The Linacre Quarterly

Volume 49 | Number 2 Article 7

May 1982

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Recommended Citation
Schwartz, Michael and Ford, James H. (1982) "Family Planning Clinics: Cure or Cause of Teenage Pregnancy?," *The Linacre Quarterly*: Vol. 49: No. 2, Article 7.
Available at: http://epublications.marquette.edu/lnq/vol49/iss2/7

Family Planning Clinics: Cure or Cause of Teenage Pregnancy?

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The co-authors of this article were recipients of the Linacre Quarterly *award for their article in the February, 1979 issue entitled "Birth Control for Teenagers: Diagram for Disaster."*

During the March, 1981 hearings on the extension of Title X family planning funding, Faye Wattleton, president of the Planned Parenthood Federation of America, told a Senate subcommittee that "the success of the national family planning program is stunning: . . . because of increased and more consistent use of contraception, the pregnancy rate among sexually-active teenagers has been declining."[1]

The most "stunning" aspect of this assertion is that Ms. Wattleton had the nerve to make it. The actual change in the rate and number of premarital teenage pregnancies since federally-funded programs were enacted to "solve" the social problem of teenage pregnancy offers stunning evidence that these programs have been a colossal failure. The number of out-of-wedlock births to teenage mothers increased from about 190,000 in 1970 to about 240,000 in 1978. The birth rate among unmarried teenagers showed a similar increase, from 22 per thousand to 27 per thousand. These recorded live births are just the tip of an iceberg. Abortions among teenagers increased fivefold in less than a decade from perhaps 90,000 in 1970 to almost half a million by 1978. The total annual number of premarital pregnancies more than doubled during this time span, from about 300,000 to about 700,000. In light of these alarming statistics, one must conclude either that Ms. Wattleton does not know what she is talking about, or that she is deliberately fudging on the figures in order to protect a federal program which her organization has aggressively promoted and from which it receives a great deal of money.

To assume the first hypothesis, that Ms. Wattleton is honest but misinformed, one must believe that she neglected to look at the September/October, 1980 issue of *Family Planning Perspectives*, the magazine published by the organization over which she presides. The lead editorial in that issue opens with the admission that "more teenagers are using contraceptives and using them more consistently than ever before. Yet the number and rate of premarital adolescent pregnancies continues to rise."[2]

That same issue of *Family Planning Perspectives* carried the initial report on the third national survey of teenage sexual activity, contraceptive use and pregnancy, undertaken in 1979 by Professors John F. Kantner and Melvin Zelnik of Johns Hopkins University.[3] This study was similar to surveys conducted by the same researchers in 1971 and 1976.

The 1979 data were drawn only from teenagers living in metropolitan areas, so they are not exactly comparable with the previously published statistics from the 1971 and 1976 surveys. But in order to make valid comparisons and to show trends, Kantner and Zelnik separated from their earlier studies the data for metropolitan-area teenagers, and presented those figures along with their more recent findings.

The most notable trend observed by Kantner and Zelnik is that the proportion of metropolitan-area teenagers who reported having at least one premarital pregnancy increased steadily, from 8.5% in 1971 to 13% in 1976 to 16.2% in 1979.[4] Thus, in the first eight years of the operation of Title X programs, the percentage of teenagers experiencing a premarital pregnancy almost doubled. In this respect, Kantner and Zelnik's observations are in agreement with those of the Census Bureau.

The obvious cause for this increase, as documented in the same survey, has been the continuing rise in the percentage of teenagers who engage in premarital intercourse. Among the metropolitan-area teenage women surveyed, this percentage increased from about 30% in 1971 to about 50% in 1979.[5]

In a previous article based on the first two Kantner-Zelnik studies, we demonstrated that the increased use of contraceptives among teenagers does not lead to a reduction in the rate of out-of-wedlock teenage pregnancy.[6] One reason for this is the notoriously high rate of contraceptive failure among teenage users. Another is the fact that the availability of contraceptives contributes to an increased exposure to the risk of pregnancy by stimulating an increase in the percentage of teenagers who are sexually active and an increase in the frequency of intercourse among those who are sexually active.

The results of the latest Kantner-Zelnik survey bear out these observations with even greater force than previously.

The False Promise of Contraceptive Protection

As noted in numerous Planned Parenthood sources, the use of contraceptives among unmarried teenagers improved dramatically during the 1970's. Among the more than 4,000 young women interviewed in Kantner and Zelnik's 1971 study, just over a quarter of those who had never been married (26.8%) had experienced premarital intercourse.[7] Of these, only 18.4% reported using a contraceptive on every sexual encounter, while a nearly equal number (17%) had never

used contraception. Perhaps a more telling figure is that fewer than half the young women who had ever experienced premarital intercourse (45.4%) had used a contraceptive at their last sexual encounter.[8]

Among those who had ever used contraception, the single method that had been used by the highest number of respondents (64.3%) was also one of the least effective, withdrawal. Condoms ranked close behind among methods ever used, with 60.6% of the respondents having used them. Oral contraceptives, considered the most effective and most sophisticated contraceptive technique, ranked a distant fourth among methods ever used, with only 26.9% of the contraceptive users reporting use of this method.[9] That means that out of an estimated 2.3 million sexually-experienced unmarried teenage women in 1971, fewer than 500,000 had ever used birth control pills.

The relative sophistication of contraceptive techniques among unmarried teenage women can be more realistically assessed by an inquiry into the method most recently used among the 1971 survey respondents. The condom (32.1%) and withdrawal (30.7%) were the two most common methods, but oral contraceptives were not far behind at 23.8%.[10]

The contraceptive use situation among unmarried teenagers in 1971, then, could be summarized by saying that most teenagers with premarital sexual experience had used contraception, but they had not done so consistently and they tended to use relatively primitive, ineffective methods. It is also worth noting, although not at all surprising, that contraceptive use among those over the age of 18 was superior to that among 15 to 17 year olds in terms of both consistency of use and sophistication of method.

