like the requirements for one to have achieved operational thinking as shown above.

Piaget's research and theory support the idea that an adolescent aged 14-15 years or older have reached formal operational thought and rational models of decision making such abstract reasoning skills (Muuss, 1988; Piaget, 1947). Therefore current legal applications to protect this age group from making a decision without informed consent may not be logical. According to cognitive developmental research, teenagers, when informed, are able to make rational, competent decisions. Further investigations of how this applies to family planning services should be explored to make direct correlations of reasoning development and its application to the process of ending an unplanned pregnancy.

The Impact Parental Involvement Laws have on Adolescents and Families

Adler et al. (2003) reported that "although parental involvement laws aim to promote family communications and functioning, there is little empirical evidence about whether they actually do" (p. 214). Affirming this statement, Raab (1998) and Joyce and Kaestner's (1996) studies correlated consequences of parental involvement laws with negative impacts on adolescent females. These studies found no increase in the rates of access of abortion services by adolescents. Joyce and Kaestner (1996) reported that in the southern states in the study, when implemented, parental involvement appeared to have a direct negative impact on safety by increasing the cost and risk of abortion. Raab's (1998) study of Minnesota, Missouri, and Indiana found that the odds that a woman would wait more than eight weeks rose for an abortion 10% in correlation to parental involvement laws. Henshaw and Kost (1992) also found that parental involvement laws were associated with adolescents choosing later decision making; with at least 32% needing more than four weeks after first finding out of the pregnancy. The major concerns with this are that the longer a woman waits to obtain an abortion, the larger the

risks for complication and morbidity to occur during or after the procedure (Adler et al., 2003; American Academy of Pediatrics, 1996).

The American Academy of Pediatrics (1996) reported on the consequence of parental involvement laws in Massachusetts, Minnesota, and Mississippi. After the implementation of parental involvement laws, in these states, an average waiting period for the adolescent females to access abortions services within the first trimester increased. Parental involvement laws increased the delay of abortions for minors up to six weeks. Minnesota adolescents experienced an average delay of one to three weeks and the average wait for an abortion until the second trimester rose 12% overall. The ratio of minors compared to adults who received an abortion after 12 weeks rose 19% in Mississippi. These findings appear to be similar to the findings of Raab (1998), Joyce and Kaestner (1996), and Henshaw and Kost (1992).

Confirming the research stated above about parental involvement and its impact on delays Finer, Frohwirth, Dauhpine, Singh, and Moore (2006) examined the steps and processes women utilize before obtaining abortions. Structured surveys were completed with 1,209 abortion patients and 20% of the respondents were 19 years of age or younger. The results of this study showed that, when compared to adults, adolescents are more likely to delay the abortion. Reasons for this delay include lack of funds, transportation, parental involvement, and being indecisive about the actual decision itself. Those under the age of 19 were more likely to take longer to confirm a pregnancy or to set up appointments for health care services. Of those respondents under the age of 18, the average wait for obtaining the abortion was at least one week greater on average than of any other age group surveyed. They also found that talking with a parent about the decision significantly delayed the timing of the procedure. The longer a minor procrastinates, the greater the risk of complications during and after the abortion procedure

(Adler et al., 2003; American Academy of Pediatrics, 1996; Griffin-Carlson & Mackin, 1993; Rodman, 1991) and the greater the cost and possible financial drain on society (Lichter et al., 1998).

One study found that when women of any age tried to access abortion services an overall 58% percent reported they would have liked to have had the abortion earlier. Nearly 60% of women who experienced a delay in obtaining the service attributed the delay to the time it took to make arrangements and raise money (Finer et al., 2006). Adolescents tend to delay abortion because health risks are huge concerns for those young females (Finer et al., 2006). A young age compounded with less financial power and amassed with the regulations of parental involvement laws appears to be a risk factor. With timing being such a major issue because of the health concerns there is a fear that some adolescents, because of the many burdens placed on them, including parental involvement laws, could seek out illegal or back-alley abortions (Adler et al., 2003). Since there are dangers related to system barriers for some adolescents, one may hypothesize that adolescents may attempt other methods to achieve an abortion without certain worries such as the parent-adolescent relationship or laws that govern her state.

Lichter et al. (1998) hypothesized that parental involvement laws may eventually lead to higher fertility rates which would increase single-parent-mother-headed households. While current, though limited, evidence by Joyce and Kaestner (1996) and Raab (1998) shows that abortion demand does not decrease and teen pregnancy rates have remained stable, there is not enough research to make a conclusive statement about the actual effects parental involvement laws have had on teen fertility. It seems logical to assume that if parental involvement laws did have an impact or caused a rise in teen pregnancy the number of single parent families in our society would increase.

Proponents' claimed purpose of parental involvement laws is to increase communication between families and assist with preserving the parent-child relationship. However studies have not found this to be true. According to the literature review of Griffin-Carlson and Mackin (1993) there is no conclusive evidence that abortion has negative effects on the emotional and psychological states of these teenage girls whether parents are involved or not.

Research has shown that when parents talked with their children about decision making in regards to sexuality, teenagers made better choices in regards to sex. It appears that these minors, who talked with their parents about sexuality, were already more apt to involve their parents in a family planning decision than those that had no previous communication (Jones, Singh, & Purcell, 2005; Rodman, 1991). These findings may be important points in developing healthy programs to promote positive communication between parent and child as an alternative to parental involvement laws. Parental involvement laws seem to be burdensome to girls from hostile homes.

