

ACCESS



*An Overview of
Teen Access to
Contraceptives
in California*

February 2001



TEEN ACCESS TO CONTRACEPTIVES

CALIFORNIA HAS EXPERIENCED a twenty-percent decline in the teen birth rate over the last ten years.¹ A number of factors have contributed to this decline, including the use of contraceptives by both male and female teens. Nationally, use of contraceptives among 9-12th grade students has increased in the last decade by 12 percent.²

While experts agree that delaying sexual involvement is the most effective way for teens to prevent sexually transmitted diseases (STDs) and unplanned pregnancy, the reality is that sexually active teens must have access to contraceptives and accurate information about how to use them in order to prevent pregnancy and STDs. Close to 85 percent of teenage pregnancies are unintended³ which is evidence that providing sexually active teens easy access to contraceptives and education can help further reduce the teen pregnancy rate.

Studies have shown that approximately 1 million pregnancies nationally have been averted by adolescent contraceptive use.⁴ A sexually active teen who does not use contraceptives has a 90 percent chance of becoming pregnant within one year.⁵ When used consistently and correctly, contraceptives are effective in preventing pregnancy.

While California has the second highest teen birth rate in the nation, the state leads the country in the actual number of babies born to teenagers.⁶ Last year alone, more than 50,000 babies were born to California teens.

Compared to the rest of the nation, California ranks 39th in providing contraceptive services to women in need.⁷ All of these statistics prompted the “Get Real About Teen Pregnancy” public education team to take a look at the availability of contraceptive

CONTRACEPTIVES IN CALIFORNIA

AN OVERVIEW

services for the state's teenagers, as well as what barriers might exist that prevent sexually active teens from obtaining the contraceptive services they may need.

To understand what family planning services the health delivery system in California offers teens, the "Get Real About Teen Pregnancy" campaign commissioned a "snapshot" study of health care providers throughout the state about their policies and services for adolescents. Staff at community clinics and medical providers' offices were asked to discuss teens' awareness and use of available reproductive and sexual health services. Communications Sciences Group and Philliber Research Associates surveyed community clinics and health care providers in fourteen counties: Los Angeles, Alameda, Fresno, Humboldt, Kern, Madera, Monterey, Riverside, Sacramento, San Bernardino, San Diego, Shasta, Solano and Stanislaus. The surveys were designed to obtain information about the demographics of teens being served, types of services being provided and real or perceived barriers to providing contraceptives to teens.

The "Get Real About Teen Pregnancy" public education campaign has produced this document to encourage policymakers, community leaders, health professionals and concerned adults to take action to provide access to contraceptives and related health services to sexually active teens. By highlighting the current state of reproductive health service delivery for teens in California, community leaders and policymakers can support effective policies that will help decrease California's high teen birth rate.

On the Front Lines

California's network of community-based clinics are on the front lines when it comes to addressing teens'

needs for contraceptive services and information. The good news is that clinics are providing quality health care to teens who access their services. Whether teens come in for a pregnancy test, contraceptives, or education about reproductive health, clinics are responding to teen needs and in some cases, creating programs specifically targeted to the teen population.

There are 691 community clinics in California, many of which provide reproductive and family planning services. Federal Title X funding, California's Family PACT program, and Medi-Cal all reimburse the provision of contraceptives and family planning services, particularly to low-income patients. Program funding from any of these sources requires that clinics provide confidential services to adolescents who request them.

FUTURE

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California Law

California law recognizes the need to help teens make responsible decisions about their own health. In California, teens have the right to independently consent to family planning services and contraceptives, as well as a variety of other health-related services such as STD testing, alcohol and substance abuse treatment and mental health services. The state is one of twenty-five in the nation that explicitly gives minors the authority to consent to contraceptive services.⁸ Though many clinics and health care providers do encourage teens to discuss their health and relationship questions and concerns with their parents, California Family Code Section 6925 provides that adolescents may consent to medical care related to the prevention or treatment of pregnancy.

Health care providers who serve teens through state or federally reimbursed programs such as Medi-Cal, Family PACT or Federal Title X funding, agree to comply with program guidelines when providing care to teens. Many participating providers strongly encourage teens to discuss their health needs with their parents prior to obtaining services. However, providers who are reimbursed for care under any of these programs may not require parental consent of teens seeking contraceptives and reproductive health services. In California, the law is clear – minors are allowed to give their own consent for contraceptives and reproductive health care.