Kantner and Zelnik estimated that 1,135,000 15 to 17 year olds were sexually experienced.[11] About 20% of them had never used a contraceptive, exceeding the number who had always used contraception, and fewer than 40% had used a contraceptive at their last intercourse. Among these younger teenagers, only 17.4% of those who had ever used any method had ever used the pill, a rate that was less than half that of pill use among 18 and 19 year old contraceptive users, so that fewer than one-third of all unmarried teenage pill users were under 18.[12] In addition, among all teenagers using contraception, fewer than one in 10 had obtained services from a non-hospital birth control clinic.[13] This represents the status of contraceptive use among teenagers about the time federal funding for birth control services for unmarried minors began.

By 1976, the date of the second Kantner and Zelnik survey and five years after the implementation of federal funding of birth control clinics for teenagers, the situation had changed dramatically. First, the incidence of premarital sexual activity among teenage women had increased markedly, climbing by nearly one-third in just five years. By 1976, the percentage of never-married teenagers who had experienced

premarital intercourse was almost 35%, and this increase in sexual activity was most pronounced among those under 18.[14]

Yet, with the increase in premarital sexual activity among teenagers, there had also been a significant improvement in contraceptive use. Among those who were sexually experienced, no fewer than 30% were always-users of contraception,[15] a proportion two-thirds higher than five years before. In absolute numbers, more than twice as many young women were regular users of contraception in 1976 than in 1971. However, the proportion of never-users of contraception among those who were sexually experienced had also increased to 25.6%.[16]

The increased proportion of never-users may not be as great as it looks, for one-seventh of all those respondents who were classified as sexually active had intercourse only one time,[17] and slightly more than half of those did not use contraception on that occasion. If all those who had intercourse only once are left out of consideration, the proportion of sexually-active teenagers who never used contraception is only about one in five while the always-users remain near 30%. Unfortunately, it is not possible to compare these rates with those found in 1971 because the 1971 survey did not determine how many of those categorized as "sexually active" had had intercourse only one time. This information does show, however, that the increase in the proportion of teenagers who engaged in sexual relations without using contraception was not as pronounced as the increase in those who always used contraception.

Furthermore, in spite of the increased percentage of never-users, a solid majority of 63.5% of all those with premarital sexual experience — and more than two-thirds of those who had intercourse more than once — had used a contraceptive at their last sexual encounter.[18] Moreover, this increase in last-time use of contraception, while it was present in every age bracket, was most pronounced among those under 18. In fact, more respondents in the 15 to 17 age group in 1976 had used a contraceptive last time than had 18 and 19 year old respondents to the 1971 survey.[19] It is clear, then, that far more teenagers in 1976 were using contraception and using it more consistently than were teenagers five years before.

At least as significant as the increased regularity of contraceptive use was the increased sophistication in contraceptive methods. By 1976, oral contraception had far outstripped all other methods in popularity among unmarried teenagers, having been used by 58.8% of all unmarried teenage contraceptive users. Condoms had been used by less than 40% and withdrawal, formerly the most commonly used method, declined to 30%, half its 1971 rate.[20] Among survey respondents under the age of 18, the proportion which had used oral contraception increased by more than 250%.

The improvement in contraceptive use among unmarried teenagers is even more graphically illustrated in a survey of the most recently

used methods. Oral contraception among teenage contraceptive users had doubled in five years, from 23.8% to 47.3%, and more than half of the teenage contraceptive users were using the pill or the IUD by 1976, while only one-fourth had been using these medical methods in 1971.[21] Even among younger teenagers, the pill had become the most popular method of contraception. Kantner and Zelnik noted that the use of medical methods of contraception among unmarried teenagers in 1976 was at an even higher rate than that found among married women of reproductive age in 1973.[22] Almost half the teenage pill users in 1976 had obtained their first prescription from a clinic, so there can be no doubt that this sudden and massive shift in contraceptive patterns among unmarried teenagers was primarily a result of the organized family planning programs that were set up in the early '70s.[23]

Preliminary data from the most recent survey by Kantner and Zelnik in 1979 indicated a slight decline in the proportion of teenage contraceptive users who had used the pill as their most recent method, from 47% to just over 40%.[24] This, however, must be balanced against the continuing steady increase in the proportion of teenagers who have had premarital intercourse — up by about an additional 15% in three years and the increasing proportion of those who had ever used contraception and those who always used contraception. The data published so far from the 1979 survey includes only teenagers in metropolitan areas, so they must be compared with only the metropolitan-area portions of the previous surveys. However, they show a decline in the proportion of never-users of contraception, down by about one-fourth and an increase in the proportion of always-users, by about one-fifth. This means that the mere proportional increase in the use of contraception among unmarried teenagers is sufficient to compensate for the relative decline of the pill as a method of choice.[25] Meanwhile, the overall growth in the number and percentage of all teenagers who have premarital sexual experience has stimulated a continued increase in the absolute number of teenagers on the pill.

The information from the 1979 survey, partial and preliminary though it is, suggests that the increase in contraceptive practice among unmarried teenagers is tapering off. This is probably because the saturation point has been reached. It would be unrealistic to expect contraceptive use patterns significantly better than those reported in 1976 and 1979 — at least without the use of coercion which, odious as it may seem, has been seriously proposed by some population control advocates[26]—especially when it appears that high school girls today are about as conscientious and as sophisticated in the use of contraception as their mothers are.

