REPORT OF THE
JOINT SUBCOMMITTEE STUDYING

Teenage Pregnancy

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

House Document No. 39

COMMONWEALTH OF VIRGINIA
RICHMOND
1987

MEMBERS OF THE JOINT SUBCOMMITTEE

Joan H. Munford, Chairman
Shirley F. Cooper
Joseph V. Gartlan, Jr.
W. Henry Maxwell
Elliot S. Schewel
S. Vance Wilkins, Jr.

STAFF
LEGAL AND RESEARCH

Division of Legislative Services
Brenda H. Edwards, Research Associate
Norma E. Szakal, Staff Attorney
Joyce Crone, Secretary

ADMINISTRATIVE AND CLERICAL

Office of the Clerk, House of Delegates

Report of the
Joint Subcommittee Studying Teenage Pregnancy
Pursuant to HJR 61
To
The Governor and the General Assembly of Virginia
Richmond, Virginia
January, 1987

To: Honorable Gerald L. Baliles, Governor of Virginia,
and
The General Assembly of Virginia

HISTORY

During the 1986 Session of the General Assembly, several legislative proposals were introduced which reflected the growing concern regarding the problem of teenage pregnancy and its ensuing ramifications. In response to this concern, the Legislature passed House Joint Resolution No. 61, which established a joint subcommittee to study the problem of teenage pregnancy in the Commonwealth. The Joint Subcommittee was asked to develop recommendations to reduce the incidence of teenage pregnancy through means such as, but not limited to, education, service delivery and financial responsibility.

Members of the Joint Subcommittee were Delegates Shirley F. Cooper of Yorktown, W. Henry Maxwell of Newport News, Joan H. Munford of Blackburg, and S. Vance Wilkins, Jr., of Amherst, and Senators Joseph V. Gartlan, Jr., of Fairfax and Elliot S. Schewel of Lynchburg. Delegate Joan H. Munford and Senator Elliot S. Schewel served as Chairman and Vice-Chairman, respectively.

ACTIVITIES OF THE JOINT SUBCOMMITTEE

The Joint Subcommittee planned to ascertain the extent of the problem of teenage pregnancy in Virginia and how the Commonwealth compares nationally, the determinants of teenage pregnancy, the sense of the public regarding the problem, and possible preventive strategies for the problem. To accomplish these tasks, the Joint Subcommittee held two public hearings and several meetings wherein it received testimony from the public, many interest groups, and various experts in the fields of health and medicine, social work, psychology, education, law, religion, counseling and federal, state and local government as well as Congressional representatives. Some members also held town meetings in their jurisdictions with constituents. The Joint Subcommittee's staff, as did members, received and responded to a deluge of correspondence and calls from virtually every corner of the Commonwealth. Also, to gain a better understanding of the dynamics of the problem, the Joint Subcommittee reviewed the preliminary staff report, issue papers and considerable research data which were provided by the staff. The Joint Subcommittee determined that many factors contribute to teenage pregnancy, and that a single solution will not solve the problem.

I. Incidence

The problem of teenage pregnancy is one that permeates all racial, cultural and socioeconomic levels of society. It is not a new phenomenon; however, what once was an infrequent, obscure occurrence has evolved into a chronic, complex problem of national magnitude. Today, it is estimated that, nationally, "one million pregnancies, 400,000 abortions and one-half million births occur to teenagers each year." (Select Committee on Children and Youth, 1986) "While teenage pregnancy rates increased during the past decade, teenage birth rates, overall, declined." (General Accounting Office, 1986) "Each year since 1972, the birth rate and the actual number of births to teens have been declining, even for the youngest teens. The rate, however, has been declining more slowly than has the rate of births to older women, and the United States still has a higher teenage birth rate than most other developed countries. Yet, while the overall birth rate for teenagers is declining, some states report an increase in the number of births to unmarried teenagers, varying dramatically by state of residence." (Select Committee on Children and Youth, 1986; General Accounting Office, 1986) By 1983, fifty-four percent of the births to teens were to unmarried teens, as contrasted with fifteen percent in 1960. Births to unmarried teens accounted for nearly forty percent of all births to unmarried women. Of all births to unmarried teens, forty-three percent were births to fifteen - to seventeen-year-olds, and three percent were to teens under age fifteen. (Select Committee on Children and Youth, 1986)

Virginia

"The incidence of adolescent childbearing is a result of several social and demographic processes. The size of the teenage population, the proportion of teenagers who are married, the incidence of sexual activity among the unmarried, the consistency of contraceptive use, and the effectiveness of such methods affect the probability of pregnancy. Among those who become pregnant, a number of resolutions are possible, including miscarriage, abortion, marriage, adoption, and motherhood without marriage". (Hayes, 1987)

The magnitude of the problem of teenage pregnancy is expressed by the following standard health indices: the birth rate, the abortion rate, the natural fetal death rate and the illegitimacy rate among the teenage population. Most demographers agree that the pregnancy rate is calculated by adding the birth rate, the abortion rate, and the miscarriage rate. The pregnancy rate is therefore considered a more accurate indicator of the increase or decrease in the problem than measuring such changes only by the birth rate or the abortion rate. "Each year since 1972, the birth rate and the actual number of births to teens have been declining". (Select Committee on Children, Youth and Families, 1986) However, "while teenage pregnancy rates increased during the past decade, teenage birth rates, overall, declined. It is also known that the birth rates are increasing for unmarried teenagers and have barely declined for very young teenagers, two groups at particular risk of negative health, educational, and social outcomes. In addition, the number of births to unmarried teenagers varies dramatically by state of residence". (GAO, 1987)

Teenage pregnancy rates in Virginia for the past two years were 86.4 percent and 82.7 percent per 1,000 teenage girls aged fifteen to nineteen in 1984 and 1985, respectively. In 1984, there were 10,444 live births, 8,687 induced abortions and 741 natural fetal deaths were attributed to women age nineteen and under for a total of 19,872 teenage pregnancies. Comparable figures for 1985 were 10,496 live births, 8,584 induced abortions, and 784 natural fetal deaths. Total teenage pregnancies in 1985 were 19,864. Additional indicators of the severity of the problem are the overall illegitimacy rate and the significantly higher pregnancy, abortion, illegitimacy and fetal death rates for minority women, and females under fifteen years of age. In 1984, there was an increase of 570 or 3.4 percent in the number of out-of-wedlock births. This resulted in an illegitimate birth rate of 208.0 per 1,000 live births, the highest on record. The nonwhite rate of 521.8 out-of-wedlock births per 1,000 live births was considerably higher than the rate of 99.3 per 1,000 live births for whites. The out-of-wedlock birth rate in the age group fifteen to nineteen years, was 55.9 percent of live births, resulting in an illegitimate birth rate of 34.2 percent for whites as compared to 88.2 percent for nonwhites. (State Health Department, 1984)

There were 379 and 8,308 induced abortions performed to women under age fifteen and fifteen to nineteen year olds, respectively in 1984. Although the state average of induced abortions for 1984 was 22.1 per 1,000 females, the rate for white women under age fifteen was 4.6 and 23.2 for nonwhite women. For females age fifteen to nineteen, the induced abortion rate for white women was 34.7 and 40.2 for nonwhite women, with 82.4 percent of the women receiving induced abortions in 1984 not married to the father at the time of the abortion.

The high rate of teenage pregnancy is a significant factor in the high rate of infant mortality. Teenage mothers are at a much greater risk of giving birth to a low birthweight (less than 2,500 grams or 5 pounds, 8 ounces at birth) or premature baby than are other mothers. Low birthweight is considered one of the leading causes of infant mortality and is associated with increased occurrence of mental retardation, birth defects, growth and developmental problems, blindness, autism, cerebral palsy, epilepsy, and severe lung congenital diseases as respiratory distress syndrome. Data indicate that black mothers are more likely than white mothers to give birth before age eighteen and almost eight times more likely to do so under age fifteen, which means that black mothers have more births at an age which correlates with the highest percentage of low birthweight babies. In Virgina, an average of 1,000 infants die each year, and in 1985, twenty percent of such deaths were attributed to teenage mothers. Over the last five years, Virginia's infant mortality rate lingered at over 12.0 worse than that for thirty-one other states, higher than the national average of around 11.8, but slightly lower than the 13.0 rate for the South. Although there was some reduction in the rate in 1986, the infant mortality rate for minority babies more than doubles that for whites. (Legislative Task Force on Infant Mortality, 1986)

II. Adolescence

Adolescence is that period of growth between childhood and adulthood characterized by biologic changes, psychological and social development, ego development, the achievement of personal independence and the attainment of more sophisticated cognitive skills. All of these characteristics are not achieved simultaneously. Consequently, the extent to which these developmental tasks are successfully achieved, together with the home and school environments, are the interactive forces which influence adolescent decision-making skills and their sexual expression.

Physical Maturation

Physical maturation is the earliest and most visible evidence of impending adulthood. During this period of growth, adolescents are very conscious of their body build and profoundly affected by the concept of the "ideal body build" as taught by the culture. The acceptance and satisfaction of one's body build are related to one's self-esteem. Consequently, early or late physical maturation is significant to the psychological and social adjustment of the adolescent.

Sexual Maturation

Adolescence is also a period of sexual maturation and change. These changes are also accompanied by an increased interest in sex. It is during this stage of development, "puberty", when the primary and secondary sex characteristics are developing that the individual becomes physiologically capable of sexual reproduction. However, the physiological changes are not an indication of the attainment to full reproductive maturation and capability to sustain a pregnancy. (Rice, 1981)

The period of sexual maturation, together with the rapid physiological changes, all contribute to emotional fluctuations and combine to exert considerable influence on the individual's self-esteem and the need to be accepted by peers and the opposite sex.

Cognitive Development

Theorists have studied mental growth from birth to adulthood and have offered various theories regarding the pattern of intellectual maturation and development. Nevertheless, it is generally acknowledged that the adolescent functions cognitively at a level between the thinking characteristic of the pre-adolescent (the concrete operational stage), and that thinking characteristic of the adult (the formal operational stage).

The thinking of the adolescent whose cognitive level is that of the pre-adolescent is limited to the "here and now" and directly experienced events are the primary focus of thought. The cognitive processes of the adolescent at this level do not include considering the future, the consequence of or the alternatives of behavior. For this individual, what one does is the only option for behavior that exists.

This individual may also have difficulty responding appropriately to questions that require critical thinking skills.

The thinking characteristic of the adult is typified by the ability to make abstractions, to see the long-term consequences of behavior, to plan for the future and to "think about thinking." The transition from adolescent to adult thinking is gradual; therefore, the adolescent in transition may be able to earn money for the newest rock album, but may not be able to study in preparation for a college education. The adolescent's level of cognitive development is crucial to the individual's ability to reason and to analyze and process the relevant issues realistically. Therefore, the significance of cognitive development to teenage pregnancy is that pregnancy and parenthood to the adolescent are abstractions.