There is empirical evidence to support the adverse consequences due to parental knowledge of their daughter's pregnancy and subsequent abortion when the parent found out without being informed by their daughter (Adler et al., 2003). Griffin-Carlson and Mackin (1993) used comprehensive exams of the psychological issues of 52 adolescent girls after an abortion service in their study. The outcomes of these psychological exams found no differences in adjustment, post-abortion, based on parental knowledge. What did have a negative impact on the psychological outcomes for these adolescent girls were the kinds of responses given by parents. Angry or upset responses given parents after finding out their daughter was pregnant or had had an abortion did have harmful outcomes on their daughters' mental health.

Henshaw and Kost (1992) found that informing parents who were less supportive could produce stressful reactions in less stable families. Sixty-one percent of the girls in the study indicated that one parent was aware of the pregnancy and of these, 43% had involved at least one parent in the service. Only 10% stated that their mothers found out without their daughter informing them, 2% were unsure of how their parent knew, and only 6% stated the mother found out from other family members or professionals. Six percent of the adolescent females whose parents were aware of the pregnancy reported to having suffered some type of harmful consequences. Of all the adolescents who reported in this study 30% did not tell their parents because of fear they would be at risk for physical or emotional harm. There seems to be an alarming number of girls in this study who feared some type of retaliation or abuse by their parents due to their pregnancy or decision to get an abortion.

Waiting longer for the abortion, a characteristic of this population may be compounded by forced parental involvement in the minors' abortion decision. While parental involvement laws are aimed at improving family functioning and communication, the forced communication may actually further damage an already unstable parent-child relationship. Fears of harm or abuse from parents appears to be a real concern that some adolescent females possess. Understanding how these females make their abortion decision, with or without the assistance of their parents, as well as the resources they access should also be applied to the context of pros and cons of parental involvement laws.

Characteristics of Adolescents Seeking Abortion Services

The American Academy of Pediatrics (1996) reported on a study of 1,519 unmarried pregnant minors in states that did not require parental involvement laws. According to the survey discussed in this article, 90% of those 14 years of age and younger informed at least one parent of their decision to get an abortion. Being over the age of 16 appears to be a predictor of

being less likely to inform at least one parent. Having reached the age of 16 resulted in being 74% likely to inform at least one parent than not informing either parent.

Henshaw and Kost (1992) also interviewed adolescents about the reasons they did or did not inform or involve their parents. Findings from this study showed that 41% asked parents for assistance in decision making. Forty-eight percent of those that included parents cited that they would not have felt right about not telling their mother. Another 34% reported wanting sympathy and moral support, and another 32% needed help getting the service including assistance with transportation, money, and consent. Reasons for not involving parents can be attributed to the salvation of the relationship or perceived safety concerns. Of the minors who did not involve parents, 73% did not want to disappoint their mother, 55% feared she would be angry, 32% did not want parents know they were having sex, 25% felt that parents were already under too much stress, while 20% avoided telling parents because of marital problems. Even more alarming findings were that 18% feared that they would be forced to leave home, 15% feared extreme punishment, and 6% felt involving parents would involve physical abuse.

Griffin-Carlson and Mackin (1993) interviewed minors in the Atlanta area at five different family planning clinics that provided abortion services. These clinics represented different areas that encompassed 439 girls from all socio-economic backgrounds. These adolescents were age 21 and under, and therefore also represented youth who were legal adults. Fifty-one percent of the females interviewed reported that they had confided in their parents about their decision to have an abortion. Those who did involve parents were usually younger, 17 years of age or less. The research focused on nonconfiders and their characteristics. Nonconfiders had more financial independence, were more likely to live alone, considered themselves more mature, and described family communication as closed or open only to certain

subjects when compared to those had confided in their parents about their decision.

Nonconfiders often reported never speaking with their parents about sex (Griffin-Carlson & Mackin, 1993).

What were found in these two studies, Griffin-Carlson and Mackin (1993) and Henshaw and Kost (1992) were important themes. First, those who had talked with parents about sex were more likely to involve parents in their decisions. A second finding showed that communication with parents about sexuality seemed to lead to greater parental involvement in the decision. Another central theme to the findings was that youth were more likely to involve parents when they did not have the means, whether financial or other, to obtain the service independently.

Other important factors were reported in Adler et al. (2003) and the American Academy of Pediatrics's (1996) literature reviews were different characteristics of minors who decided abortion over pregnancy and mothering. Girls who underwent abortions showed decreased risks of anxiety and increases in self-esteem and locus-of-control after the abortion service. The females who had a sense of ownership over their decision and did not feel coerced into the procedure had satisfaction with the outcomes of their decision (Adler et al., 2003). Central themes showed that girls who decided to have an abortion had better access to psychological and social resources and support than those girls who had chosen mothering. The girls that chose abortion had higher education achievement or educational goals, more educated mothers, and families with better economic circumstances. Adolescents who chose abortion also showed greater capacity to understand later consequences of their decisions and scored lower on dependency and need for approval (Adler et al., 2003). These seem to be all factors associated with greater confidence. According to this literature review, and the studies included, 35-91% informed parents even without the requirement of parental involvement laws (Adler et al., 2003).