At this point, the only factor that can significantly contribute to an absolute increase in contraceptive use among teenagers is a continued increase in the proportion of teenagers who are sexually active. This, as we have seen, was already the case between 1976 and 1979. During

that period there would have been no major increase in the number of teenagers using contraception except for the fact that a greater proportion had experienced premarital intercourse, and hence were potential contraceptive users. As the total teenage population declines, the importance of this factor in determining the size of the market for contraception will become increasingly apparent. That population decline is already well underway. From an all-time high of 10.7 million in 1976, the female population in the 15 to 19 age group is already below ten million and will be down to only eight million by 1990.

Notwithstanding the sudden and dramatic increase in the frequency, regularity and sophistication of contraceptive use among teenagers — which must surely rank as one of the most significant social changes ever wrought by government policy — the rate of out-of-wedlock pregnancy among teenagers showed its most alarming increase in history. Moreover, the pregnancy rate among contraceptive users grew just as rapidly as that among non-users.

By 1976, 10.9% of the always-users of contraception had experienced at least one premarital pregnancy — a rate almost as high as that reported among the entire survey population (11.6%) and considerably higher than the rate of unintended pregnancies among the entire survey population (8.3%).[27] But it appears from the data published in connection with Kantner and Zelnik's 1979 survey, that metropolitan-area teenagers, while displaying a higher rate of premarital sexual activity and pregnancy, are more effective contraceptive users than their non-metropolitan sisters. A total of 13% of the metropolitan teenage women surveyed in 1976 had experienced a premarital pregnancy, but only 9.9% of the always-users of contraception among them had been premaritally pregnant. By 1979, 16.2% of all metropolitan teenage women, and 13.5% of the always-users among them, had experienced a premarital pregnancy.[28] If the intended pregnancies among these young women are discounted, the rates of pregnancy among always-users and the rest of the teenage population are nearly identical and, in both cases, climbing rapidly.

The most tangible result, therefore, of the dramatic improvement in contraceptive use among teenagers which has been effected by the Title X family planning programs has been that a higher proportion of premarital teenage pregnancies occurs among contraceptive users. Always-users of contraception accounted for 14% of all premarital teenage pregnancies in 1979, and for more than one-sixth of the unintended pregnancies. Almost one-third (31.5%) of the unintended pregnancies among metropolitan-area teenagers in 1979 occurred while a contraceptive method was in use — a proportion almost four times as high as the 1971 figure of 8.6%. And nearly half the unintended premarital pregnancies among 1979 survey respondents (49.7%) occurred among young women who had used a contraceptive at some time.[29]

Perhaps the officers of the Planned Parenthood Foundation can take pride in these statistics, for they are manifest evidence that more teenagers than ever before are using contraception. If the tactical goal of family planning providers is to persuade young people to use contraception, no one can deny that they have been remarkably successful. At the same time, one may legitimately question whether the results obtained from these programs are really what Congress had in mind when it established federally-funded family planning services. In any case, these figures do make it unreasonable to claim that the provision of contraceptives to minors actually reduces the incidence of teenage pregnancy.

Yet, this is not the claim which Wattleton made in her Senate testimony. She deliberately left out of account the real cause for the drastic increase in the rate of premarital teenage pregnancies; namely, the equally-drastic increase in the proportion of teenagers who were sexually active. She contented herself with the far more modest claim that the pregnancy rate among sexually-active teenagers had declined.

Even if this were true, it would not offer a valid measurement of the effectiveness of the birth control programs. Even if the pregnancy rate among sexually-active teenagers had remained unchanged, the increase in the number and proportion of teenagers who were sexually active would, in itself, have accounted for an equivalent increase in the overall rate of premarital teenage pregnancies, and it is this rate which the programs are ostensibly aimed at reducing.

Moreover, it is to be noted that a measurement of the pregnancy rate only among those teenagers who are sexually active, while it is worthless in assessing the success or failure of those programs, does cast the most favorable possible light on the birth control programs. The direct result of the programs has been to stimulate more widespread, more regular and more sophisticated use of contraception among unmarried teenagers. Therefore, contraceptive users represent a significantly higher proportion of the sexually-active teenage population. Yet, there is no disagreement about the fact that a teenager who uses contraception, while certainly not assured of protection from pregnancy, is statistically less likely to become pregnant than one who is sexually active but does not use contraception. In light of these factors, it would be reasonable to expect the pregnancy rate among sexually-active teenagers to decline as contraceptive use increased. Yet even this modest and purely illusory gain did not materialize.

According to the figures Kantner and Zelnik collected on the rate of premarital pregnancy among sexually-active metropolitan-area teenagers — even leaving aside, as Wattleton does, the increase in the rate of sexual activity which has been the chief cause for the increase in the overall teenage pregnancy rate — the pregnancy rate has moved steadily upward. In 1971, 28.1% of the metro-area interview subjects who had ever experienced premarital intercourse had at least one

premarital pregnancy. By 1976, this figure stood at an even 30%. By 1979, it had accelerated even more rapidly to 32.5%.[30]

The very evidence to which Wattleton had pointed as proof of the success of the birth control programs which her organization has so strenuously promoted, and from which it receives such a large proportion of its income, is shown to be untrue according to research published by her own organization. It is no wonder that Wattleton stated her claim as a bald assertion without any statistical or documentary support. The only available statistical research on the subject demonstrated that her claim — as limited and qualified as it was — was untrue.

Wattleton's flimsy claims were certainly not sufficient to insure the reauthorization of the Title X programs in a Congress which was becoming increasingly uncertain of the social utility of those programs. So Planned Parenthood devoted the entire May/June, 1981 issue of *Family Planning Perspectives* to building a case for the extension of these programs. The centerpiece of that issue was an article by Jacqueline Darroch Forrest, Albert I. Hermalin and Stanley K. Henshaw, entitled "The Impact of Family Planning Clinic Programs on Adolescent Pregnancy."[31]

Although the title of the article refers to adolescent pregnancy, the authors confine themselves to an analysis based only on the number of live births to teenage women in the years 1970 and 1975. Their calculations take no account at all of the total number of pregnancies in this age group. This is a crucial omission, for it was between these two dates that abortion was legalized. Both proportionally and numerically, more teenage pregnancies in 1975 ended in abortion than had so resulted in 1970. Thus, between the two selected dates, the authors are able to show a decline in the number and rate of births to teenage mothers, even though the total number of pregnancies to teenagers increased rather than declined during this period.