As adolescent cognition develops into the adult level of thinking, three interrelated dimensions are exhibited which aid in understanding how adolescents think regarding sexual issues. They are egocentrism, the imaginary audience and the personal fable. (McAnarney, 1983)

"Egocentrism" - the adolescent feels that the world revolves around him and that he should not be influenced by possible consequences of his behavior.

"Imaginary audience" - the adolescent acts as if "all eyes are on him." Thinking about one's own thoughts is directly related to thinking about the thoughts of others. This cognitive dimension affects females and males differently. When the female adolescent assumes that others are thinking about her thoughts, she may feel vulnerable and seek to hide any evidence that may reveal her thoughts. An example of this phenomenon is the female adolescent's self-consciousness and guilt involving the use of a visible contraceptive. For her, to use the pill or a diaphragm is to admit to thinking about and planning for sexual activity. On the other hand, the adolescent male may respond to this phenomenon by taking the opportunity to reveal his "machismo" by showing his condoms to his friends.

"Personal fable" - the adolescent views himself as idealized and special, invulnerable and immortal. With respect to pregnancy, this phenomenon is important, as the adolescent views established sexual facts that apply to others as not applying to him because of his uniqueness. In this context, sexually active adolescents do not need contraception because pregnancy could not happen to them. (McAnarney, 1983)

Social Development

One of the adolescent's first needs is a relationship with others who share common interests. The social development of adolescents is marked by an extreme concern for the way they are perceived by their peers. During this time, the adolescent is also moving toward greater self-sufficiency and self-direction which is a major source of conflict between adolescents and parents. The adolescent years also provide an opportunity for the demonstration of competence and the development of interpersonal skills that are necessary in all life tasks.

Self-esteem is of considerable importance to the adolescent's attainment of competence in social relationships. How one perceives himself is inextricably related to his mental health, academic progress, vocational aspirations and success, and ability to become a socialized member of society. Nothing is more crucial for an individual than the development of a positive self-concept, as failure to do so affects all that he attempts to do and his relationship with others.

"Self-esteem has been called the 'survival of the soul'. It is the ingredient that gives dignity to human existence and grows out of human interaction in which the individual is considered important to someone. The ego grows through accomplishments, praise and success." (Rice, 1981) The adolescent who has a poor self-concept is vulnerable to criticism, rejection and any evidence in his daily life that testifies to his inadequacy, incompetence or worthlessness. Often this individual will develop a facade as a compensating mechansim or succumb to peer pressure or engage in deleterious activities to overcome a sense of worthlessness by convincing others that he is worthy. The key to the development of a positive self-concept is the parent-child interaction process. The degree to which parents demonstrate love, concern and reasonable, consistent discipline will help to determine whether children find their emotional support from parents or seek substitutes in relationships and activities outside of the home. (Rice, 1981)

Findings of the Joint Subcommittee

III. Determinants of Teenage Pregnancy

Developing and implementing ameliorative responses to the problem of teenage pregnancy is dependent upon a sound understanding of the complex and interrelated factors which influence sexual conduct and contraceptive practice among adolescents.

The development and expression of sexuality is affected, in part, by the point in time in which one has lived and is now living. (Chilman, 1980) The prevalence and acceptability of premarital sexual relations has varied all over the world and premarital intercourse occurs in every society. Although it is not possible scientifically to predict or control human behavior and compulsions, research on human sexual behavior revealed correlations between sexual activity and contraceptive practice and certain psychosocial dynamics, e.g. race, income level, age, self-concept, etc. The probability of premarital sexual activity is strongly influenced by the following:

> "DEMOGRAPHIC AND FAMILY FACTORS - age, race and sex. Males remain more likely to have had sex at a given age; blacks, particularly females, are more likely to have had premarital sex than white females; younger teens are less likely to be sexually experienced than older teens; young women with higher educational expectations are less likely to initiate sex at an early age as are young women from intact families; young women who mature early also initiate sexual activity at earlier ages; blacks living in a central city or in the South are more likely to have premarital sex as are blacks raised by parents or parent substitutes with little education. (Moore and Burt, 1982) Higher levels of adolescent sexual activity are also associated with divorce and single families and mother's age at first birth. (Gasper, 1986)

SOCIAL AND PSYCHOLOGICAL DETERMINANTS - Nonvirgins were found to hold less conventional values, to experience less parental control and to participate in peer environment conducive to sexual activity; many teens have sexual intercourse because they cannot say "no" because they want to please their partners and because it is expected. Virgins contemplating nonmarital sexual intercourse in the future when they are "ready" were found to have the least traditional attitudes toward sex roles. Virgins opposed to premarital sex were found to be the most traditional. Pregnant teens were found to have had more highly stereotyped role attitudes, lower self-esteem and higher passivity than teens who avoided pregnancy. The probability of premarital sexual intercourse has also been shown to be (a) negatively related to guilt regarding sex, grade point average, mother/daughter communication and age at first date, and (b) positively related to age, liberal personal sexual standards, perceived liberal sexual norms, level and quality of commitment to partner, number of different dating partners, level of home conflict, autonomy from parental control, physical attractiveness and level of drug use. (Moore and Burt, 1982)

SOCIETAL INFLUENCES - Studies have demonstrated that religious affiliation, church attendance and the importance of religion to the individual is negatively related to the probability of premarital sexual intercourse. Growing up in nonintact families has been associated with a greater probability of initiating sex at an early age, though whether the source of the association lies in less supervision, greater liberality among parents who divorce, lower and less adequate neighborhoods, or exposure to nonmarital sexual behavior of divorced or separated parents is unknown. Although the children of many divorced and remarried parents are not sexually active, it remains likely that changing family patterns have contributed to the increase in teenage sexual behavior. (Moore and Burt, 1982)

THE MEDIA - One of the most significant changes in the past decade has been in the media - print, broadcast and entertainment. Although the greater liberality that depicted society's entrance to the 1980's needs no documentation, it has not been determined empirically whether the changes in the media have impacted teenage sexual behavior or merely reflects societal changes. However, it seems unlikely that television programming, movies, magazines and advertising have had no influence on impressionable young people who are experiencing pubescence. If the media and advertising have an effect, the direction is more likely to be toward greater liberality in sexual and social behavior. (Moore and Burt, 1982) If the media and advertising have no effect, the billions spent on advertising, broadcasting and marketing to influence consumer consumption is to no avail. "It is also unlikely that subtle distinctions made by the media and advertising are perceived by young teens, for example, that the permissive behavior being viewed is enacted by adults and not teens. There is little coverage of nonromantic aspects of sex or the long-term consequences of early parenthood so that a teenager may develop a more balanced perception of the costs and benefits associated with one behavior pattern or another.

Though the magnitude of the media's and advertising's contribution to teenagers' sexual behavior has not been quantified, increases in the sexual content of the media and advertising appear to have contributed to greater nonmarital sexual activity. (Moore and Burt, 1982) The message of the media advances the acceptability of casual, tenuous relationships, indiscriminate sexual behavior and unwed parenthood. Viewer reactions to these presentations can stimulate the media to be more responsive to the citizenry's concerns, more responsible regarding the messages it conveys, and more willing to address the problem of teenage pregnancy.

It was also found that the consistent and effective use of contraceptives by sexually active adolescents is hindered by:

- inability to acknowledge sexual activity to self and others (Dash, 1986; Gasper, 1986)
- lack of knowledge and misinformation (Gasper, 1986)
- risk-taking behavior typical of adolescence (Gasper, 1986)
- choice to become pregnant (Dash, 1986; Gasper, 1986)
- younger age (Gasper, 1986)

Adolescent promiscuity is strongly correlated with:

- the degree of frequency, intensity and priority of association with sexually permissive peers;

- the degree to which sexual intercourse is believed to be appropriate by the individual adolescent;

- the number of models for sexual permissiveness among parents, friends, other adults, actors, singers, etc.; and

- the balance of positive reinforcement and support for sexual promiscuity over negative reinforcement and consequences. (DiBlasio, 1986)

IV. Poverty and Racism: The Subcultures

More frequent, early, premarital sexual activity has long been noted among blacks and others in the lower socioeconomic stratum in general. (Chilman, 1980) Although, recently, there has been considerable attention given to the much higher incidence of early sexual activity, teenage pregnancy, abortion and illegitimacy among this population, this tragedy among blacks was largely ignored until the problem resulted in a spill-over to the white community and it began to substantially affect mainstream America financially. Nevertheless, this phenomenon is not a "black problem," rather it emphasizes the fact that the problem was not seriously addressed until it was no longer confined to black and poor communities.

Although the problem of teenage pregnancy is one which touches all racial and socioeconomic groups, there are unique factors which exacerbate the problem among blacks.

"The combination of poverty and racism plays an important part in the higher rates of premarital intercourse among black teenagers. These two factors tend to breed attitudes that make it more possible to cope with the harsh situation of being poor and a victim of discrimination. Although black teenagers in low-income families, like most other adolescents, generally aspire to good jobs, adequate incomes, social respectability, pleasant homes, and a happy family life, their life experiences tend to force them to reshape their values, attitudes and expectancies. Many are apt to take on the lifestyles that others around them have been forced to adopt. Attitudes of distrust, fatalism, hostility, anti-intellectualism, apathy, hopelessness, and alienation are prevalent among blacks. These attitudes are apt to adversely affect relations between the sexes, making them somewhat shallow and impermanent because the future is so dubious. These attitudes, combined with depression-era unemployment rates for black males, exacerbates an already poor self-esteem, leads to lower marriage rates and a greater incidence of marriage breakdown." (Moore and Burt, 1982)

Another significant determinant of teenage pregnancy among blacks is poor self-esteem. The absence of a positive self-concept is found particulary among blacks due, in part, to the legacy of discrimination and an historical lack of identity as a people. Although the image of blacks has been changing, given social and political gains and judicial decisions, blacks continue to suffer the residual effects of slavery and discrimination, i.e. poverty, poor education, inadequate housing, underemployment and unemployment. As a result, many black youths are immersed in societal forces which do not foster confidence, ambition or dreams of future accomplishments. All too often the contributions of black people are ignored while their negative actions are emphasized. Therefore, black youth today, as a whole, are familiar with few role models worthy of emulation. "When an individual is identified with a group that is subjected to scorn and rejection by society, his self-esteem is destroyed." (Rice, 1981) To compensate for the feelings of inadequacy and worthlessness, many poor young blacks engage in deleterious activities and imprudent relationships.

"About half of the low-income black teenagers have grown up in one-parent families and marriage seems to them to be neither particularly viable nor desirable. The inner city environment is usually characterized by serious social disorganization, poverty, substandard and crowded housing, and inadequate human services of all kinds. Extramarital sex is prevalent as are other forms of deviant behavior, both on the part of residents and outsiders who visit the area for illicit enterprises, including prostitution. Under these conditions, young black people are exposed to sex in all its forms at a very early age, making it nearly an impossible task for parents to control the behavior of teenagers. This is especially true for boys who so often lack a father in the home and who model themselves after the street culture which holds that males prove their virility by sexual exploits with a large number of women. Black parents find it difficult to protect their children from the urban environment, to provide achievement-oriented male models, and to provide incentives for postponing premarital sex, such as opportunities to acquire a college education or a well-paying job.