Henshaw and Kost (1992) found similar characteristics in their study when compared to Adler et al.'s (2003) literature review. In Henshaw and Kost's (1992) study, girls who decided to have an abortion had higher educational levels long-term than those who chose to give birth. They were also found to better conceptualize their future and held less traditional views of female-sex roles. Henshaw and Kost's (1992) adolescents surveyed also reported having greater control of their life and less anxiety than their peers who chose motherhood. Another important finding in this study showed that sexual partners had more influence with the decision making process when a minor decided to keep her baby than a minor who opted for abortion.

The American Academy of Pediatrics (1996) also reported that when the females completed the abortion procedure within the first trimester there were no negative psychological or medical problems following the abortion. Emotional and developmental issues were more often present for those females that delayed the abortion or were denied access to the service due to parental involvement laws. The emotional health and stability of the adolescent mothers along with developmental problems of the children more often appeared when abortion was denied to these females.

The reasons that adolescent females do not involve their parents vary, but most alarming is the fear of abuse and harm within the home. When parent-adolescent communication has been present before the pregnancy it appears that the likelihood of involving a parent is much greater and the relationship between parent and adolescent is stronger. When females do not want to involve their parents on their abortion decision they may access judicial bypass. In judicial bypass hearings adolescent females must prove to a judge, in court, their decision making capabilities and ability to give informed consent to the abortion procedure.

Judicial Bypass

Judicial bypass has been accepted as a reasonable compromise to protect an adolescent from a harmful family environment while continuing to monitor her reasoning capabilities (American Academy of Pediatrics, 1996). There is controversy over this topic with some critics arguing that it places an unfair burden on the adolescents (American Academy of Pediatrics, 1996; Ehrlich, 2003); while others argue that its purpose is to protect girls from harm or bad decision making (Harvard Law Review, 2004).

There are many reasons for promoting judicial bypass as an effective alternative to parental involvement laws. The *Harvard Law Review* (2004) reviewed Arizona's judicial bypass proceedings and reported that Arizona required "clear and convincing evidence" (p. 2785) of the maturity of the female for the judge to grant rights for an abortion without parental involvement. This article also specifically identifies that this is in contrast with other states that have more lenient laws, using Massachusetts as an example. The review reported believing that Arizona better upheld parents' fundamental rights than other states such as Massachusetts. Parents, under these laws, are granted fundamental rights to make decisions for their daughters. Other reasons as stated above are that proponents feel judicial bypass is necessary because of the irreversibility and consequences of the abortion service. *Harvard Law Review* (2004) upholds the belief that abortion is psychologically and emotionally damaging.

Harvard Law Review (2004) like those against parental involvement laws, cited the 14th amendment to promote their argument. According to the review, the 14th amendment "protects the fundamental rights of parents to make decisions concerning the care, custody, and control of their children" (p. 2787). It is apparent that the 14th amendment can be viewed in different ways to further require parental laws as well as reasons to end parental involvement, depending on

which side of this paradox one stands. One can infer that interpretation plays a role in our current legal system on many levels and this is an example of that.

Other sentiments about calling for the continuation of judicial bypass laws and judges included parents' need to monitor their daughters' sexual activity and safety. Reported pros of parental involvement laws and strict judicial bypass procedures were that minors who may have been exploited could be saved and helped by their parents. If parents do not know about such abuse, they cannot assist daughters with protection. Overall, this report emphasized that judicial bypass requirements already threaten parents' rights because court is held without parental knowledge. Therefore states must adopt more stringent requirements for allowing minors to bypass involvement; as it is the responsibility of the courts' and states' to protect parental rights (*Harvard Law Review*, 2004).

The Massachusetts abortion study completed in-depth interviews with 26 females who had been through the judicial bypass process. Ehrlich (2003) decided to research the impact that parental involvement laws had on minors, their characteristics, reasons they did not involve their parents, and the effects the judicial bypass procedure had on the young women. This report actually interviewed girls about the consequences of parental involvement laws in their lives, whereas the *Harvard Law Review* focused on current legal issues and how to best serve the interest of these laws.

The 26 minor female participants interviewed for the study were selected by attorneys. These minors were found mature by the courts, and thus granted the abortion. The attorneys selected girls with whom they did not feel the interview would cause emotional or psychological stress. A total of 65 girls were referred, while only 26 were successfully completed. Background information, future plans, relationship with parents, frequency and quality of

discussions of sexuality, and their court experiences were focus areas of the interview. All girls had the abortion during the first trimester as they had planned (Ehrlich, 2003). Obtaining an abortion during the first trimester, as these girls did, aligns with research stating that this is the safest and most effective time to receive the medical procedure (Raab, 1998; Joyce & Kaestner, 1996; American Academy of Pediatrics, 1996). Data limitations include the small sample size as well as possible bias in the sample, since out of 65 referred, only 26 completed the interview.

Knowing where to turn for advice when in need appears to be a milestone of maturity. Outcomes of the conducted interviews found that the pregnancy was unplanned for all minors. All of the girls, except one, talked to at least two people about their decision. The deviant representation reported involving only one person in her decision. The reasons for choosing abortion included future life plans, life circumstances, not being ready for motherhood, and concerns for the baby and its limited opportunities afforded to it by having a teenage mother. Many girls reported connecting these thoughts with their own experience of loss or deprivation in their young lives. Other girls verbalized anticipated severe and negative parental reactions, including fear of physical harm, concern for parental well-being, anticipated pressures to have the baby, and family relationship problems (Ehrlich, 2003). These findings compare to Adler et al. (2003) and Henshaw and Kost's (1992) reported reasons as to why girls chose abortion to their other options.