It was necessary for the authors' purpose to demonstrate a decline in the teenage birth rate in order to show a positive impact for the family planning clinics. But even their statistical sleight-of-hand in counting only live births rather than all pregnancies would not have produced the desired result had the authors not compounded their misrepresentation by treating marital births as equivalent to out-of-wedlock births.

The decline in the rate and number of live births to teenagers between 1970 and 1975 was entirely attributable to a reduction in fertility among married women in this age group. Births to married women of any age do not constitute a social problem and do not justify massive government intervention, especially during a time when the total fertility rate was declining to a level well below that theoretically necessary to maintain the present population. If a married woman chooses to become a mother, that is simply none of the business of Planned Parenthood, the federal government or anyone else.

What does constitute a public problem, and what prompted the federal government to establish and maintain the rather drastic policy of providing birth control services and sex counseling to minors without regard to age or marital status, is the prevalence of pregnancies and births among unmarried teenagers. And during the period under investigation, both the rate and the number of out-of-wedlock births to teenagers increased significantly. The number of live births among unmarried teenagers rose by 17% between 1970 and 1975, while the out-of-wedlock birth rate in this age group increased by 9%.[32] These increases are modest in comparison with the leap in the rate and number of pregnancies among unmarried teenagers, which was camouflaged to a great extent by the increased recourse to abortion.

It is difficult to ascertain how many abortions were performed on teenagers in 1970. The Center for Disease Control's official estimate of 61,000 is probably unrealistically low. On the other hand, a recent Alan Guttmacher Institute estimate of 190,000 is certainly too high.[33] The AGI estimate assumes a total number of 600,000 abortions in 1970; yet there can be no doubt that the legalization of abortion has prompted a sharp increase in the number of abortions — the total doubled within the first five years after the Supreme Court decisions of 1973 — so it is extremely unlikely that the 1970 abortion total was anywhere near this level, which was almost as high as the AGI's own estimate of 740,000 in 1973. Whatever total is accepted, it is estimated that 90% of abortions in this age group were performed on unmarried teenagers.

Even taking the inflated AGI estimate of abortions and adding it to the 191,000 out-of-wedlock teenage births in 1970, the total number of abortions plus live births among unmarried teenagers comes to 362,000, or about 43 per thousand. Using the lower CDC abortion estimate, the comparable figures are 246,000, or 28 per thousand.

In 1975, there were 223,000 live, out-of-wedlock births and 323,000 abortions among teenagers. If 90% of those abortions were on unmarried women, the number and rate of out-of-wedlock births, plus abortions, climbed to 514,000, or 55 per thousand.

This has been the real trend in premarital teenage pregnancy — an increase of at least 30% and perhaps almost 100% in just five years. If Forrest, Hermalin and Henshaw had been interested in honestly assessing the impact of family planning clinic programs on adolescent pregnancy, these are the realities with which they would have had to contend. But they were interested in grantsmanship. They were interested in concocting a plausible rationale to salvage a lucrative government program that was in jeopardy because it had proved to be a catastrophic failure. They were interested in palming off a glib success story to editors, educators and politicians who were all too eager to believe that the emperor really was wearing a new suit of clothes.

So, thanks to the precipitous decline (29%) in the birth rate among

young, married women,[34] the authors were able to claim that teenage fertility had decreased in conjunction with the establishment of the national family planning clinic program. The greater part of their article is devoted to an explanation and application of four separate mathematical models to this truncated data base for the purpose of determining how great a share in this fertility decline could be attributed to the family planning clinics. The result of these sophisticated calculations is the rather modest claim that one birth a year is averted for every ten clients enrolled in a clinic.[35] On this basis, they assert that 119,000 births to teenage women were averted in 1976 as a result of clinic activities in 1975.

It is at this point that the authors' deceptive manipulation of statistics enters the realm of sheer and brazen dishonesty. On the basis of 1976 figures on the outcome of unintended premarital pregnancies among teenagers, they note that only 36% of such pregnancies ended in a live birth. Therefore, Forrest, Hermalin and Henshaw claim that the 119,000 "averted" births represent only 36% of the total number of premarital teenage pregnancies that were "averted" as a result of the family planning clinic programs. Thus, they give the programs credit for having averted 331,000 teenage pregnancies in 1976, 172,000 of which would have ended in abortion and 40,000 in miscarriage. They then extrapolate these extravagant claims throughout the whole decade, and conclude that no less than 2.6 million unintended teenage pregnancies and 1.4 million abortions were averted as a result of the activities of family planning clinics.[36]

If one accepts the tainted claim that the clinic programs had "averted" 119,000 1976 births to teenage mothers, these extrapolations appear to have some plausibility. At least the arithmetic is correct. But a closer examination of these claims reveals that the statistics have been so subtly manipulated that it is difficult to imagine that this was not a deliberate distortion of the truth.

The reason why the authors were able to claim that any births had been "averted" is that more pregnancies than ever before were being aborted. In 1970, certainly fewer than half, and perhaps as few as one-fourth of the out-of-wedlock pregnancies among teenagers ended in abortion. By 1975, there were 1.4 abortions for each live out-of-wedlock birth. It has been the legalization and subsequent widespread use of abortion — and not the more regular use of contraception — that has kept the teenage birth rate from soaring during the 1970's. One abortion can, and almost always does, succeed in "averting" one live birth, but there is no way that it can also be credited with averting an additional 1.4 abortions and .4 miscarriages. Abortion has proven to be the one effective method of "averting" out-of-wedlock births among teenagers, but by reading the figures backward, the authors would have us believe that this method of birth prevention has also succeeded in "averting" a greater number of abortions.