Parent - Teen Communication

For many teens, talking to their parents about sex and relationships is acceptable and encouraged. Unfortunately, that open communication is not the norm for all families. Embarrassment on the part of adolescents and parents contributes to the absence of these conversations. Yet a 1999 poll of Californians found that 93 percent of adults believe sexually active teens should be encouraged to use protection to prevent pregnancy and sexually transmitted diseases.⁹

It is normal for teens to have romantic relationships. A teen's decision to be abstinent or to engage in sexual activity is a part of healthy adolescent sexuality. Parents and other adult influencers should take every opportunity to discuss with adolescents the important responsibilities as well as ramifications to becoming sexually involved, and to help teens develop a strong sense of personal values and accountability regarding their sexual behavior.

However, it is unrealistic for adults to pretend that if they don't educate teens about sex, or if they require parents to consent to a teen's decision to seek contraceptive services, that this will prevent teens who choose to do so from becoming sexually involved. When forced to involve a parent in seeking health services to prevent pregnancy, many sexually active teens avoid seeking care at all. Requiring teens to obtain parental consent will likely delay the use of contraceptives, but won't delay sexual activity.

Families should be encouraged to have regular, open communication about their values and attitudes toward relationships and sex. In the absence of that communication, however, adolescents who are sexually active should be encouraged to take steps on their own to prevent pregnancy.

Cost-Effectiveness of Teen Use of Contraceptives

Teen pregnancy in California exacts a tremendous economic and social cost. State experts estimate that over five billion dollars a year are spent on health and social services provided to teen parents and their children.¹⁰

A recent study of California's Family PACT program, the state-funded program that provides family planning services, showed that in the program's first year, 108,000 unintended pregnancies were prevented, including 24,000 teen pregnancies.¹¹ Providing contraceptives and family planning services saved the state of California more than \$512 million that would have been spent on medical care and social services for mothers and their children following births.¹² The study concluded that every dollar spent on the state's family planning program saves \$4.48 by preventing unintended pregnancies.¹³

It is worth noting that effective use of contraceptives to prevent unplanned teen pregnancies also prevents teen abortions. Clearly, providing contraceptives is a responsible, cost-effective approach to ensuring that sexually active teens can prevent pregnancy and STDs.

What is Working?

Interviews of 60 health care providers throughout California found that the majority of teens served in clinics are between 15-19 years old, female, and predominantly Latina and Caucasian.

Nearly all clinics can see teens without appointments, an essential element to successfully providing sexually active teens with contraceptives and reproductive health services. In many instances, teens are able to see a health provider of the same gender, alleviating embarrassment and allowing a teen to talk freely about his or her health concerns. Female adolescents are sometimes able to receive contraceptives on the same day that they visit a clinic. Clinics provide an array of services to teen clients, including: health education and counseling, condoms, oral contraceptives, Norplant, Depo-Provera, gynecological exams, as well as screening and treatment for sexually transmitted diseases. Health providers point out that family planning services is often the first point of entry into the health care system for young people, which also meets a critical need.

Collaborations with other community organizations, educational institutions and teen-oriented groups helps community clinics reach teens, even with limited clinic funding for outreach. For clinics that offer limited medical care or counseling and education services only, maintaining and utilizing referrals to other health providers helps establish a continuum of care for teen patients.

Clinics that have established teen-only hours or service sites report high utilization of services. In this environment teens feel free to ask open, honest



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questions and request the contraceptives they need. Using teen staff members also contributes to a clinic's "teen friendly" atmosphere. Teens as peer counselors, health educators or outreach workers help other teens feel comfortable visiting a clinic for sexual health services.

Many clinics are experiencing a positive unintended result when teens utilize their clinics for contraceptive and family planning services. Several clinics report that teens are likely to bring a friend when visiting a medical provider on their own. Approximately 38 percent of teen patients bring at least one friend with them to family planning visits. Clinics are being given "bonus" opportunities to provide education and intervention services to the patient's friend(s) at the same time they serve the teen patient.

Challenges to Access

While clinics are generally able to serve teens who walk through clinic doors, interviews revealed that a number of barriers to health care delivery need to be addressed to ensure that teens receive contraceptive services.

Affordability

Ability to pay is a major issue for teens who need family planning services. While the majority of clinics aim to provide contraceptives and services to teens at low or no cost, the ability of clinics to continue to provide free and low-cost treatment is jeopardized by limited government and private funding. About one third of all clinics report they are unable to fully subsidize reproductive services to teens who cannot pay for them. Inadequate state reimbursements and rising medical costs are cited by more than 70% of clinics surveyed as a major challenge to continuing to provide free or low-cost services to teens.

Community Attitudes

Several clinics surveyed reported that attitudes in the community at large have an affect on service delivery and usage by teens. More than one third of the clinics interviewed cited community attitudes as a barrier to teens accessing services. At least one clinic indicated that its teen-specific services located at a high school site were discontinued because of political opposition from town residents. Other clinics cited negative community attitudes as a barrier to engaging in proactive, visible outreach efforts to raise teens' awareness about clinic services.