Consistent with information about sexuality and parent-child communication stated above, of the adolescent girls interviewed, they continuously reported they had almost no communication with their parents about sex. This finding that is consistent throughout studies discussing characteristics of girls who have abortions, especially those who choose not to involve their parent (Lederman et al., 2008; Miller, 2002; Somers & Gleason, 2001; Hutchison &

Cooney, 1998). Lack of seeking out communication with parents, for some girls, may coincide with troubled family relationships and fears of adverse responses by parents about their pregnancy. These fears were backed with a history of parental abuse these minors had experienced before as consequences of parental disapproval (Ehrlich, 2003).

All girls in the study reported that the court process was overwhelming, frightening, and difficult, as well as traumatic (Ehrlich, 2003). *The American Academy of Pediatrics* (1996) concurred with the experience of the females and reported that judicial bypass is “detrimental to the well-being, because adolescents perceive the court proceedings as extremely burdensome, humiliating, and stressful” (p. 781). What could be concluded by these interviews is that requiring judicial bypass court hearings may have a negative impact on the mental health status of the females. Compared with other findings, this could be more damaging to the internal-locus-of-control as well as the susceptibility to anxiety than the actual procedure itself.

Ehrlich (2003) reported that all minors considered multiple factors in making informed decisions. None of these adolescents reacted with passivity and all understood the timeliness of their decision. Reasons for support harbored by *The Harvard Law Review* (2004) are in contradiction to the findings of Ehrlich’s (2003) study with adolescents who have been through and approved by judicial bypass as well as statements made by the *American Academy of Pediatrics* (1996).

Judicial bypass needs to be further examined, have larger sample sizes, and explored throughout the United States, rather in one or two focused states. Understanding how judicial bypass affects the minors’ emotional and physical health is important for continuing or discontinuing judicial bypass and parental involvement laws. While *Harvard Law Review* (2004) examined judicial bypass and its implications within the constitution, the review used no

supporting empirical evidence to address the impact that judicial bypass had on adolescents or their families. There are many other examples where gaps in the research occur within this specific arena of parent-adolescent communication, adolescent cognitive development, teenage sexuality, pregnancy, abortion, and the effects of parental involvement laws.

Gaps in Literature

More research is needed to make conclusive statements about the effects of parental involvement laws, the benefits versus the consequences, and designing effective educational programs for both adolescents and parents. In this section I will define areas that need more research to make policies about parental involvement requirements. I see that more empirical evidence is needed about the importance of parent-adolescent communication and its effects on sexual choices, decision making, and deciding whether or not to involve parents in their choice. Most current research is focused on who communicates with whom and it has shown inconsistent results in regards to the role parents play in their daughters' decision making. Often the research focuses on adolescent perspectives only. Research usually focuses on whether or not decision making has taken place, not how the decision was determined (Miller, Kotchick, Dorsey, Forehand, & Ham, 1998).

Since data is usually only gathered from teens, as of 2004, there were only four studies that personally involved parents and their perceptions of communication levels with their daughters. Data was collected on opinions, not actual feelings, about the behavior or knowledge of daughters' sexual choices or consequences (Jones & Boonstra, 2004). With limited evidence from the parents' perspective, empirical support is needed in order to develop positive parent education programs. As shown in the studies above, it appears that better parent-adolescent communication may lead to many positive outcomes for adolescents including increased use of contraception, delaying the onset of first sexual intercourse, and decisions to incorporate parents

in their family planning decisions (Lederman et al., 2008; Jones & Boonstra, 2004; Miller, 2002; Somers & Gleason, 2001; Hutchison & Cooney, 1998).

Certain areas make it difficult to follow through with research and observations. It is statistically difficult to research the impact of parental involvement laws in regards to teen pregnancy rates (Raab, 1998; Joyce & Kaestner, 1996; Haas-Wilson, 1996). First, state policies are continuously changing and restrictions are not always enforced. Second, published research does not take into account social factors and political stances of the communities and states these girls are raised in (Haas-Wilson, 1996). Third, the research that includes cause and effect of parental involvement laws usually does not incorporate large numbers of adolescents (Griffin-Carlson & Mackin, 1993). Lastly, as shown by the research discussed in this paper, there is a lack of more current research on parental involvement laws and their effects. All these examples could be areas where further research is needed. Continuing research efforts on this topic may make it easier to form conclusive statements about parental involvement laws and their actual effects.

Gaps in the literature are common occurrences within this field of study. The sometimes private topics discussed, the difficulty of obtaining sample sizes, and the difficulty of factoring in all variables seems to be a continual challenge facing research in this area. Understanding the overall impact of teen sexuality and pregnancy, parent-adolescent communication, and the impact of parental involvement laws on adolescence and their families is imperative. We must further our scientific understandings of these issues before developing policies that force communication and involvement. Even though intentions may be good, parental involvement laws have yet to be supported by evidence that the positive outcomes outweigh the negative consequences.