To see the absurdity of this logic, we need only look at how the figures would have appeared if the relative distribution of live births and abortions had remained static between 1970 and 1975. Let us assume hypothetically that the actual number of abortions on unmarried teenagers in 1970 was 128,000 — a figure approximately midway between the Center for Disease Control estimate and the Alan Guttmacher Institute estimate, and roughly equal to two-thirds the number of out-of-wedlock births. This yields a total of 320,000 births plus abortions among unmarried teenagers, 40% of which were aborted.

Five years later, the total of premarital births plus abortions was 514,000. If only 40% of them had been aborted, there would have been about 308,000 live births out-of-wedlock, or 85,000 more than actually occurred. If there had been 85,000 more live births, then the number of births "averted" would have been only 34,000. And if the number of abortions represented only two-thirds the number of live births, a mere 22,000 abortions would have been "averted."

Conversely, let us imagine that the promotion of abortion as the solution to premarital teenage pregnancy had been even more successful than it was in 1975, and that pregnant, unmarried teenagers had obtained 81,000 more abortions than they did. In this case, the number of births "averted" would have risen to 200,000; the number of out-of-wedlock births which actually occurred would have declined to 142,000, and the number of abortions would have increased to 372,000. That means that each live birth would have been equal to 2.6 abortions, so that the number of "averted" abortions would have come out to be more than 500,000. A marvelous system of accounting, in which more is less and less is more!

It is hard to believe that Forrest, Hermaline and Henshaw were doing anything but pulling off an intellectual swindle with their claim that the family planning clinic program has "averted" abortions. These programs have not contributed to preventing abortions. They are not an alternative to abortion. They have been, on the contrary, one of the chief factors responsible for the vertiginous increase in abortions among teenagers. Abortion, in turn, has been a safety valve for these programs, siphoning off the evidence for the disasters they have wrought in the areas of social welfare and public health.

It is quite evident that the existence of these clinic programs has coincided with an unprecedented increase in the incidence of premarital teenage pregnancy. As we shall show in the concluding section, this has not been a mere coincidence. But even leaving that point aside, no one disputes the fact that the clinic programs have been directly responsible for the more widespread use of contraception among teenagers. And it is amply clear from the statistics gathered by Kantner and Zelnik that these improvements in contraceptive use have not been effective in reducing the pregnancy rate among even the most conscientious users. But Kantner and Zelnik also discovered that

young women who become pregnant while using contraception are almost twice as likely to seek an abortion as those who become pregnant in the absence of contraception.[37] In this respect, it is clear that the family planning programs have contributed directly to an increase in the rate of abortion among teenagers.

This result was not unforeseen in the inner circles of the family planning establishment. In January, 1971, *Family Planning Perspectives* published a special 24-page feature entitled "Illegitimacy: Myths, Causes and Cures" by Phillips Cutright.[38] In it, Cutright acknowledged that abortion was the only certain method of reducing the rate of out-of-wedlock births among teenagers.

On the basis of ample empirical evidence, Cutright concluded that "school-based [sex] education programs will not decrease illicit pregnancy rates," but he suggested that "one obvious contraceptive 'education' program in which the schools might profitably engage . . . is to post the name, address, telephone number and clinic hours of the birth control clinics in the community which provide services to unwed minors."[39] In fact, in the intervening years, Planned Parenthood and other family planning agencies have gone one better than Cutright's suggestion, using sex education classes for guest appearances at which contraceptive techniques are explained and demonstrated and clinic programs for teenagers are promoted, and by hiring "peer counselors," students who are paid to recruit their classmates into the clinic programs.

Yet Cutright had no illusions about the effectiveness of birth control clinics in reducing the rate of pregnancy among teenagers. He had examined several such programs in the South for the U.S. Commission on Population Growth and the American Future and discovered that they had not been effective in reducing the rate of teenage pregnancy.[40] Nevertheless, he favored the establishment of such clinics. He insisted that they provide services to unmarried minors on the same basis as to married adults, and that they not be limited to serving low-income persons, because he felt that would place a stigma on their clients and deter some people from enrolling in them. At the same time, he considered it particularly important that these clinics be government-sponsored, not necessarily because of the financial burden of providing family planning services to all comers, but because his studies of such clinics had convinced him that government sponsorship was necessary to overcome what he termed the "pseudo-moral barrier" to contraceptive use among potential clients. He commented that "the government program may have legitimated use of contraception among persons who had moral reservations about birth control, and accomplished this because the program provided manifest evidence that contraception is approved by the established authorities."[41] These recommendations, too, have been fully complied with in the years since Cutright's article appeared.

Recognizing that even with the establishment of comprehensive and

sophisticated birth control clinic programs, there would still be a high number of unintended pregnancies among unmarried teenagers, Cutright advocated the availability of abortion on request as a necessary backup in the event of contraceptive failure. This recommendation, of course, has also been implemented.

The three-pronged agenda which Cutright enunciated and which Planned Parenthood has so effectively implemented to reduce the out-of-wedlock birth rate among teenagers was fully in place by the mid-70's. Schools and other institutions were encouraging young people to participate in family planning clinic programs, and by implication, stamping a seal of authoritative approval on premarital sexual activity. The clinics were making of those young people conscientious users of the most advanced contraceptive methods and, at the same time, confirming them in their sexually-active behavior patterns. The conventional wisdom was that there is nothing inherently wrong with premarital sex as long as it is "responsible sex," that is, sterile sex. Cutright had said as much in the concluding paragraph of his article: "The supposed ill effects of premarital sex . . . have never been documented, so long as premarital sex did not lead to an illicit pregnancy that was carried to term. It is the control of these unwanted pregnancies — not the control of premarital sex — that is the problem." Imbued with this advice, amply warned of the disastrous consequences of giving birth out of wedlock, and accustomed to seeking medical solutions to their "reproductive health" needs, young people dutifully trooped off to the abortion clinics in ever-increasing numbers as the promise of contraceptive protection proved false for them and they found themselves unintentionally pregnant.