Surveyors also noted that staff attitudes and knowledge about adolescent health needs, sexual activity and laws regarding confidentiality also affected a providers' ability to successfully serve teenagers.

Confidentiality

Clinics that serve teens as part of a clinic's general service delivery report a reluctance of teens to use services if they may run into a neighbor, acquaintance or friend of the family. According to clinic staff members, teen fears about a breach of confidentiality are very real and keep teens from accessing services. In small communities, the fears are heightened that parents will hear about their teen seeking medical services from another source.

Awareness of Services

Clinics utilize a variety of methods for educating teens about the types of services available on-site and through referrals to other medical providers. Word of mouth is reported to be the most common method clinics employ to recruit new adolescent patients. Staff admit, however, that their ability to provide services to teens are restricted by limited public awareness and promotion efforts. Education about the diversity and types of services offered is a necessary component of public outreach. Health providers report that they need to dedicate a substantial amount of time on basic education about sexual health and available services with a teen patient during an initial inquiry or first visit.

Accessibility of Clinic Location

While all providers interviewed reported being easily accessed by public or private transportation, getting to a clinic is often a challenge for teens who seek contraceptives and reproductive health services on their own. Recognizing this difficulty, half of the clinics surveyed offer some type of transportation assistance to help teen clients access services.

Recommendations

California policy makers, health providers, educators and parents must recognize that sexually active teens who seek and use contraceptive services are demonstrating very responsible behavior. It is in everyone's best interest to ensure that California teens receive the information, education and health services they need to avoid pregnancies and sexually transmitted diseases. This means making sure that adequate resources and political support be given to the health clinics and providers who serve adolescents

and young adults, and that steps be taken to promote the availability of such services to the young people who need them.

A number of barriers to access to contraceptives by teenagers can be eliminated by supporting the recommendations below.

- **Increase public awareness and support for effective programs that meet adolescent health needs.** Recognize that sexually active teens who use contraceptives properly have made responsible, healthy decisions.
- **Augment funding to health providers to continue free or low-cost services to teens.** Providing free or low-costs services will ensure that services are available to the teens most in need.
- **Encourage health care providers to participate in state and federal programs that fund reproductive health services.** Increasing participation from the health provider community will ensure that confidential, low-cost services are available and accessible to teens in a variety of health settings.

REALITY

“Requiring parental consent for contraceptives does not mean that teens will stop having sex; it simply means they will not have the resources to protect themselves from pregnancy.”

- **Provide funding to clinics specifically to conduct outreach to teens, especially to young men.**
Targeting public education and outreach funding will allow successful projects to serve as models for replication.
- **Fund clinics to provide teen-specific services in a “teen friendly” environment, including utilizing teen staff as peer educators and counselors.**
Creating clinics that are “teen friendly” will be successful in serving teen patients who currently are not accessing services anywhere.
- **Encourage schools to provide medically accurate and complete sexuality education to adolescents, and make sure that referrals for reproductive health services are offered.** Providing comprehensive sexuality education is the first step toward helping teens prevent pregnancy and STDs. Quality education also helps young people make responsible decisions about their sexuality, including delaying the onset of sexual activity.
- **Encourage school-based health services.** On-site services eliminate transportation barriers, embarrassment of seeing neighbors or other adults, and negative community attitudes that may discourage teens from seeking care in a clinic setting.



¹ California Department of Health Services, 1999
² 1999 Youth Risk Behavior Survey, The Centers for Disease Control
³ Sex and America’s Teenagers, The Alan Guttmacher Institute (AGI) 1994
⁴ Pregnancies Averted Among U.S. Teenagers By the Use of Contraceptives, Kahn J, Brindis C, Gleit D, Family Planning Perspectives, 1999 31(1):29-34
⁵ Preventing Pregnancy, Protecting Health: A New Look at Birth Control Options in the United States, Harlap S, Kost K, Forrest JD AGI 1991
⁶ The Alan Guttmacher Report, 1999
⁷ Contraception Counts, California Information, AGI 1999
⁸ The Alan Guttmacher Report of Public Policy, AGI August 2000
⁹ Californians Views on Teen Pregnancy, The Field Institute 1999
¹⁰ California Teen and Unwed Pregnancy Facts at a Glance, Partnership for Responsible Parenting
¹¹ Evaluation of Family PACT Brindis C, Darney P 2000
¹² Brindis C, 2000 op. cit. (see reference 10)
¹³ Brindis C, 2000 op. cit. (see reference 10)

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