Although many daughters and mothers still value virginity until marriage and hope for "good, steady husbands," most adolescent black girls have already become sexually active by the time they are sixteen or seventeen. If they are to go out with boys at all, such an involvment becomes virtually essential. Those girls who are educationally ambitious tend to seclude themselves socially. This does not mean that low-income, black females are promiscuous, as data indicate that they are less likely than white teenagers to have had multiple sex partners and that they tend to have intercourse less frequently than their white counterparts. The fact that black females, on the average, start their sexual activity when they are younger and that twice as many have premarital intercourse is, to a large extent, due to social pressures and the impact of their socioeconomic environment.

Though research is limited regarding the relationship of poverty and sexual behavior among poor whites and hispanics, it appears that poverty breeds the same attitudes and behaviors among poor white people and hispanics. However, the effects of poverty on whites are not as severe because they do not include racism. A recent study of white, blue-collar families confirms that many of these families also feel locked into a life of continuing deprivation with little to look forward to in terms of higher education, rewarding jobs, happy marriages, and adequate incomes. To these families, as well as poor black families, there seems to be little purpose in deferring gratification and planning for the future. The findings of this study also imply that premarital intercourse among poor white and hispanic adolescents is common. However, early pregnancies are often followed by early marriages among these groups, thereby, reducing the frequency of illegitimacy." (Moore and Burt, 1982)

V. The Adolescent Father

The adolescent father has traditionally received little attention. There is a need among professionals for increased awareness of the problems that these young fathers face and the services that they need. There also has been little attention paid to the male's role and responsibility in family planning and maternal and child health care.

Based on a national survey, it has been estimated that over fifty percent of seventeen year old boys have had sexual intercourse and almost one in five fourteen year old boys have had intercourse at least once. However, only two percent of fathers of teenage boys have discussed contraception with their sons, though over fifty-two percent of male teenagers indicated that they want to talk with their parents about sex. The study also revealed that a major factor in a woman's decision to use a contraceptive method is her partner's knowledge, beliefs and attitudes about sexuality and responsibility.

Recognizing that the young male is often forgotten in addressing the problems of teenage pregnancy, many civic and private organizations have begun programs especially designed to reach the adolescent male. Such programs have begun to address the stereotype of the teenage male as "incorrigible" and the characterization of the teenage father as one who victimizes his partner and abandons his family. Research has begun to document the significant impact fathers have on the development of their children, consequently, the teenage father presents an important challenge. These young men have a myriad of problems.

Their youth, their limited opportunities, and their scant education all mitigate against easy solutions. However, multifaceted support programs which address the complex needs of adolescent fathers and their young families are required. In addition to such programs, the straight forward, hard-hitting message, such as that being employed by the National Urban League (i.e. "Don't make a baby if you can't be a father") speaks frankly and directly to young males and confronts the mythical association of fatherhood and manhood. This message stresses that both partners bear equal responsibility for family planning and the consequences of sexual intercourse.

The Consequences of Teenage Pregnancy

The consequences of increased adolescent sexual activity and teenage pregnancy are manifold and adversely affect everyone. Some of the most visible effects of teenage pregnancy are manifested medically, educationally, economically and socially.

Health

Teenage mothers account for one in five low birthweight infants, a condition strongly associated with infant mortality, (Select Committee on Children and Youth, 1986) and are at a much greater risk of giving birth to a low birthweight baby than are other mothers. One reason given why teenage mothers bear more low birthweight and premature babies is that a girl's reproductive organs may not be sufficiently mature to sustain a pregnancy without undue stress. The teenage mother is less likely than other mothers to get early, quality prenatal care which could avert many of the damaging health consequences of early childbirth. Only half of all pregnant teens who give birth receive prenatal care in the first trimester of pregnancy, and infants born to teenage mothers, particularly to those aged seventeen and under, are considerably more likely to have low APGAR scores. For all but the very youngest teens, poor birth outcomes, including low birthweight and infant mortality, amy be attributable to inadequate nutritional supplementation. (Select Committee on Children and Youth, 1986) Pregnant teens, especially those under age fifteen, have higher rates of complications, maternal morbidity and mortality, and premature and/or low birthweight babies. (Hayes, 1987)

Data indicate that black mothers are more likely than white mothers to give birth before age eighteen and almost eight times more likely to do so under age fifteen. This means that black mothers have more births at an age which correlates with the highest percentage of low birthweight babies. In addition, in Virginia in 1984, twenty percent of the infant deaths were attributable to teenage mothers.

Another obvious health consequence of increased sexual activity is the spread of sexually transmitted diseases. This is a major health risk especially for those who initiate sexual intercourse at an early age and for those who have multiple sex partners. These diseases often result in sterility, transmission of infection to newborn infants, an increased risk for cervical cancer and other significant medical complications. According to data provided by the State Health Department, prior to 1972, sexually transmitted diseases (STD) control activities were primarily directed toward syphilis and its late complications. The total number of such cases

has been reduced from a peak of 18,708 cases to 936 cases during 1985. The gonorrhea control program was begun in 1972 by an appropriation of Congress to remediate the problem. Until the 1970's, gonorrhea was not considered a major public health problem in Virginia. However, by the late 1970's, the number of reported gonorrhea cases had almost reached 20,000 per year. From 1973 to 1979, the Gonorrhea Control Program concentrated its efforts on developing and implementing a statewide screening program among women of childbearing age. In 1980, Gonococal Pelvic Inflammatory Disease (GcPID), a severe complication of untreated gonorrhea, became a priority health problem in Virginia.

During the early 1980's there was an expansion in the number of sexually transmitted diseases (STD). New diagnostic approaches have identified the extent, method of transmission, clinical consequence of chlamydia, herpes and Acquired Immunodeficiency Syndrome (AIDS). According to State Department of Health data, as of January 15, 1987, there were 384 reported cases of AIDS in Virginia. The disease was first described in 1981 and by March, 1986, almost 18,000 cases had been reported to the Centers for Disease Control. There are pervasive STDs in the Commonwealth which are not reportable by Virginia law, i.e. herpes, chlamydia, AIDS.

Education

Education has become increasingly significant to an individual's life options, economic attainment and sense of achievement. Consequently, those individuals who suffer educational decrements often have their hopes and goals, and personal gratification permanently thwarted. The Joint Subcommittee, in a review of the research on the determinants of adolescent pregnancy, found a relationship between poor academic skills and teenage pregnancy. The findings were:

"Eighteen - and nineteen-year-old women with poor basic skills are 2.5 times as likely to be mothers as are those with average basic skills;

Eighteen - and nineteen-year-old men with poor basic skills are three times as likely to be fathers as are those with average basic skills;

Teens with poor basic skills are five times as likely to become mothers before age sixteen as are those with average basic skills;

Young women with poor or fair basic skills are four times as likely as those with average basic skills to have more than one child while in their teens;

Young women with poor basic skills, whether black, white, or hispanic, are more than three times as likely to be parents as those with average or better basic skills;

Almost all racial differences in the incidence of teen parenthood disappear when income and skills deficits are taken into account;

More than half of the fifteen - to eighteen-year-olds surveyed with family incomes below poverty have basic skills in the bottom skills group. Poor teens are four times as likely to have poor basic skills as are teens with family incomes above poverty;

One in five poor teens with below average skills is a parent; and

More than half of the black fifteen - to eighteen-year-olds in the National Longitudinal Survey of Young Americans and four out of ten of the hispanic teens fell in the bottom skills group, compared with thirteen percent of the white teens. Among teens living in poverty, more than four out of ten white teens, more than half of hispanic teens, and more than six out of ten black teens fall in the bottom skills group." (CDF, 1986)

Employment

It is acknowledged that economic well-being and increased employment opportunities are related to educational attainment. One of the most visible consequences of teenage pregnancy is the loss of productive and contributing citizens because they are unable to realize their full educational and occupational potential. It is the norm that students without a high school diploma are much more likely to find employment in low-skill, low-wage jobs. Although early childbearing affects both males and females, its effect on females is stronger and increases over time. "Women who become mothers while adolescents exhibit reduced educational and occupational attainment, lower income and increased welfare dependency relative to their peers. A decade after high school, women who became mothers early were more likely to be working than their classmates, but in jobs of lower pay and prestige and with less job satisfaction." (Baldwin, 1985) Few of these women ever "catch up" to those who delayed their families.

Teenage fathers are affected by premature parenthood as well. Often the adolescent father may drop out of school and may be thrust into the labor force at an early age. Although adolescent fathers are more likely to be working than their classmates, and at higher pay and prestige, by eleven years out of high school, their classmates' investment in an education had begun to pay off in income and higher prestige jobs. (Baldwin, 1985)

Teenage parents face difficult odds due to a truncated education and limited marketable skills. This dilemma is particularly poignant for black youth for whom "the unemployment rate in 1985 was 41.4 percent for black teenage males and 37.9 percent for black teenage females. (Ladner, 1986) Increasingly, many of these unemployed black youths, who are frequently unskilled, are the parents of young children. Chronic unmeployment for adolescent males and pregnancy for adolescent females are becoming twin social problems that afflict black youths, each of which renders hundreds of thousands impotent to cope with the exigencies of day-to-day living and the future." (Ladner, 1986)

In 1985, sixty percent of all teen mothers received AFDC. Although many teenage parents initially perceive welfare to be a short-term, stop-gap method of providing for their economic needs, the reality is that their inability to complete high school, find a decent paying job, and adequate child care encourage long-term welfare dependency. (Ladner, 1986) As a result, it is estimated that families headed by teenage mothers are seven times more likely as other families to live below the poverty line, which suggests that eight out of ten families headed by

teenage mothers live in poverty. Consequently, the public cost of teenage pregnancy in 1985 was $16.7 billion in state and federal welfare aid to mothers who had children during their adolescence. (Education Week, 1986)

Family Structure

It is estimated that 3.3 million children live with teenage mothers, and that 1.6 million children under the age of five live with mothers who were teens when they gave birth. (Ladner, 1986) In March, 1984, there were 450,000 family groups with children headed by married or unmarried fifteen to nineteen year olds. Nearly 74 percent of such families were living as subfamilies in another household, while 26 percent maintained their own households. Fifteen percent or 66,000 of these families were married-couple families with both parents present. Of this group, 70 percent (46,000) maintained their own households, while 30 percent lived as subfamilies. Eighty-five percent (384,000) of these families were headed by male or female teens whose spouse was not present. Of these, more than 80 percent (315,000) lived as subfamilies and nearly 20 percent (69,000) established their own household. (Select Committee on Children and Youth, 1986)