With the information available in the current body of research, what should be done to improve the safety, choices, decisions, and overall health of our adolescent females? It appears that increased parent-adolescent communication may be one positive predictor. However current policies in the United States do not require parent-adolescent communication within the family until a pregnancy crisis has occurred. If communication was not present before an unintended teenage pregnancy, is it fair or safe to force such requirements later? We should develop better programs and family life education to prevent teenage pregnancy as well as utilize research to inform and guide policy makers.

IMPLICATIONS

Both proponents and opponents of parental involvement laws and abortion restrictions on adolescents are seeking the same outcome: that teenage pregnancy and the need for teenage abortion are decreased. I think it is fair to say that both sides of this debate have an unrealistic hope that the need for abortion among adolescents can be eliminated all together. While both sides want the same end result, opinions about ways in which to remedy this differs greatly. It is important for one to be realistic about expectations for teenage pregnancy, abortion, and the policies we enact to remedy such problems.

In this section I propose realistic approaches and solutions for family life educators to address. While purposes of these parental involvement policies are aimed at protecting parental rights and the believed safety of the adolescent girls, the statistics on teenage pregnancy and abortion give testimony to the fact that these goals are not being accomplished. Here I will recommend changes in two different areas based on the research literature. These recommendations address the need for a change in policy and an improvement in parent-adolescent communication.

Restrictive ideas about teen sex, lack of openness and communication within the family, high poverty rates, barriers to family planning services, and the high costs and low availability of abortion services have an effect the teen pregnancy rates (Adler et al., 2003; The Allan Guttmacher Institute, 2006; American Academy on Pediatrics, 1996). These are all reasons that the United States continues to have one of the highest teen fertility rates among developed countries (Lottes, 2002). Despite efforts to decrease teen pregnancy and sexual activity, there is

little evidence supporting the success of current programs. Trends towards more restrictive access to contraception and abortion, and a lack of resources and education for parents to address sexuality issues with their children is shown by research to be less effective than what had been hoped for (Adler et al., 2003). This is evident in the continued high teenage fertility rates, unplanned pregnancies, and rates in which minors are requesting abortion services (Adler et al., 2003; Berer, 2004; Lottes, 2002). While the numbers are declining, the decline is slow and not comparable with other developed countries including England (Hock-Long et al., 2003), Australia, Canada, and France (Singh & Darroch, 2000), Sweden and Finland (Adler et al, 2003) and the Netherlands (David & Rademakers, 1996; Lottes, 2002).

Family Life Educators' Roles

With all the information provided, how does family life education with its operational principles, purposes, and framework apply to parental involvement policies? Family life educators have the potential to make positive impacts on teenage pregnancy, teenage abortion, family and public policies, as well improving interpersonal relationships within the family unit. Family life education is “purposive rather than incidental” (Arcus, Schvaneveldt, & Moss, 1993, p. 10). The operational principles of family life education include empowering the learner, understanding that family life education takes place in different settings and environments, and that family life education is multidisciplinary (Arcus et al., 1993).

The topics of teenage sexuality, parent-adolescent communication, and parental involvement laws fit into the framework of what is family life education. The concepts of the framework provide guidance for family life educators which issues are family life education issues. The areas of the framework for the *Life-Span Family Life Education* identified by Arcus (1987) and by the NCFR (1997) in the *Life Span Family Life Education Poster* are very

applicable to social issue of teenage pregnancy and the laws that govern adolescents. All areas of the framework and poster are pertinent with some areas holding more relevancy than others.

As apparent from the title, family life education provides education rather than merely instruction. Education in the arena of family life includes research and academia (Arcus, et al., 1993). Family life educators can provide an educational service to not only families but also to agencies that serve families, and to policy makers who develop policies and laws to guide family practices and interventions. Family life educators could assist, educate, and guide agencies who serve families with information regarding family dynamics and relationships. Those agencies that do assist with family services such as parenting classes or adolescent activity centers could benefit from family life educators' information. Information could be gathered and transmitted from family life educators to such places. Whether families are actively or passively obtaining information, they should not only have many different environments to access this, but quality information as well (Arcus et al., 1993).

Applications, in this field for adolescents include education about human sexuality, parenting, contraception, consequences, and choices. Communication skills, relationship building, and accepting responsibility for one's actions (Arcus, 1987) are other examples of this. Areas of the poster include, but are not exclusive to *Families in Society*, *Internal Dynamics of Families*, *Human Growth and Development*, *Interpersonal Relationship*, *Human Sexuality*, and *Family Law and Policy* (NCFR, 1997). Family life educators can assist agencies with teaching adolescence responsibilities, understanding one's values, sexual, physical, and cognitive development, consequences of sexual behaviors, and education about parenting and pregnancy.

Parents are also involved in the outcomes of adolescence and their sexual choices (Hutchinson, 2002; Hutchinson & Cooney, 1998; Lederman et al., 2008; Miller, 2002; Somers &

Gleason, 2001). Educating parents about adolescent development, communication skills, conflict resolution, responsibilities as parents and rights of adolescence (NCFR, 1997) are important focus areas for parents to understand during this period of development. The same areas of the framework that apply for adolescents also apply to parents on this issue. Family life educators need to be able to transmit the information so that parents may utilize it to increase family functioning and overall familial relationships. Eastman et al. (2005) found that parents' lack of confidence is a major barrier to effective sexual communication with their adolescents. Providing knowledge, skills, and tools to parents will aid in confidence building may in turn increase the education and communications they have with their adolescents.