The whole system, fueled by tens of millions of federal dollars, was operating like clockwork. There was just one hitch. The rate of out-of-wedlock births among teenagers, the one social problem which the whole apparatus had been constructed to remedy, continued to increase. The reason for this is that Cutright, Planned Parenthood, the federal government and all the others who had promoted sex education plus birth control plus abortion as the solution to the problem of teenage pregnancy, had made one miscalculation. The approval of premarital intercourse which was implicit in the whole system had such an overwhelming effect on teenage sexual behavior that the increase in sexual activity and consequently of premarital pregnancy was so phenomenal that it surpassed the limits of effectiveness of the birth control and abortion clinics in holding down out-of-wedlock births. Since the birth control clinic programs were initiated a decade ago, we have witnessed staggering increases in the rates of premarital pregnancy, abortion, out-of-wedlock births, venereal diseases and the related problems of suicide and other forms of aberrant and self-destructive behavior among teenagers.

Obviously, the root of this problem has been the increase in sexual

activity among teenagers. The question is: would this increase have occurred anyway, or is it something that was provoked by the existence of the birth control programs? In other words, has Planned Parenthood simply failed to do good, or has it actually created a serious public health and social problem?

The typical response of the Planned Parenthood people is simply to disavow all responsibility for leading young people into self-destructive behavior patterns. They point to the survey which shows that over 85% of the clinic patients are sexually active before they come to the clinic,[43] and use this as evidence to show that they are simply meeting a need that already exists. As for the sudden and sharp increase in sexual activity among teenagers, that is the fault of the media and our sex-saturated society, but Planned Parenthood certainly has nothing to do with it. They even tell teenagers it's all right to say no.

This abdication of responsibility is flimsy and unconvincing, but its refutation lies not only in statistical evidence, but more importantly, in psychological observation.

First, the change in sexual attitudes and behavior among teenagers during the 1970's has been so sudden and so drastic that it is very difficult to recall, ever in history, such a dramatic shift in morality. Such a major effect demands a major cause. Yet the general social climate of the 1970's was relatively conservative in comparison with that of the previous decade. There is no doubt that America in the 1970's was permeated with sexuality, and the impact of this cultural environment in shaping moral attitudes cannot be discounted. But the same could be said of America in the 1960's. In fact, the '60s tended to be more strongly anti-authoritarian, more experimental and more rebellious than the '70s. The films and songs of the '70s were no more suggestive than those of the previous decade, and the fashions in clothing were, if anything, more modest. Moreover, during the course of the '70s, the cultural climate tended to become gradually more conservative, while premarital sexual activity among teenagers grew at ever-increasing rates.

The cultural climate argument, therefore, is not a satisfactory explanation for the massive attitudinal and behavioral change among teenagers in the decade. One need not eliminate this as a factor in drawing that conclusion. It is clear that such a complex effect would be the result of a great number of cultural, economic, political and educational factors, and it would be naive to single out any one factor as the reason, in mechanical cause-effect fashion, for the increase in teenage sexual activity. But the need is not to isolate the cause of this change, but rather to assess the effect of birth control programs on attitudes and behavior. It is instructive in this regard to note that the most significant difference in the social environment of teenagers between the '60s and the '70s has been the growth of birth control clinics, and that this growth has very closely paralleled the increase in sexual activity.

Having demonstrated that the explanation offered by Planned Parenthood is not satisfactory, we may now turn to a direct consideration of the impact of the clinics on teenage sexual behavior.

Even as late as 1979, a majority of teenage women had avoided the possibility of pregnancy by abstaining from premarital intercourse. In 1971, before the family planning clinic network was having a substantial impact on attitudes and behavior, this course of action was followed by nearly three out of four teenage women, and historically, premarital sexual abstinence has been the rule rather than the exception for American teenagers. This pattern of behavior found several sources of social support, but the combination of sex education programs which appear to condone premarital intercourse, publicly-funded programs to dispense contraceptives to unmarried minors, and legalized abortion tend to erode those very supports.

Among these social supports have been the attitudes of authority figures, including parents; religious teachings and the civil law; the attitudes and behavior of the peer group; and the fear of pregnancy.

Since the establishment of birth control clinics for teenagers, major authority figures such as teachers, public health officials and popular entertainers have largely given up exhorting teenagers to remain abstinent, in favor of encouraging them to use sex "responsibly," that is, to avoid having babies. Members of the so-called "helping professions" as well as the public authorities seem to have accepted Cutright's conclusion that only out-of-wedlock childbearing, but not premarital sexual activity, is a legitimate problem. Meanwhile, parents and religious leaders have tended to be intimidated, at least to some extent, into tacitly conceding this point because of the impression that premarital sexual activity is inevitable and, if it may be undesirable, it is better to be protected than pregnant. [44] This impression is fostered by dogmatic assertions such as that of Kantner and Zelnik that "It is fairly safe assumption that sexual activity among adolescents is unlikely to decline." [45] In reality, there is no reason to believe that this assumption represents some iron-clad law of human behavior, especially in view of the recent and quite dramatic changes in the sexual behavior of teenagers. It is at least within the realm of possibility that, given the proper social supports, what has gone up can come down.

The support that civil law formerly gave to premarital abstinence through such devices as laws against fornication and statutory rape is undercut by the fact that these laws are rarely enforced (and are, perhaps, unenforceable) and that the very same civil authority subsidizes the distribution of free contraceptives to unmarried minors, thereby providing manifest evidence that fornication and statutory rape, even if they remain technically illegal, are indeed approved and even encouraged by the established authorities.