Perhaps the most important social consequence of this tragedy requiring the utmost attention is the "insidious threat to the lives of the children of teenage parents. Born into poverty as infants to parents who are little more than children themselves" (Ladner, 1986), and into families at high risk for dysfunction and dissolution, the educational, health, cognitive and social deficits suffered by these children are tremendous. Studies have found that the "children of teenage parents tend to be less healthy on the average than other children (Select Committee on Children and Youth, 1986), are at greater risk of lower intellectual and academic achievement, social behavior problems, and problems of self-control (Hayes, 1987), are more likely to repeat at least one grade in school (Ladner, 1986), and are more likely to become teenage parents themselves (Select Committee on Children and Youth, 1986; Ladner, 1986; Hayes, 1987). These problems are exacerbated by the fact that an increasing number of teen mothers are assuming a larger and major role in the day to day care of their children, as more grandmothers are in the labor force and many others are refusing to accept what was once the traditional responsibility of providing child care for their grandchildren. As a result, a generation is being reared by parents who have little or no preparation for that role. With little education herself, the teenage mother is unable to offer the intellectual nurturing and stimulation that the child needs. The teen parent has little capacity to tend to routine matters as assisting with homework, meeting teachers on a regular basis, and encouraging the child to progress if there has been an educational failure. The adolescent parent has not had the experiences nor developed the emotional maturity to provide a child with a sense of identity, self worth and stability. Lacking the proper perspective because the teen parent's psychosocial development has been severely interrupted, she is unable to give the child that which she does not know how to provide. If current trends continue, it is likely that child abuse and neglect will become more heavily correlated with teenage parenthood. The stress of unemployment, the inability to pursue educational opportunities, and to conceptualize the future with positive life options and goals, combined with emotional immaturity, encourages child abuse." (Ladner, 1986)

Nevertheless, research indicates that certain health and educational programs can ameliorate these adverse conditions, and that such hardships are less likely to occur when teenage parents have a supportive network of parents and other adult family members. (Select Committee on Children and Youth, 1986)

The influence of adolescent childbearing on the family of teenage parents has been one area least explored. There is no predictor which will reveal how a family will react to teenage pregnancy. Some families are shattered, while others experience renewed cohesiveness. One study indicates that parental attitude and response to their teenage child's pregnancy varies widely. Some parents react with denial and scorn, others leave the decision-making process entirely to the teenage couple, while yet others immediately provide emotional support and assist in the decision-making process. Although some teenagers reported negative experiences upon disclosing their pregnancy to their parents, others reported that their parents were supportive and that their fears were often unfounded. (Compton, 1986) There is evidence that the adolescent's mother is most often the family member drawn into child care and support. One study in this area indicated that the adolescent mother is highly dependent upon her family, especially during the first several years after birth. (Baldwin, 1985) In fact, teens who give birth between thirteen and sixteen years of age are more likely to remain in the family and to complete high school than are adolescent mothers who give birth between ages sixteen and eighteen. (Hayes, 1987)

Policy Considerations

Early childbearing has a devastating impact on society, for when individuals cannot realize their full educational and occupational potential, society loses their economic contributions. Teenage pregnancy is a financially burdensome problem, exacting a significant toll upon the health care industry and public assistance programs. "The Congressional Budget Office has cited an Urban Institute study which estimated that in 1975, the federal government spent $8.55 billion in AFDC benefits, Medicaid, and food stamps on AFDC households where the mother was a teenager when she had her first child. A second study cited by the Congressional Budget Office estimated that each of the 442,000 first teenage births in 1979 would cost federal, state, and local governments an average of $18,700 every year over the next twenty years in additional health and welfare costs. (Select Committee on Children and Youth, 1986) A recent study, Estimates of Public Costs for Teenage Childbearing: A Review of Recent Studies and Estimates of 1985 Public Costs, noted that the public cost for teenage childbearing range from $13,852 to $18,710 per baby every year. (Center for Population Options, 1986) More recent cost estimates are that $16.7 billion was spent in state and federal funds in 1985 for welfare aid to mothers who had children during their adolescence. In addition, most health insurance providers do not include obstetric services for adolescent mothers in their package of covered services. This contributes to many teenagers foregoing prenatal care which increases the likelihood of a poor pregnancy outcome as teenage mothers are among the group most at risk for such an outcome. Poor pregnancy outcomes compound the problem, resulting in exorbitantly high expenditures for the medical care of mother and child. With the absence of covered obstetric services from private third party payors, teenage mothers must resort to Medicaid and other public assistance programs to secure necessary medical care.

Given the fact that many providers and hospitals are refusing to care for indigent and Medicaid patients, teenage pregnancy complicates an already perplexing problem in the health care delivery system. In addition, if one-half million births occur to teenagers yearly, and if they and their offspring are more likely to require assistance from public services, public expenditures will increase for programs such as AFDC, Medicaid, food stamps, WIC, Maternal and Child Health and Social Services Block Grants, and Title X. Hence, the public outlay for teenage pregnancy is considerable.

RECOMMENDATIONS

The Joint Subcommittee labored diligently to compile, review and analyze a voluminous amount of data on teenage pregnancy. It examined the factors which contribute to the problem. It remained completely open, and its staff accessible to all persons who either requested information on the study and specific data or submitted information and their views concerning this issue.

The Joint Subcommittee believes that teenage pregnancy is too complex for any single solution. The Joint Subcommittee also found that many of the causative factors, and appropriately so, are not amenable to legislative solutions, as some problems are created and perpetuated by human compulsion. Nevertheless, it is the consensus of the Joint Subcommittee that remediation of the problem requires deliberate action at all levels of society. It is necessary that such action acknowledge and respect the natural and appropriate function, responsibilities and perogatives of the family, respond sensitively to the needs and rights of the citizenry, appreciate and understand the role of social institutions and recognize the limitations of resources and the propriety of legislation in addressing teenage pregnancy.

The Joint Subcommittee is not satisfied with the efforts of local school divisions to address the problem of teenage pregnancy in the Commonwealth. It does not believe that the public interest is served by allowing the public schools in Virginia to continue to choose whether sex education will be taught. Data submitted to this Subcommittee indicate that less than half of local school divisions include family life education in their instructional programs. Avoidance of the issue by doing nothing is unacceptable and such stagnancy imperils the common good and the ability of the Commonwealth to remediate the problem.

1. It is recommended that a comprehensive and sequential family life education curriculum be mandated in the public schools, grades K- 12, which include all aspects of family living, human sexuality, and sexually transmitted diseases, with waivers and exemptions.

2. It is recommended that such family life education curriculum include a unit on the benefits of postponing sexual intercourse, the development of a positive self-concept and mechanisms to cope with peer pressure.

3. It is recommended that the Department of Education encourage pupil services personnel to engage pregnant teens, teenage parents, individuals who were teenage parents, positive role models in the community and other qualified, licensed or recognized professional counselors in counseling sexually active and at-risk youth.

Discussion:

Sex education programs today are enormously diverse, and instruction on human sexuality is integrated throughout the public school curricula under many titles. The most common subjects in which sex education is addressed are health and physical education, vocational home economics and biology. The inclusion and depth of topics covered varies from one program to another and among localities. In Virginia, sex education has been a part of the school curricula for many years, though such instruction is not mandated. However, there is disagreement as to whether sex education programs are a part of the public school curricula. Individuals who have concerns regarding the thrust of some of the programs at the local level state that the programs are in place, while others who desire more explicit and comprehensive instruction and the availability of family planning services testify to the contrary.

The controversy over whether sex education belongs in the public schools or is the sole province of the family is one that has persisted over several decades without resolution. Recent polls conducted on the matter reveal public support for the inclusion of sex education programs in the public schools. The opinions of parents, teenagers and educators are consistent with that of the public on this issue. (Kenney and Orr, 1984) A very recent Wall Street Journal poll cited during the January 13, 1987 NBC documentary, "Men, Women, Sex and AIDS", disclosed that 91 percent of Americans polled were in favor of sex education and AIDS instruction in the public schools. It is estimated that "by age sixteen, 35 percent of teenage girls and 45 percent of teenage boys are sexually active" (CDF, 1986), and that each year at least one million teenagers become pregnant. The increased number of dropouts due to pregnancy and the unique needs presented by pregnant and parenting teens profoundly impacts the system of public education. Although sex education is generally accepted as an appropriate component of the school curricula, the Joint Subcommittee recognizes that it is not the responsibility of the public schools alone to resolve the problem of teenage pregnancy. Other institutions have a responsibility and a vital role to play in the remediation of the crisis as well. Nevertheless, the great number of school age children affected by this tragedy, the likelihood of the future enrollment of the progeny of teenage parents in the public schools, and the mission of the public schools to produce an educated populace to "protect the heritage from the consequences of an ignorant and incompetent citizenry", Fogg v. Board of Education, 76 N.H. 296, 299, 82 A. 173, 173-174 (1912), are reasons to require public schools to assist in reducing the rate of teenage pregnancy.

In strongly recommending that comprehensive and sequential family life education programs be implemented in the public schools of the Commonwealth, the Joint Subcommittee does not intend to convey that such programs alone will significantly modify the behavior of students with a few hours of classroom instruction. This view would be unrealistic as teenagers are socialized by significant others, role models, the media and others with whom they have contact. Although the long-term effects of sex education on students' knowledge, attitudes and behavior have not been systematically evaluated, studies which have been conducted on program effectiveness indicate that "the decision to engage in sexual activity is not influenced by whether or not teenagers have had sex education in school, and that teenage females who are sexually active and have had sex education seem less likely than others to become pregnant". (Kenny and Orr, 1984)

The Joint Subcommittee believes that public schools can assist in confronting the problem of teenage pregnancy by offering relevant instruction on human sexuality. It is agreed that the majority of teens understand the rudimentary principles for human reproduction. However, their knowledge of human sexuality is often founded on inaccuracies and misconceptions, e.g. "you can't get pregnant the first time", "you can't get pregnant standing up", "coitus interruptus is an effective contraceptive." As knowledge of human sexuality is incomplete without some acknowledgement of the need to cultivate sound interpersonal relationships and the interdependency of such relationships and sexual intimacy, teens need a complete understanding and an appreciation of the confluence of the affectionate and the physical components of human sexuality. Therefore, it is not sufficient that family life education programs provide only basic biological and reproductive facts, as human sexuality is infinitely more than copulation. Such programs must be comprehensive, including all aspects of human sexuality, the dynamics of family living and community relationships, and sexually transmitted diseases.

Considerable attention has been given to the concern that instruction on human sexuality be age appropriate, particularly in light of the Surgeon General's recommendation that sex education for children begin as early as third grade. Therefore, the Joint Subcommittee believes that it is essential that such programs be sequential in order that information and instructional materials might be provided in a manner consistent with the developmental levels of children.