Policy and law makers are another specific group that family life educators need to form a coalition with by means of research and information. Working with policy makers will assist in ensuring that policies developed to address specific family issues will, in effect, have positive outcomes. Monroe (1995) defined public policy as a governmental intervention, or lack of intervention, to address a problem that exists within the public domain. Monroe (1995) classified family policy as "the response of government to the specific problems and needs of the family unit, or actions by the government that will have more than a negligible effect on families. Family policy includes those policies written with clearly articulated, explicit goals and objectives for families, as well as those policies that implicitly affect families" (p. 426). Providing research in ways that a policy maker may understand as well as presenting policies and programs to lawmakers will further benefit, enhance, and enrich the lives of families in our country (Arcus et al., 1993).

Policy Changes

Evidence from other countries shows that when abortion is legal and accessible to people in all socio-economic levels, when it is safe, and timely, instances of mortality are almost

eliminated (Adler et al., 2003). Our public health system must begin to take responsibility for ensuring that safe and legal abortions are being provided (Berer, 2004). Some activists feel that a universal, nation-wide policy is needed to guarantee safety and access for adolescents (Adler, et al., 2003).

One step towards a more uniform policy includes paying more attention to rural areas where there is little or no access to safe family planning services. Women in rural areas are at a greater risk of teenage pregnancy and unsafe abortions as opposed to those living in urban areas where contraceptive usage rates are higher (Adler et al., 2003). Many rural areas are without abortion providers. The United States had only 1,787 abortion providers in 2005. This is a 2% decline from 2000 when there were 1,819 providers. Along with an overall decrease in abortion providers throughout the country, 87% of counties in the United States, as of 2005, were without an abortion provider. Of the women receiving abortion services in 2005, 25% had to travel at least 50 miles for the service with 8% traveling at least 100 miles. One specific example of this is Mississippi. In 2005 99% of counties within Mississippi had no abortion provider, and this state faced a 50% decline in providers since 2000. Mississippi has only two providers now. North Dakota faced similar challenges with 98% of their counties going without an abortion provider and only one abortion provider for the entire state. While North Dakota's population is much smaller than Mississippi, North Dakota also faced a 50% decline from 2000 when the state had two abortion providers (The Allan Guttmacher Institute, State Policies in Brief, April 1, 2008).

I propose that increasing providers and expanding access to abortion within the United States will continue to ensure that safe and legal abortions are available. Reducing restrictions for clinics as well as patients may make availability better. Lack of providers is especially

difficult for adolescent women who have specific challenges with finances and transportation. This is an unfair burden that is suffered by girls under the age of 18 and the burden is amplified when the adolescent must also get parental consent for the service.

Secondly, it is imperative to remove barriers faced by adolescents and develop a nationwide policy to keep our youth safe. A nationwide policy will ensure the services are legal and safe, will improve statistical reporting, and reverse the amount of adolescents who cross state lines or falsify information for such services. Because of the strong support for parental involvement laws and our society's values of parental rights, one can assume that a massive public opinion switch to eliminate these laws is unlikely. Continuously, the number of states requiring parental involvement laws has increased since their adoption within the system (Alan Guttmacher Institute, *State Policies in Brief*, April 1, 2008; Ehrlich, 2003). There are other options for improving the effectiveness of restrictions while ensuring safe care for the adolescents.

Ehrlich (2003) proposed that other alternatives to judicial bypass should be utilized. She states major concerns for judicial bypass and the courts and judges capabilities to act in the best interest of the minor. She cites fears that the courts may not understand the needs or safety issues faced by the adolescents. Her suggestions include the need for more flexibility within these laws. She hypothesizes that options for securing consent could include professionals within the field when girls are fearful or defiant about involving parents in their decisions. These professionals could act in the best interest of the minors and determine their maturity and ability to give informed consent (Ehrlich, 2003).

Ehrlich (2003) also suggested that the states could expand the consent or notification to other adult family members or relatives. The benefits may include a decrease in fear of abuse as

well as an increase in the number adolescents seeking support and advice from caring, invested adults in their lives. Other positives from this plan are the removal of barriers faced by adolescents who lack a connected, close, loving relationships with their parents or guardians.

The majority of adolescents engage their parents in the decision to end an unwanted pregnancy by means of abortion, even when their state does not require parental involvement; and they are more likely to do so when the relationship and communication levels are already strong (Adler et al., 2003; The American Academy of Pediatrics, 1996; Griffin-Carlson & Mackin, 1993; Henshaw & Kost, 1992). The American Academy of Pediatrics (1996) has also made recommendations for changing policies about parental involvement laws and the restrictions of only allowing parents to give consent or be notified. The American Academy of Pediatrics (1996) strongly recommends that minors involve parents and other trusted adults in their abortion decisions but acknowledges that involving parents is based on the quality of the parent-adolescent relationship.

I propose a plan that fulfills desires for a nation-wide public policy for adolescent abortion that is similar to those of developed European countries; but I will stay in focus with the United States emphasis and beliefs that an abortion service is highly sensitive with the chance of causing major repercussions later in life. Requiring adolescents to access professional support, when parents, guardians, or other adult family members are unavailable, as a resource, instead of forced parental involvement may make both proponents and opponents agreeable. Allowing a trained professional to give consent to an abortion service, rather than a judge, continues to place certain restrictions on adolescent abortion access without imposing barriers that could be dangerous to unstable families. It will also ensure those giving consent on behalf of the minor are trained, educated, and responsible.