Parents and religious beliefs still provide significant authority figure support for abstinence, even if not as vocally as in former times. Yet

the counseling process in the birth control clinics directly undermines this support. Because the medical confidentiality required by federal family planning regulations has been consistently interpreted by family planning providers as prohibiting the notification of the parents of minors served in the clinics, many parents are not even aware that their children are involved in these programs and, hence, have no opportunity to offer counsel to their children in this question.[46] Moreover, in the counseling process young people are commonly urged to formulate their own moral guidelines in abstraction from the ethical principles they have learned from their parents or religious instructors. Some observers have also noted a marked anti-parent bias in the literature family planning agencies distribute to teenagers,[47] and this certainly tends to diminish the weight of parental authority.

Peer pressure is of tremendous importance to adolescents struggling to achieve an identity independent of the family, yet generally not mature enough to be self-directed. The fact that premarital sexual activity is more prevalent than ever before is important in this respect; but of even greater importance is the attitude within the peer group toward this sexual activity. While teenage boys have traditionally approved of sexual activity — although for the most part vicariously — girls have not.[48] The sexually-active high school girl has had to pay the heavy price of a bad reputation, social ostracization, and a damaged self-esteem. The sexual revolution has muted these consequences, but only to a degree.

Many family planning agencies have taken to hiring "peer counselors," teenage boys and girls who tell their friends about the benefits of sex and contraception and refer them to the clinics. This confers high status on peers who, in other circumstances, might have appeared as somewhat disreputable, and it helps to create a fear among the sexually-abstinent that they are not "with it" — the ultimate social rejection for a teenager.

The most forceful motivation for sexual abstinence has been the fear of pregnancy. This, in fact, is obviously a major component of authority-figure opposition to premarital intercourse and the strongest rationalization for resistance to peer pressure. Sorenson found that, even among sexually-experienced girls, a majority would be deterred from intercourse by the possibility of pregnancy, as would nearly half the sexually-experienced boys.[49] Moreover, family planning professionals acknowledge that fear of pregnancy is by far the leading stimulant to participation in an organized birth control program.[50] Of course, the very existence of these programs and the public acceptance of them are consequences of the fear of teenage pregnancy, engendered by alarmist literature claiming that this has reached "epidemic" proportions.[51]

Yet fear of pregnancy is precisely what the birth control clinics eliminate with their illusory, but psychologically reassuring, promise

of contraceptive protection. Teenagers, and in many cases their parents, have been led to believe that if they simply follow the instructions of the family planning counselors, they will not get pregnant. And if they do, a safe, legal abortion is the logical backup measure. This belief has become the very definition of sexual responsibility.

With authority-figure opposition to premarital intercourse either bypassed, muted or won over to the other side; with peer-group attitudes cultivated to foster approval of premarital intercourse; and with the fear of pregnancy rendered inoperative, there would appear to be no rational basis for abstinence left. The operation of birth control clinics, offering free contraceptive counseling and services to teenagers without regard to age or marital status, and without any parental involvement, simply cuts the ground out from under the informal social supports for premarital sexual abstinence. In light of these factors, it is surprising that the incidence of premarital sexual activity is not even more prevalent than the rates reported. The prediction of Kantner and Zelnik may prove correct, if these influences are permitted to continue affecting the attitudes and behavior of teenagers. For in that case, the trend toward increased sexual activity among teenagers can be expected to go on until it reaches a saturation point.

One effect of these factors is to introduce formerly abstinent teenagers into sexual activity. But of equal significance is their tendency to confirm non-virgin teenagers in a sexually-active behavior pattern.

The categorization of teenagers as "sexually active" if they have ever had intercourse is too crude to give an accurate representation of the true level of sexual activity, and the consequent risk of pregnancy, among teenagers. It fails to take account of the fact that many teenagers feel deeply ambivalent about their sexual involvement, and that a significant number of them, after an initial incident or series of sexual encounters return to a pattern of abstinence, often until marriage. This phenomenon, known as "secondary virginity,"[52] has undoubtedly helped to hold down the rate of pregnancy among teenagers classified as "sexually active," simply because a certain proportion of those so classified have not currently been at risk of pregnancy. This has probably been a rather substantial proportion of all those who are considered "sexually active." In their 1976 survey, Kantner and Zelnik found that one-seventh of those young women so classified had experienced intercourse only one time, and that half of their interview subjects who were sexually experienced had not had intercourse at all within the month prior to interview.[53]

Constance Lindemann, a Los Angeles nurse and counselor who provided family planning services to over 2,000 teenagers, wrote *Birth Control and Unmarried Young Women* on the basis of her experience.[54] She notes that the typical pattern of young women seeking family planning services is that the first sexual encounter was unplanned, unintended and regretted. For some time after this, the

typical young woman tries to resist further sexual involvement and refuses to admit to herself that she is really sexually active. Sexual encounters are sporadic and accidental. All this comports with the findings of Sorenson, and it also helps to explain why such a large percentage of clinic patients have some sexual experience before they seek professional birth control assistance.

The next stage in the typical behavior pattern, according to Lindemann, is the approach to a professional. This is symbolically important to the young woman in that it involves a frank self-admission that she is sexually active. One of the chief objectives of the family planning counselor is to resolve the feelings of ambivalence and remove any feelings of guilt over illicit sexual activity on the part of young patients. The counselor tries to lead the young patient to accept his or her sexually-active lifestyle because one of the preconditions to effective contraception is a commitment to what the family planning industry calls "responsible sexuality" — that is, sex without babies. The young person who has guilty or ambivalent feelings about his or her sexual activity is a poor candidate for effective contraceptive use.[55]

Thus, a direct result of the clinic counseling is to obviate, or at least to diminish the likelihood of a return to abstinence and, in most cases, to increase the frequency of intercourse among clinic clients, and hence to increase their exposure to the risk of pregnancy.