The success of sex education programs, as are all educational programs, is dependent upon parental support and involvement. Resolving the problem of teenage pregnancy is impossible without the participation of parents in the total process, and without the respect for and appreciation of the role, function and responsibilities of parents. Polls on the issue reveal that the public still believes that parents have the primary responsibility for providing sexuality instruction for their children. The poll findings also indicate that parents prefer to determine whether their children will be exposed to sex education and in what form that instruction will be provided. Public support for sex education programs in the public schools declines significantly if such instruction is provided without parental consent. (Kenney and Orr, 1984) The Joint Subcommittee therefore recommends that parental consent be required for participation in family life education programs in Virginia. This condition for participation is consistent with judicially and legislatively recognized exemptions and excusals from certain curriculum requirements under appropriate circumstances, Wisconsin v. Yoder, 406 U.S. 205 (1972); Valent v. New Jersey Board of Education, 114 N.J. Super. 63, 274 A.2d 832 (1971), and federal (P.L. 94-142, the Education for All Handicapped Childrens Act), and state laws (§§ 22.1-213 to 22.1-221, Code of Virginia) which mandate the accommodation of the unique instructional and related services needs of special education students pursuant to their I.E.P. As a corollary to parental consent for participation in such programs, it is essential that a mechanism also exist to permit parents to repudiate such consent.

Testimony submitted to the Joint Subcommittee, as well as correspondence and calls it received, overwhelmingly expressed the importance of parental involvement in the development of the programs and parental participation in the instructional component of the programs, e.g. homework, class attendance, workshops, seminars, etc. It is envisioned that extending these opportunities to parents will foster greater communication between parents and their children, and enable parents to become more proficient and confident in relating sexual matters to their children. Interestingly, in a survey conducted in November, 1986, by Yankelovich, Clancy and Shulman for Time Magazine, it was reported that 70 percent of Americans polled believe that sex education programs should try to teach moral values, and 58 percent of such persons do not think it is possible to teach sex related issues without discussing moral values. Therefore, helping parents become the facilitators of sex education for their children would enable them to impart their values as they provide sexual information to their children. Testimony presented to the Joint Subcommittee also emphasized the need to include the benefits of postponing sexual intercourse, the development of a positive self-concept and mechanisms to cope with peer pressure in any human sexuality programs which are implemented. Data indicate that youth most at risk of a teenage pregnancy are those who possess low or poor self esteem. Many of these youth enter into sexual relationships in search of love and acceptance. Their resolve to resist peer pressure and that of a sexually permissive society is encumbered by the need to belong and to have a sense of achievement. For many such youth, particularly black teenagers, who may be confronted with persistent failures, limited educational and employment opportunities, and dire living situations, there is no incentive to delay sexual intercourse, and, if sexually active, to prevent pregnancy. Sex education and contraception notwithstanding, youth need sound reasons and incentives to delay parenthood until they are ready to accept the awesome responsibility of a family and are capable of providing for its physical, emotional and social needs.

The quality of teachers is paramount to the success of any educational program. This is immensely important when dealing with issues that are central and critical in the lives of human beings. There is no room for error. Teachers who would be assigned the responsibility of teaching family life education courses must possess broad knowledge of the subject matter, be comfortable with the issues and the language of human sexuality, and demonstrate mastery of the recognized competencies and skills of the teaching profession. They must also be flexible, able to create an atmosphere of trust among parents and students and be sensitive and respectful of the ideals and values that may be taught in the home. In addition, such teachers must understand the importance of and accept and assume their position as role models.

To accomplish the task of providing quality family life education programs, it is imperative that there be a pool of qualified family life educators. Currently, there is not an adequate number of qualified family life educators as few institutions offer specific training in this discipline, or in teaching sex related subjects. Therefore, the Joint Subcommittee recommends that the Board of Education include in its teacher certification regulations an endorsement in family life education.

It is recommended further that the Board of Education and the State Council of Higher Education work collaboratively to ensure the enhancement or the augmentation of existing programs at the collegiate level which satisfy the requirements for an endorsement in family life education at minimum or no fiscal impact.

A vital component of human sexuality programs is the utilization of pupil services personnel when appropriate. Many such programs which have been implemented across the nation engage professional, licensed or recognized counselors and other positive role models in the community, in addition to school psychologists, guidance counselors, school social workers, etc., in counseling sexually active teens and those at risk. It is envisioned that by using such individuals in the counseling process communication is fostered and enhanced, and youth are able to establish and benefit from personal contact with individuals who have like experiences and whose lives demonstrate that success is attainable.

4. It is recommended that the Department of Education explore and utilize its cooperative linkages with business and industry to provide work-study and training opportunities for teenage parents and other at-risk youth.

5. It is recommended that the Governor's Council on Employment and Training assume leadership in requesting business and industry in the Commonwealth to extend employment and training incentives and opportunities to youth-at-risk.

Discussion:

It has been noted previously in this report that youth at risk of teenage pregnancy or are teenage parents have a very bleak future in terms of economic well-being. Many poor and minority youth see no future. They are alienated, economically disadvantaged and disconnected from the mainstream of society. Unless interventions occur, they will not function adequately as adults. It is therefore important to provide opportunities for training and employment in order that doors previously closed to these youth may be opened, and to instill in them confidence that they can have a positive and attainable future. Economic independence may be one of the best incentives for the postponement of premature sexual activity and parenthood.

6. It is recommended that the Joint Subcommittee Studying Teenage Pregnancy be continued.

Discussion:

A superficial probe of teenage pregnancy would indicate a solution as simple as contraception. However, such a cursory review belies a perplexing and intricate problem that is not amenable to quick and easy solutions. The factors which contribute to the problem are some which have been allowed to continue without prompt attention and decisive action to abate their deleterious effects on society. As a consequence, careful and deliberate examination of the issues at the heart of the dilemma is essential to fashioning appropriate and feasible preventive strategies.

The Joint Subcommittee has determined that it lacks sufficient time to conduct a comprehensive inquiry of the causative factors to recommend legislative action respecting them at this time. Therefore, the Joint Subcommittee believes it appropriate to seek a continuance of its study and to carry over the following issues for further consideration during the 1987 Interim.

Carry Over Issues for Study

1. It is recommended that all local school divisions employ full-time school nurses and institute legally sufficient regulations to govern procedure and protocol for health care and liability by the 1987-1988 school year, or to contract for such services with local health departments and/or private health care providers.

2. It is recommended that the Board of Education develop and implement in the public schools, grades K - 12, character education programs to strengthen instruction on responsible citizenship, such programs to include an emphasis on self-esteem, respect for authority, courtesy, honesty, decision-making skills, respect for parents, home and others, the work ethic, and other skills and values held in common as durable benefits to the individual and society.

3. It is recommended that the State Health Department, local health departments and state medical schools establish joint ventures statewide to facilitate easier access and availability of family planning counseling and services for teenagers.

4. It is recommended that the Departments of Education, Mental Health and Mental Retardation, Social Services and the State Health Department provide components in their family planning programs and services that acknowledge and meet the unique needs of rural Virginians, minorities, nonsexually active teens, the handicapped, sub-cultures and teenage parents.

5. It is recommended that the Departments of Education, Mental Health and Mental Retardation, Social Services and the State Health Department jointly establish a statewide information and referral hot-line exclusively for teenagers, and develop and/or consolidate, where appropriate, existing programs and services for male teens, adolescent fathers, and peer counseling.

6. It is recommended that §20-48 of the Code of Virginia be amended to eliminate a possible incentive for teenagers to establish emancipation by pregnancy and early marriage.

7. It is recommended that the print and broadcast industry and advertisers in the Commonwealth be notified of the Legislature's concern regarding the effect of broadcasting sexually explicit and suggestive programs and commercials, the glamorization of sexual promiscuity and the lifestyles of celebrities on youth.

8. It is recommended that the print and broadcast industry, marketing, and advertising agencies in the Commonwealth pursue a collaborative effort to inform teenagers of the problems of early parenthood, sexually transmitted diseases and the benefits of saying "no" to premarital sex.

9. It is recommended that community organizations, families, churches and civic groups re-examine their contributions to the community in light of their traditional responsibilities, take seriously their role and function in the community, and implement programs and services, where appropriate, which are consistent with those responsibilities.

10. It is recommended that state and municipal agencies, governing bodies of civic and community organizations serving children and youth aggressively seek parental participation in the development and implementation of family life education and family planning programs and services, and that these entities select representatives who are sensitive and responsive to the desires of parents when counseling youth concerning sexual matters and life choices.

11. It is recommended that parental notification for abortion be mandated for unemancipated minors.

12. It is recommended that parental notification for prescription contraceptives and abortion, with judicial appeal, be mandated for unemancipated minors.

13. It is recommended that educators, professional counselors, and other providers of family planning services, counseling and referral be required (encouraged) to counsel unemancipated youth age seventeen and under on the advantages of parental involvement in decision-making regarding the use of family planning services and life choices.

14. It is recommended that males under the age of eighteen who acknowledge paternity of a child of a female under the age of eighteen be treated as an adult for the purpose of child support enforcement.

Phase II - Breaking the Cycle

Education

1. Require all local school divisions to establish alternative education programs for pregnant teens by the 1988-1989 school year.

2. Mandate (encourage) the implementation of alternative education programs for teenage parents that include provisions for child care for the children of teenage parents.

3. Request local school divisions to explore and implement other appropriate means to allow teenage parents to complete their education.

4. Request public institutions of higher education in Virginia to expand and enhance course offerings to create a pool of qualified family life educators.

5. Request public institutions of higher education to develop and implement innovative programs to encourage teenage parents to pursue a college education.

6. Require (request) the Board of Education to include in its teacher certification regulations an endorsement in family life education and to require all prospective public school elementary and secondary health education teachers to have a minimum of nine semester hours in family life education as a condition of certification.

7. Request the Board of Education to establish guidelines to facilitate the selection of qualified family life educators whose character traits and personal attributes and conduct distinguish them as positive role models.

8. Request the Department of Education to provide in-service training for all administrative, instructional and pupil services personnel regarding the determinants and ramifications of teenage pregnancy, family life education, and the identification of youth-at-risk.

Employment

1. Request business and industry in the Commonwealth to provide training and employment opportunities for teenage parents.

2. Request business and industry in the Commonwealth to participate in mentor programs in their communities to help foster the work ethic, incentives to succeed, and to provide positive role models.

Health

1. Request the relevant state agencies and public health care providers to make obstetric and pediatric services more accessible and available at low or no cost to pregnant teenagers and their children to promote positive pregnancy outcomes.

2. Request the Department of Medical Assistance Services to extend the current increase in the Medicaid reimbursement rate to obstetricians to all other licensed physicians who provide obstetric care in a significant indigent or Medicaid practice.

3. Endorse the American Academy of Pediatrics position regarding the advertising of contraceptives, that such advertisements include the health risks involved in early sexual activity.

Administrative

1. Request the State Health Department and the Departments of Social Services and Medical Assistance Services to investigate and pursue, where appropriate, waivers from federally funded health care and welfare programs to extend or increase such services to pregnant teenagers and their children.