With this in place, in lieu of parental involvement laws, fears of adolescents lacking guidance and support during this crisis are basically eliminated. Having a uniform policy required by all states could assist with regulations and follow-through. This policy would have the potential to eradicate the unknown number of minors who cross state lines for services when their state of residence imposes higher restrictions. Judicial bypass would be eliminated, ending costly court services as well as decreasing the delays in time between the decision and the abortion service. Other benefits of this plan would be an identification of sexual exploitation and abuse. If a minor has been sexually exploited or abused, contact with professionals may aide in identifying these circumstances. This is important as the safety and health of the adolescents should be the highest concern for family and youth policies. Professionals, when parents are not involved, could follow through with law officials and the legal system for an abused girl.

The American Academy of Pediatrics (1996) supports this stance with their recommendations by stating that abortion providers “should encourage minors to consult with parents, other family members, or other trusted adults if parental support is not possible. The very young adolescent is especially needy in this regard. Ultimately, the pregnant patient’s right to decide should be respected regarding who should be involved and what the outcomes of the pregnancy will be” (p. 752).

Pratt (1995) reported that within the field of human services, values, politics, and capabilities guide policy and decision making. Addressing these three areas and proposing policy changes is an important task in regards to adolescents’ access to family planning services. Educating policy makers is an essential job for family life educators to make certain that effective and safe policies are implemented. Family life educators play a key role in policy

change and implementation through research and must provide this research information to the policy makers (Bogenschneider, Olson, Linney, & Mills, 2000; Monroe, 1995; Pratt, 1995).

Researching family dynamics, adolescent development, and the effects of parental involvement laws is necessary to propose policies that are effective. One important aspect of such family planning policies and parental involvement requirements are the dynamics of parent-adolescent communication and the overall parent-adolescent relationship. Understanding, not only the dynamics of the parent-adolescent relationship, but also its affects on teenage pregnancy and abortion are preventative measures that family life educators should be taking.

Prevention for Family Life Educators

Aside from changing legal policies and ways in which involvement requirements are carried out, is the need for increased parent-adolescent communication about sexuality. Major benefits can result from parents communicating and talking with their children about sexual behaviors, risks involved, as well as the consequences of early sexuality and unprotected sex. Increases in open communication can lead to a decrease in the number of sexual partners, an increase in the age of first sexual intercourse, as well as ensuring the adolescent is receiving better information and education on sexuality and its risks (Hutchinson, 2002; Hutchinson & Cooney, 1998; Jones et al., 2005; Lederman et al., 2008). The current research shows that parent-adolescent communications about sexuality has the potential to decrease teenage pregnancy. I propose that the implementation of programs to strengthen and encourage parent-adolescent communication will have a major impact on sexuality and teen pregnancy rates. Developing programs within schools and medical facilities to educate parents on communication skills and information about sexuality will be of the utmost benefit for all family members.

Findings showed that that parent-adolescent sexual communication equaled lower rates of sexual risk behavioral. Lowering the rate of such risk behavior leads to decreased teenage

pregnancy rates (Hutchinson, 2002; Lederman et al., 2008) and thus the decreased need for adolescent abortion services. Communication within the home led to more effective uses of contraception. Unfortunately, literature supports the concepts that most parents are not directly involved in the sexual education of their children, and when they are, it is mostly the mother who is communicating (Hutchinson, 2002; Hutchinson & Cooney, 1998; Jones et al., 2005; Lederman, et al., 2008). Providing education programs to increase communication in the home and encouraging both parents to participate in parent-adolescent communication would therefore have a positive impact on adolescents and their sexual choices.

The American Academy of Pediatrics (1996) stated that there is a great need to enhance parental listening and communication skills. Having better family communication would lead to adolescents voluntarily involving parents in their family planning and sexuality choices. Also increasing parents' communication skills will make parents more confident in their interactions with adolescents. Hypothetically, if parents are more confident, communication would increase and the information provided to adolescents would be accurate (Eastman et al., 2005).

Jones (2006) did a survey of family planning clinics that received Title X funding. Title X provides care and confidential access to adolescents seeking contraception services and secures an adolescent's ability to receive contraception without parental involvement. Of the clinics surveyed, pamphlets served as the biggest means of education for clients and the clinics reported that 76% distributed pamphlets about parent-child communication to adolescents while 84% did so for adults. According to the clinics surveyed, the programs that were offered, which were not pamphlets, were mostly focused on increasing parent-child communication as well.

While Jones's (2006) study indicated that the majority of clinics are attempting to assist with parent-child communication, there was about one-quarter that did not. Family life

educators should increase standards and resources for clinics and agencies so that the information provided to adolescents and their families is accurate and attainable. Family life educators could assist with information and program development for these clinics focused on improving communication between parents and adolescents about sexuality. Family life educators need to encourage the expansion of this to all Title X clinics as well. This is imperative and is one step towards the elimination of adolescent pregnancy and subsequent abortion. Also family life educators play a key role in expanding outlets for parents and adolescents to receive such information. Including other social service agencies such as mental health centers, family resource centers, family practitioners, and schools would be more effective in educating a much larger percentage of the population.