In 1978, Planned Parenthood of Detroit published the results of a study of its high-school-aged clients, aimed at showing that participation in the clinic program did not lead to promiscuity. They questioned an entering group of clients about the number of partners and frequency of intercourse within the previous month, and a year later asked the same questions of the same group of young women. The results showed that, after a year in the clinic program, the young women had approximately the same average number of current sexual partners (1.1), but that their frequency of intercourse had increased by more than half from 4.3 to 6.8 times per month.[56]

More recently, surveys of 1,200 teenagers enrolled in organized birth control programs revealed that young women anticipated having intercourse about 50% more frequently after enrollment in the program than before. Among those clients who were sexually active before enrollment in the programs, the average frequency of coitus in the month prior to enrollment was 4.2 times, but the average frequency anticipated for the month following enrollment was 6.3 times.[57]

Both of these studies suggest that involvement in the clinic program directly contributes to more frequent sexual activity. This, of course, increases the exposure of risk to pregnancy and at least partially offsets the less-than-perfect protection afforded by the contraceptives dispensed by the clinic.

These factors help to explain why the incidence of unintended

pregnancy is so alarmingly high among unmarried teenage contraceptive users. Nevertheless, even by 1979, after a decade of intensive promotion of contraception among teenagers, it is still true that a slight majority of the premarital pregnancies among teenagers occurred among non-users of contraception.[58] These teenagers, at least, did not have any direct involvement in the birth control clinic programs, so is it not possible to absolve the birth control industry of responsibility for this segment of the teenage pregnancy problem? They, after all, were not deluded into exposing themselves to the risk of pregnancy by the false promise of contraceptive protection because they did not use contraception.

In this connection, the research of Kristin Luker into the motivation of abortion patients is instructive.[59] Luker surveyed women who had obtained abortions in the San Francisco Bay area to find out why they had exposed themselves to the risk of an inconvenient pregnancy. Working on the assumption that abortion is not, in itself, a desirable objective of deliberate action, and recognizing that reliable methods of contraception, consistently used, would have reduced the likelihood of an inconvenient pregnancy, Luker asked these women why they had allowed themselves to become pregnant. She found, in most cases, that the decision not to contracept was a conscious choice, but not a carefully-calculated choice. It was the same kind of every-day, risk-taking behavior involved in smoking cigarettes, in spite of the widespread acknowledgement that this can cause cancer, or driving without a seat belt, in spite of the recognized exposure to injury this involves. The women Luker interviewed simply did not think they would become pregnant. But if they did, they knew that the problem could be taken care of with a "safe," legal abortion. The availability of legal abortion, in itself, was an inducement to this risk-taking behavior. Luker went to great lengths to argue that this type of risk-taking was not really abnormal behavior, but the sort of thing that nearly everyone does at one time or another. We know that we might break a leg skiing, but we ski anyway. We know that if we drink too much we might get sick, but we drink anyway. Just so, these women knew they might become pregnant, but they exposed themselves to that risk anyway. After all, they probably would not become pregnant, and if they did, a remedy was available. *Taking Chances*, the title of Luker's book, summarizes her thesis: that it is normal for people to take chances, especially when they perceive the negative consequences of their acts as remote and remediable.

This general psychological observation seems to be applicable to the risk-taking involved in premarital sexual activity. Within the peer group, fear of pregnancy is no longer a major motivational factor in favor of sexual abstinence, thanks to the general knowledge among teenagers of contraceptive availability. Moreover, certain significant authority figures (government, media, teachers and, in some cases,

even parents) project the impression that premarital sexual activity is normal, healthy and inevitable. Finally, the existence of birth control clinics and of abortion clinics provides a sense of security even among those teenagers who do not avail themselves of those services.

Early sexual activity tends to be unpremeditated and sporadic. The likelihood of pregnancy at any given time is relatively small. And if sexual activity becomes a habit, then professional family planning help can be sought. These factors all militate toward risk-taking behavior, and successful risk-taking behavior promotes more risk-taking. I did not get pregnant last time, reasons the teenager, so I probably won't this time, and if this becomes a regular thing, I can always go down to the clinic and get on the pill.

Luker gives us the theoretical model for this psychological pattern, and Kantner and Zelnik give us empirical evidence that this is the actual behavioral pattern among most sexually-active, non-contraceptive teenagers.

In their 1976 survey, Kantner and Zelnik asked those teenagers who had become pregnant while not using contraception, why they had not used a contraceptive. One might imagine, from the tenor of Planned Parenthood propaganda promoting more birth control clinics for teenagers, that the expected answer would be a lack of availability or knowledge about contraception. This was not the case at all, however. Only one interview subject claimed that she could not obtain contraception.[60] The overwhelming majority of these respondents said that they simply did not think they would become pregnant. It was a classic case of "taking chances."

It is impossible to say how many of these teenagers would have taken this chance, would have exposed themselves to the risk of pregnancy, in the absence of a national network of government-funded birth control centers. Similarly, it is impossible to say how many of those teenagers who were contraceptive users would have been sexually active, and how frequently they might have had intercourse, in the absence of these programs. It is virtually certain, however, that these levels would be significantly lower than they are today because, in so many ways these programs can be seen as a major factor in increasing the likelihood of sexual activity among all teenagers, including even those who have no direct involvement in the programs. And, of course, it is this sudden increase in sexual activity among unmarried teenagers which has caused the rate of premarital pregnancy to skyrocket over the past decade.

The conclusion to which all this evidence leads is that these birth control programs have not only been disastrously ineffective in attempting to achieve their ostensible goal of reducing the level of premarital teenage pregnancy, but that they have also been a major factor in exacerbating that problem to such an extent that it is becoming a social crisis.

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