2. Request the Department of Social Services to follow up the acknowledgement of paternity by teenage fathers and to aggressively seek compliance with child support enforcement laws by such fathers who have not renounced paternity upon reaching the age of eighteen.

3. Mandate that for the purpose of child support enforcement a male (parent) who has not reached the age of eighteen shall be as fully bound by the law as if such male (parent) had attained the age of eighteen years.

CONCLUSION

The Joint Subcommittee reiterates its position that teenage pregnancy is a problem which confronts all of society. It is one that is influenced by more permissive societal standards, human compulsions, and other social conditions which are not readily amenable to any instant or single solution. The Joint Subcommittee reasons, based on its findings, that a moderate, yet effective initial offensive on teenage pregnancy in the Commonwealth is to require quality family life education programs to provide accurate and comprehensive instruction on family and community relationships, the value of postponing sexual intercourse, human sexuality, human reproduction and sexually transmitted diseases. This problem is also heavily charged with sensitive and provocative issues which stir deep-seated emotions and firmly held convictions and beliefs. Recognizing this situation, the Joint Subcommittee urges the inclusion of parents and the community in the development and implementation of family life education programs.

It is recognized that teenage pregnancy will not abate immediately, even with the most strenuous and deliberate initiatives, nor is it likely to ever be totally eradicated. However, careful probing of the causative factors may facilitate appropriate and feasible approaches to reduce the magnitude of the problem and to ameliorate its devastating consequences. Underlying issues which are customarily dealt with obscurely or not at all must be confronted directly to explore any remediating strategies that may be possible. The Joint Subcommittee stresses the need for all Virginians from all strata of society to continue to cooperate in resolving the problem of teenage pregnancy.

Proposed legislation which the Joint Subcommittee deemed appropriate at this time is appended to this report.

The Joint Subcommittee appreciates the assistance of all state agencies, the people of the Commonwealth, and all other persons who contributed to its study.

Respectively Submitted,

Joan H. Munford, Chairman
Shirley F. Cooper
Joseph V. Gartlan, Jr.
W. Henry Maxwell
Elliot S. Schewel
S. Vance Wilkins, Jr.

BIBLIOGRAPHY

"Abortion Prevention and Family Responsibility Act of 1985," Wisconsin Act 56, 1985.

A Call to action: Governor's Task Force on Teen Pregnancy. State of Maryland, September, 1985.

"Adolescent Health Services Project." State of Minnesota, 1973.

"Adolescent Pregnancy and Parenthood," House Bill 916. Legislature of the State of Texas, 1983.

"Adolescent Pregnancy and Prematurity Prevention Project," State of North Carolina, 1986.

Adolescent Pregnancy and Prevention Programs That Work: A Nationwide Search. Virginia Department of Mental Health and Mental Retardation, 1986.

Anchell, Melvin. "Psychoanalysis vs. Sex Education." National Review, June 20, 1986.

Arcus, Margaret. "Should Family Life Education Be Required for High School Students?: An Examination of the Issues." Family Relations, July, 1986.

Baldwin, Wendy. "Adolescent Pregnancy and Childbearing: Rates, Trends and Research Findings From the CPR, NICHD." National Institute of Child Health and Human Development, April, 1985.

Baldwin, Wendy H. "Adolescent Pregnancy: Growing Concerns for Americans." Population Bulletin, September, 1976.

Baldwin, Wendy H. "Trends and Consequences of Adolescent Childbearing in the United States," 1983.

Baldwin, Wendy H. and Virginia S. Cain. "The Children of Teenage Parents." Family Planning Perspectives, January/February, 1980.

Belsches-Simmons, Grace. "Teenage Pregnancy and Schooling: Legal Considerations." Education Law Reporter, January, 1985.

Benson, Michael D., et. al. "Sex Education in the Inner City: Learning and Retention ." Journal of the American Medical Association, January 3, 1986.

Brick, Peggy. "Sex and Society: Teaching the Connection." Journal of School Health, April, 1981.

Bureau of Maternal and Child Health. "Health of School Age Children." State Health Department, January 3, 1986.

Carlson, Allan C. "Pregnant Teenagers and the Moral Civil War: A Controversial New Report Discovers an America Sharply Divided Over Questions of Sex and Society." Persuasion at Work, May, 1986.

Carlson, Allan C. "The Sensual School." Persuasion at Work, July, 1986.

Cassata, Mary and Thomas Skill. Life on Daytime Television: Tuning-In American Serial Drama. New Jersey: Ablex Publishing Corporation, 1983.

Center for Population Options. Estimates of Public Costs for Teenage Childbearing: A Review of Recent Studies and Estimates of 1985 Public Costs. Washington, D.C.: Center for Population Options, 1986.

Center for Population Options. "In Brief: Selected Media Research Findings." California: Center for Population Options.

"Children Having Children." Time, December 9, 1985.

Children's Defense Fund. "Building Health Programs for Teenagers." Washington, D.C.: CDF Adolescent Pregnancy Prevention Clearinghouse, May, 1986.

Children's Defense Fund. "Preventing Adolescent Pregnancy: What Schools Can Do." Washington, D.C.: CDF Adolescent Pregnancy Prevention Clearinghouse, June, 1986.

Chilman, Catherine S. Adolescent Sexuality in a Changing American Society: Social and Psychological Perspectives. Washington, D.C.: Government Printing Office, 1980.

Coakley, Mary Lewis. Rated X: The Moral Case Against TV. New York: Arlington House Publishers, 1977.

Cohen, Stuart Joseph. "Intentional Teenage Pregnancies." Journal of School Health, March, 1983.

Cohn, Sarah D. "Legal Issues in School Nursing Practice." Journal of Law, Medicine and Health Care, October, 1984.

"Creation of Office of Adolescent Pregnancy and Parenthood," H.B. 916. Legislature of the State of Texas, 1983.

Darity, William A. and Samuel L. Myers, Jr. "Does Welfare Dependency Cause Female Headship? The Case of the Black Family." Journal of Marriage and the Family, November, 1984.

Dash, Leon. "At Risk: Chronicles of Teenage Pregnancy." Washington Post, January 26-31, 1986.

"Day Care Study," HCR 83. Legislature of the State of Texas, 1983.

Diamond, Eugene F. and Rosemary Diamond. The Positive Values of Chastity Illinois: Franciscan Herald Press, 1985.

DiBlasio, Fred. "Testimony Submitted to the Joint Subcommittee Studying Teenage Pregnancy." Public Hearing, July 23, 1986.

Dryfoos, Joy. "School-Based Clinics: Serving Adolescents Where They Are." Paper funded by Rockefeller Foundation. October, 1984.

Dutile, Fernand N. Sex, Schools and the Law. Illinois: Charles C. Thomas, 1986.

Echaniz, Judith B. When Schools Teach Sex. New York: The Free Congress Research and Education Foundation, 1982.

Elster, Arthur B. and Susan Panzarine. "Adolescent Fathers," in Premature Adolescent Pregnancy and Parenthood, Elizabeth R. McAnarney, ed. New York: Grune and Stratton, 1983.

"Emerson/Teenage Parent Program." Jefferson County Public Schools, State of Kentucky, 1986.

English, Abigail. "Ensuring Access to Health Care for Teenagers: Legal and Ethical Issues Concerning Consent and Confidentiality." Youth Law News, January/February, 1985.

Evans, Therman E. "Societal Hypocrisy Helps to Promote Teenage Pregnancy." Journal of the National Medical Association, May, 1986.

"Family Life in Public Schools," House Bill 917. Legislature of the State of Texas, 1983.

"Family Planning Services for Minors," House Bill 915. Legislature of the State of Texas, 1983.

Flaherty, Carol and Peggy B. Smith. "Teacher Training for Sex Education," Journal of School Health, April, 1981.

Frazier, E. Franklin. "Sex Life of the African and the American Negro" in The Black Family: Essays and Studies, Robert Staples, ed. California: Wadsworth Publishing Company, 1971.

Frazier, E. Franklin. "The Negro Family in America" in The Black Family: Essays and Studies, Robert Staples, ed. California: Wadsworth Publishing Company, 1971.

Gasper, Jo Ann. "Adolescent Pregnancy and Childbearing," Testimony Submitted to the Joint Subcommittee Studying Teenage Pregnancy, Public Hearing, September 5, 1986.

Gilbert, Shirl E. and Genera Gay," Improving the Success in School of Poor Black Children," Phi Delta Kappan, October, 1985.

Glasow, Richard D. "Abortionists Yank School-Based Clinic Bill After Pro-Lifers Amend Proposal to Exclude Abortion and Abortion Providers," NRL, April 10, 1986.

Gordon, Sol. "The Case for a Moral Sex Education in the Schools," Journal of School Health, April, 1981.

Grimes, David A." After Office Hours." Obstetrics and Gynecology, March, 1986.

Grunow, Barbara. "Report to Senator Douglas Henry on an Inquiry Regarding the Issues and Problems of Teenage Pregnancy, Abortion, and Infant Adoption Programs in the 21st Senatorial District of Tennessee," June, 1983.

Guild, Priscilla A. "Infant Mortality and Teenage Pregnancy: Profile of Children in the South," 1980 Commission on the Future of the South, 1980.

Hacker, Sylvia S. "It Isn't Sex Education Unless...." Journal of School Health, April, 1981.

Hayes, Cheryl D., ed. Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing, Volume I. Washington, D.C.: National Academy Press, 1987.

Height, Dorothy I. "What Must Be Done About Children Having Children," Ebony, March, 1985.

"Here They Come, Ready or Not," Education Week, May 14, 1986.

Hewson, Patricia M. "Research on Adolescent Male Attitudes About Contraceptives." Pediatric Nursing, March/April, 1986.

Howe, Carol L. "Developmental Theory and Adolescent Sexual Behavior." Nurse Practitioner, February, 1986.

Imber, Michael. "Toward a Theory of Educational Origins: The Genesis of Sex Education." Educational Theory, Summer, 1984.

"Instruction on Reproduction and Family Life in Public Schools," H.B. 917. Legislature of the State of Texas, 1983.

Janus, Sam. The Death of Innocence. New York: William Morrow and Company, Inc., 1981.

Kasun, Jacqueline. "Teenage Pregnancy: Media Effects Versus Facts." Paper undated.

Kasun, Jacqueline. "Teenage Pregnancy: What Comparisons Among States and Countries Show." undated.

Kasun, Jacqueline. "The Baltimore School Birth Control Study: A Comment." Paper presented at Humboldt State University, 1986.

Keller, Judy and Diane Fletcher. Especially for You. Virginia: EFY Publications, 1985.

Kenney, Asta M. and Margaret Terry Orr. "Sex Education: An Overview of Current Programs, Policies and Research," Phi Delta Kappan, March, 1984.

Kirby, Douglas. "Sexuality Education: A More Realistic View of Its Effects," Journal of School Health, December, 1985.