Based on the information available throughout current research, increasing parent-adolescent communication and beginning the communications at an earlier age are important factors for positive experiences and choices made by the adolescent. Making parents feel more confident and informed about anatomy and physiology, contraception, as well as with their own communication skills may increase the amount of contact a parent has with their children about sexuality. This could have an end result of one to two things. First, adolescents will be better informed and make better decisions about sexual activity, thus leading to a decreased risk of becoming pregnant; or girls will feel more comfortable in their relationship with their parents and therefore will be more inclined to involve their parents in their abortion decision. This will subsequently lead to parental involvement laws being less of a barrier for the adolescent.

Interventions for Family Life Educators

Although the intent of parental involvement laws are to increase parent-adolescent communication and the responsibilities of the parent, there is a lack of supporting evidence proving that it accomplishes this. Adler et al. (2003), The American Academy of Pediatrics

(1996) and Ehrlich (2003) reported that there is no evidence supporting outcomes based on the belief that parental involvement laws are improving family communication and decreasing teenage pregnancy. The concern should be for the adolescents with an emphasis on guaranteeing that the adolescents are receiving adequate information and care.

Assisting adolescents with developing skills to communicate with parents about their choices if they desire is very important. As shown by Henshaw and Kost (1992), some girls do not involve their parents for fear of disappointment. I hypothesize that some adolescents may not involve their parents because they do not know how to communicate about this with their parents. Professionals could work on assessments with girls to determine the reasons they do not want to involve their parents. If their reasons do not present as fears of abuse or repercussions, a family life educator could serve as an educator during these times. Helping the girl practice and talk with her parents about her decision, if she decides to do this, could provide the girl with a major support during this time.

Along with assisting adolescent girls, providing interventions for parents may also be important. The event of a teenage pregnancy within the family is usually a time of crisis. Families may not know how to handle the information or understand ways to effectively communicate their fears and worries their daughters may face in regards to the choices made. Educating parents about adolescent abortion, the risks involved, and what research has shown may assist to alleviate some of these fears. Family life educators could be a wealth or resources for parents who are involved in their daughter's decision.

Other services that family life educators could provide for parents are education about communication skills and ways to talk with their daughters post-abortion. This follow up may be important for both parent and daughter to discuss prevention of teenage pregnancy in the future.

Parents may continue to worry about their daughters after the service and daughters may fear that their relationship has forever changed with their parents after the service. Continuing communication following the abortion will be needed and education on how to accomplish this should be received from a family life educator. While family life education is often seen as prevention, interventions aimed at promoting the positive aspects of family may assist in enhancing and improving the family lives for these adolescents and their families post-abortion.

Kylee, Kristi, and Sylvia

Kylee, Kristi, and Sylvia all appear to have reached formal operational thinking at the age of 15. All these girls have met Piaget's guidelines (Muuss, 1988) because they are able to consider alternatives and understand the consequences of their own actions and choices. Kylee, Kristi, and Sylvia seem to have similar characteristics found in the research and reports by Adler et al. (2003), The American Academy of Pediatrics (1996), Ehrlich (2003), Griffin-Carlson and Mackin (1993), Henshaw and Kost (1992), Jones et al. (2005), and Rodman (1991) about girls who choose abortion. They also appear to have similar expectations and understandings of family interactions and how their current relationship with the parents would predict parental support or lack thereof.

Based in the recommendations made above for family life educators, how would Kylee, Kristi, and Sylvia have benefited? First, policies that govern abortion services for minors, such as themselves, would be informed through research. Second, Kristi and Sylvia, who were unwilling or unable to receive support from their parents, would have had access to educated professionals to assist with choices. The permission to get an abortion would have been determined by professionals based on each individual's maturity and it would have been granted by a professional trained in adolescent development rather than by a judge presiding over court cases. Assuring guidance from trusted adults or professionals would have been a benefit to these

girls. A family life educator could have made their experiences better by providing information about sexuality, pregnancy development, and parenting.

Assuring that all of our adolescent girls are safe and secure should be a top priority in determining or implementing policies. Utilizing current research and information needs to be a priority in our society. Rather than attempting to get votes, our politicians should consider life circumstances of girls like Kylee, Kristi, and Sylvia; and prior to setting in motion barriers and roadblocks to family planning services. Family life educators must continue to inform politicians and law makers about the consequences and benefits of specific family policies and interventions. Educating agencies and families for the improvement of family functioning is another vital means of achieving a diminished need for adolescent abortion services.

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Appendix A - Parental Involvement Laws by State

NO PARENTAL INVOLVEMENT LAWS:

Alaska, California, Connecticut, Hawaii, Illinois, Maine, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Vermont, Washington, and the District of Columbia

CONSENT:

Alabama, Arizona, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Pennsylvania, Massachusetts, Michigan, Mississippi (both parents), Missouri, North Carolina, North Dakota (both parents), Ohio, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Wisconsin, Wyoming

NOTIFICATION:

Colorado, Delaware, Florida, Georgia, Iowa, Kansas, Maryland, Minnesota (both parents), Nebraska, South Dakota, West Virginia

BOTH NOTIFICATION AND CONSENT:

Oklahoma, Utah

ALLOW INVOLVEMENT FOR OTHER FAMILY MEMBERS:

Delaware, Iowa, New Mexico, South Carolina, Virginia, Wisconsin

From: The Allan Guttmacher Institute, State Center

As of January 1, 2008

<http://www.guttmacher.org/statecenter/sfaa.html>

Retrieved April 7, 2008