Kirby, Douglas. School-Based Health Clinics: An Emerging Approach to Improving Adolescent Health and Addressing Teenage Pregnancy. Washington, D.C.: Center for Population Options, April, 1985.

Ladner, Joyce A. "Teenage Pregnancy: The Implications for Black Americans" in The State of Black America, 1986. New York: National Urban League, 1986.

LaHaye, Tim. Sex Education Is for the Family. Michigan: Pyranee Books, 1985.

Lamm, Richard D. "Can Parents Be Partners?" Phi Delta Kappan, November, 1986.

Leo, John. "Sex and Schools." Time, November 24, 1986.

Liebert, Robert M., et. al. The Early Window: The Effects of Television on Children and Youth. New York: Pergamon Press, Inc., 1982.

Lines, Patricia M. "Excusal From Public School Curriculum Requirements," Education Law Reporter, September 23, 1982.

Marsman, Joan C. and Edward S. Herold. "Attitudes Toward Sex Education and Values in Sex Education." Family Relations, July, 1986.

"Massachusetts Adolescent Pregnancy and Parenting Study." Commonwealth of Massachusetts, 1984.

Mast, Coleen Kelly. Sex Respect: The Option of True Sexual Freedom: A Public Health Guide for Parents. Illinois: Respect, Inc., 1985.

McAnarney, Elizabeth R., ed. Premature Adolescent Pregnancy and Parenthood. New York: Grune and Stratton, 1983.

"Medical Assistance and Counseling for Certain Expectant Mothers and Their Parents," H.B. 914. Legislature of the State of Texas, 1983.

"Medical Assistance Program," H.C.R. 85. Legislature of the State of Texas, 1983.

Miller, Suanne J. "Prenatal Nursing Assessment of the Expectant Family." Nurse Practitioner, May, 1986.

Minnesota Health Statistics, 1984. State of Minnesota, 1985.

Moody, Kate. Growing Up On Television: The TV Effect. New York: Time Books, 1980.

Moore, Kristin A. and Martha R. Burt. Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing. Washington, D.C.: The Urban Institute Press, 1982.

Moore, Kristin, Margaret C. Simms and Charles L. Betsey. Choice and Circumstance: Racial Differences in Adolescent Sexuality and Fertility. New Jersey: Transaction Books, 1986.

National Conference of State Legislatures. State Legislative Initiatives That Address the Issue of Teenage Pregnancy and Parenting: Directory of State Officials and Contacts. Washington, D.C.: Council of Chief State School Officers Resource Center on Educational Equity, 1986.

"Optional Coverage for Prenatal Care, Delivery, and Pregnancy Complications for Dependent Minor Children of Policy Holders," H.C.R. 84. Legislature of the State of Texas, 1983.

Penland, Lynn R. "Sex Education in 1900, 1940 and 1980: An Historical Sketch." Journal of School Health, April, 1981.

Postponing Sexual Involvement. State of Georgia, 1985.

"Preventing Teenage Pregnancy: Health Experts Turn to a School-Based Approach." Youth Policy. Washington, D.C.: Youth Policy Institute, December, 1985.

"Provision of Family Planning Services for Adolescents," H.C.R. 82. Legislature of the State of Texas, 1983.

Raspberry, William. "Birth Control Clinics in Schools? No." The Washington Post, April 14, 1986.

Rice, F. Philip. The Adolescent: Development, Relationships and Culture. New York: Harper and Row, 1981.

Rivara, Frederick P. "Parental Rights and Obligations of the Unwed Adolescent Father." AJDC, June, 1986.

Rodman, Blake. "Sex Education Said Key to Stemming Spread of Aids." Education Week, October 29, 1986.

Rodman, Hyman, Susan H. Lewis and Saralyn B. Griffith. The Sexual Rights of Adolescents: Competence, Vulnerability and Parental Control. New York: Columbia University Press, 1984.

Sconzoni, John H. The Black Family in Modern Society. Chicago: University of Chicago Press, 1978.

"School-Based Sex Clinics vs. Sex Respect." Illinois: Eagle Trust Fund, undated.

Select Committee on Children, Youth, and Families. U.S. House of Representatives, 99th Congress. Teen Pregnancy: What Can Be Done? A State-By-State Look. Washington, D.C.: Government Printing Office, 1986.

Sheehan, Mary Kroll, Sharon K. Ostwald and James Rothenberger. "Perceptions of Sexual Responsibility: Do Young Men and Women Agree?" Pediatric Nursing, January/February, 1986.

Solberg, M. Patrice. "Sex Education Courses: What Have Courts Permitted and Prohibited." School Law Bulletin, January, 1978.

Stafford, Tim. "Intimacy: Our Latest Sexual Fantasy," Christianity Today, January 16, 1987.

Staples, Robert, ed. The Black Family: Essays and Studies. California: Wadsworth Publishing Company, 1971.

Stone, Michael E. "A Critique of the School Clinic Approach to Reducing Teenage Pregnancy." Office of Justice and Peace, Catholic Diocese of Richmond, August, 1986.

Stone, Michael E. "The Baltimore School Clinic Study: A Summary of Comments and Critiques." Office of Justice and Peace, Catholic Diocese of Richmond, August, 1986.

Teenage Pregnancy in South Carolina: Everybody's Problem, Vol. I. State of South Carolina, 1983.

Teenage Pregnancy in South Carolina: Everybody's Problem, Vol. II. State of South Carolina, 1985.

"Testimony Submitted to the Subcommittee on Public Assistance and Unemployment Compensation." Committee on Ways and Means, U.S. House of Representatives, February 4, 1986.

"The Crisis of the Black Family." Ebony, August, 1986.

"The Parents Too Soon Program." Illinois Department of Public Health, January, 1984.

"The Vanishing Family: Crisis in Black America." CBS Documentary, January, 1986.

United States. "Family Life Demonstration Projects: Programs and Evaluation Summaries," U.S. Department of Health and Human Services, 1985.

United States. Fertility of American Women: June 1985. Washington, D.C.: U.S. Department of Commerce, 1986.

United States General Accounting Office. Briefing Report to the Honorable John H. Chafee, United States Senate. Teenage Pregnancy: 500,000 Births a Year But Few Tested Programs. Washington, D.C.: United States General Accounting Office, 1986.

Values Education. State of Utah, 1980.

Virginia. 1984 Vital Statistics Annual Report. Virginia: State Department of Health, 1985.

Virginia. "1985 Teenage Total Pregnancy Terminations." Virginia: State Department of Health, 1986.

Virginia. The Report of the Legislative Task Force on Infant Mortality, Senate Document No. 26. Virginia: Department of General Services, 1986.

Vitz, Paul C. "Profiles in Education." Education Update, undated.

Wilkinson, Doris Y. and Ronald L. Taylor. The Black Male in America. Chicago: Nelson Hall, 1977.

Williams, Walter E. "Stalking Horses, Again." The Richmond Times Dispatch, January 15, 1986.

Willke, John C. "Pro-Life Perspective." March, 1986.

APPENDICES

A. Proposed Legislation.

B. Teenage Total Pregnancy Terminations, 1985.

C. House Joint Resolution No. 61, 1986.

APPENDIX A

SENATE BILL NO. ..... HOUSE BILL NO. .....

A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.1, relating to family life education.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.1 as follows:

§ 22.1-207.1. Family life education required.--Each school board shall implement by July 1, 1990, a comprehensive, sequential family life education curriculum in grades K through 12 which shall include instruction in family living and community relationships, the value of postponing sexual activity, human sexuality, human reproduction, and the etiology, prevention and effects of sexually transmitted diseases. All such instruction shall be designed to promote parental involvement, foster positive self-concepts and provide mechanisms for coping with peer pressure and the stresses of modern living according to the students' developmental stages and abilities.

The Board of Education shall develop by July 1, 1988, standards of learning and curriculum guidelines for a comprehensive, sequential family life education curriculum in grades K through 12. By July 1, 1989, school boards shall adopt the Board's standards of learning and curriculum guidelines or locally developed objectives and curriculum

guidelines for family life education, if the locally developed objectives and curriculum guidelines have been recognized by the Department of Education as equivalent to the Board's requirements. The Board of Education and any school board choosing to adopt locally developed materials shall establish an advisory group composed of individuals who are representative of the community in order to provide a variety of citizen input in the design of such programs. In addition, opportunities for community evaluation and comment on the family life education materials shall be provided by the Board and any such school board. Prior to approval of family life education materials, the Board and any such school board shall review and discuss the community's evaluation and comment.

The Board of Education and any school boards choosing to adopt locally developed objectives and curriculum guidelines shall incorporate in their family life education materials mechanisms for involving individuals who are positive role models from the community and appropriate professionals in the counseling of sexually active students and students who may be at risk of becoming sexually active.

The Board of Education shall include by July 1, 1988, in its teacher certification regulations requirements for an endorsement in family life education.

Family life education shall be offered to all students including all handicapped students whose individualized educational programs contain family life education objectives. In the development of individualized

educational programs for handicapped students, the efficacy of including family life education objectives shall be considered.

All students, unless eighteen years of age or older, shall submit annually to the principals of their schools written permission from at least one parent to be eligible to participate in the family life education curriculum. The parent granting permission shall have the right to repudiate such permission in writing at any time during the course of the instruction. If such parent repudiates his permission for participation in family life education, the student shall not henceforth participate in such instruction unless permission is renewed in writing by at least one parent. Written permission from one parent shall be sufficient to permit the student to participate. School boards shall not incur any responsibility or liability for allowing the student to participate in the event of conflicting written statements from the parents.

School boards shall establish by July 1, 1990, procedures for obtaining such permission and a reasonable period for retention of the written permission or repudiation in the school records. All such written permissions or repudiations shall be retained by the school principals for such time as the local school boards require.

For the purposes of this section, "parent" means the biological parent or adoptive parent, guardian or other person having control or charge of a child.

By December 1, 1987, the Board of Education shall

provide the House Committee on Appropriations and the Senate Committee on Finance an analysis of the state and local fiscal impact of this provision and a recommended apportionment of state and local funding for such programs if not otherwise determined by law.

HOUSE JOINT RESOLUTION NO.....

Requesting the Governor's Council on Employment and Training to assume leadership in coordinating employment and training opportunities to youth-at-risk.

WHEREAS, most teenage parents face difficult futures due to a truncated education and limited marketable skills; and

WHEREAS, although many teenage parents initially receive welfare as a short-term method of providing for their economic needs, their inability to complete high school and find adequate paying jobs often encourages long-term welfare dependency; and

WHEREAS, a well-planned program whereby teenage parents could obtain working skills and job training for rewarding occupations can result in permanent self-sufficiency for such at-risk youth; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Governor's Council on Employment and Training is urged to assume leadership in requesting business and industry in the Commonwealth to extend employment and training incentives and opportunities to youth-at-risk.

HOUSE JOINT RESOLUTION NO.....

Requesting the Board of Education and the State Council of Higher Education to coordinate existing programs on family life education.

WHEREAS, sound instruction on human sexuality is of great importance to the maturity and responsible development of the youth of the Commonwealth; and

WHEREAS, the quality of teachers is paramount to the success of any educational program pertaining to the teaching of human sexuality; and

WHEREAS, these teachers must possess a broad knowledge of the subject matter and be comfortable with the issues and language of human sexuality; and

WHEREAS, such teachers must assume positions of role models and be flexible, able to create an atmosphere of trust among parents and students and be sensitive to the ideas and values that may be taught in the home; and

WHEREAS, there is not an adequate number of qualified family life teachers to accomplish the task of providing instruction on human sexuality since few institutions offer specific training in teaching sex related subjects; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Board of Education and the State

Council of HIgher Education are urged to work collaboratively to insure the enchancement or the augmenting of existing human sexuality courses at the collegiate level which would satisfy the requirements for an endorsement in family life education at minimum or no fiscal impact; and, be it

RESOLVED FURTHER, That a copy of this resolution be delivered by the Clerk of the House to the Chairman of the Board of Education and the director of the State Council of Higher Education.

HOUSE JOINT RESOLUTION NO.....

Requesting the Department of Education to work with business and industry to provide work-study and training opportunities for teenage parents and other at-risk youth.

WHEREAS, one of the most visible consequences of teenage pregnancy is the loss of productive and contributing citizens due to unfulfilled educational and occupational potential; and

WHEREAS, teenage pregnancy among students often results in the loss of an ability to obtain a high school diploma and this places the student in low-skill, low-wage jobs; and

WHEREAS, teenage fathers are also affected by premature parenthood, placing adolescent fathers into the labor force in low-prestige jobs; and

WHEREAS, the Department of Education has the educational resources and innovative capability to implement a program to offer work-study programs for teenage parents desirous of completing their high school education requirements; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Education is requested to explore and utilize its cooperative linkages with business and industry to provide work-study and training opportunities for teenage parents and other at-risk youth.

HOUSE JOINT RESOLUTION NO.....

Requesting the continuation of the joint subcommittee studying teenage pregnancy.

WHEREAS, House Joint Resolution No. 61 established a joint subcommittee to study the problem of teenage pregnancy in the Commonwealth; and

WHEREAS, the joint subcommittee, having found a need to provide accurate information regarding human sexuality and dynamics of family living, has recommended the implementation of comprehensive and sequential family life education programs in the public schools for grades K-12; and

WHEREAS, the joint subcommittee determined that there is a relationship between poverty, illiteracy and teenage pregnancy and has recommended certain programs to provide work/study training and employment opportunities for teenage parents and at-risk youth; and

WHEREAS, although the subcommittee has addressed many issues and potential solutions, no single policy or legislative proposal can provide a practical course of action to prevent future teenage pregnancies; and

WHEREAS, as a consequence, a more careful and deliberate examination of the issues is essential to fashioning other appropriate and feasible preventive

strategies; and

WHEREAS, it is the consensus of the joint subcommittee that appropriate and deliberate action be undertaken to abate this tragedy; and

WHEREAS, the joint subcommittee has determined that it lacks sufficient time to conduct a comprehensive inquiry as to teenage pregnancy's causative factors to recommend further legislative action at this time; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the joint subcommittee studying teenage pregnancy shall be continued.

As part of its deliberations, the subcommittee shall review, among other issues, the following proposals:

1. Full-time nurses in schools and school health care procedure;

2. Character education programs in grades K-12 in public schools;

3. Coordinated family planning counseling for teenagers and disadvantaged youth;

4. Establishing hot-lines for information for teenagers;

5. Advertising practices pertaining to sexual information;

6. Roles of state, municipal and community organizations in family planning education programs and services;

7. Notification requirements pertaining to abortion and

contraceptives; and

8. Counseling of teenage parents and information on child support enforcement.

The current membership of the joint subcommittee shall continue to serve.

The joint subcommittee shall complete its work no later than November 15, 1987, and thereafter submit its recommendations to the 1988 Session of the General Assembly.

The indirect costs of this study are estimated to be $13,045; the direct costs of this study shall not exceed $5,400.

APPENDIX B

TABLE 28 - TEENAGE TOTAL PREGNANCY TERMINATIONS, LIVE BIRTHS, INDUCED ABORTIONS, AND NATURAL FETAL DEATHS BY PLANNING DISTRICT AND CITY OR COUNTY OF RESIDENCE, VIRGINIA, 1985

Planning District/ City or County	Teenage Total Pregnancy Terminations				Teenage Live Births				Teenage Induced Abortions				Teenage Natural Fetal Deaths			
	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19
STATE OF VIRGINIA	19,864	660	7,366	11,838	10,496	254	3,587	6,655	8,584	384	3,524	4,676	784	22	255	507
District 1	320	3	104	213	279	2	88	189	30	1	8	21	11		8	3
Lee	81		28	53	75		23	52	2		1	1	4		4	
Scott	66		20	46	63		20	43	2			2	1			1
Wise	158	3	49	106	129	2	40	87	24	1	6	17	5		3	2
Norton	15		7	8	12		5	7	2		1	1	1		1	
District 2	361	8	141	212	306	7	124	175	28		11	17	27	1	6	20
Buchanan	90	2	41	47	79	2	37	40	4		1	3	7		3	4
Dickenson	55	1	28	26	50	1	26	23	3		1	2	2		1	1
Russell	90	4	33	53	76	3	29	44	4		3	1	10	1	1	8
Tazewell	126	1	39	86	101	1	32	68	17		6	11	8		1	7
District 3	471	6	159	306	343	3	103	237	100	3	47	50	28		9	19
Bland	12		5	7	9		3	6	2		1	1	1		1	
Carroll	67	2	17	48	41	1	8	32	21	1	8	12	5		1	4
Grayson	53	1	23	29	38	1	12	25	11		9	2	4		2	2
Smyth	95	2	34	59	69		24	45	19	2	7	10	7		3	4
Washington	86		29	57	66		22	44	16		7	9	4			4
Wythe	92		30	62	63		17	46	24		12	12	5		1	4
Bristol	40		14	26	37		12	25	3		2	1				
Galax	26	1	7	18	20	1	5	14	4		1	3	2		1	1
District 4	478	11	153	314	229	5	94	130	236	6	56	174	13		3	10
Floyd	21		6	15	14		3	11	6		3	3	1			1
Giles	37	2	11	24	30		11	19	6	2		4	1			1
Montgomery	208	5	66	137	87	3	43	41	115	2	23	90	6			6
Pulaski	127	4	65	58	76	2	34	40	46	2	28	16	5		3	2
Radford	85		5	80	22		3	19	63		2	61				
District 5	895	33	322	540	439	10	143	286	406	21	164	221	50	2	15	33
Alleghany	30		11	19	19		6	13	10		5	5	1			1
Botetourt	51		19	32	26		8	18	24		11	13	1			1
Craig	4		1	3	4		1	3								
Roanoke	178	6	67	105	68		19	49	100	6	43	51	10		5	5
Clifton Forge	13	1	3	9	9	1	2	6	3		1	2	1			1
Covington	42	1	15	26	26		7	19	15	1	8	6	1			1
Roanoke City	480	23	172	285	260	8	92	160	190	13	70	107	30	2	10	18
Salem	97	2	34	61	27	1	8	18	64	1	26	37	6			6
District 6	551	8	198	345	310	2	101	207	216	6	90	120	25		7	18
Augusta	114	2	38	74	66		14	52	45	2	24	19	3			3
Bath	15		5	10	10		4	6	4		1	3	1			1
Highland	4		2	2	2			2	1		1		1		1	
Rockbridge	42	1	17	24	28		9	19	13	1	7	5	1		1	
Rockingham	138	2	49	87	92	1	33	58	37	1	14	22	9		2	7
Buena Vista	16	1	8	7	7		3	4	9	1	5	3				
Harrisonburg	88	1	30	57	33	1	14	18	49		13	36	6		3	3
Lexington	6			6					5			5	1			1
Staunton	75	1	31	43	42		16	26	31	1	15	15	2			2
Waynesboro	53		18	35	30		8	22	22		10	12	1			1
District 7	365	5	137	223	275	4	94	177	72	1	38	33	18		5	13
Clarke	21		12	9	10		5	5	8		6	2	3		1	2
Frederick	82	3	27	52	66	3	21	42	11		4	7	5		2	3
Page	54		24	30	37		14	23	14		10	4	3			3
Shenandoah	71		21	50	59		16	43	10		5	5	2			2
Warren	76	1	26	49	55		17	38	19	1	9	9	2			2
Winchester	61	1	27	33	48	1	21	26	10		4	6	3		2	1
District 8	3,415	75	1,268	2,072	1,364	21	425	918	1,935	52	809	1,074	116	2	34	80
Arlington	331	3	110	218	144		38	106	173	3	67	103	14		5	9
Fairfax	1,598	35	628	935	544	8	171	365	1,006	26	446	534	48	1	11	36
Loudoun	208	7	86	115	81	2	26	53	119	5	56	58	8		4	4
Prince William	684	13	236	435	349	4	110	235	309	9	120	180	26		6	20
Alexandria	365	12	131	222	170	7	58	105	184	4	68	112	11	1	5	5
Fairfax City	92	2	31	59	10		6	4	82	2	25	55				
Falls Church	28	2	10	16	5		2	3	23	2	8	13				
Manassas	86	1	31	54	42		12	30	39	1	19	19	5			5
Manassas Park	23		5	18	19		2	17					4		3	1
District 9	308	7	106	195	185	2	61	122	111	5	41	65	12		4	8
Culpeper	89	1	33	55	55		19	36	32	1	14	17	2			2
Fauquier	122	5	36	81	69	2	16	51	44	3	16	25	9		4	5
Madison	30	1	9	20	22		7	15	8	1	2	5				
Orange	55		24	31	31		16	15	23		8	15	1			1
Rappahannock	12		4	8	8		3	5	4		1	3				
District 10	523	15	190	318	252	7	87	158	244	7	88	149	27	1	15	11
Albemarle	118	1	55	62	68	1	26	41	44		25	19	6		4	2
Fluvanna	38		19	19	25		12	13	11		5	6	2		2	
Greene	39	1	16	22	21	1	8	12	15		7	8	3		1	2
Louisa	59	2	14	43	45	2	9	34	10		4	6	4		1	3
Nelson	34		15	19	21		9	12	11		4	7	2		2	
Charlottesville	235	11	71	153	72	3	23	46	153	7	43	103	10	1	5	4
District 11	679	24	251	404	382	11	130	241	257	12	106	139	40	1	15	24
Amherst	101	1	31	69	52		17	35	38	1	10	27	11		4	7
Appomattox	47	2	17	28	29	1	10	18	16	1	7	8	2			2
Bedford	91	1	33	57	53	1	16	36	34		15	19	4		2	2
Campbell	128	5	54	69	86	2	29	55	35	2	23	10	7	1	2	4
Bedford City	27	1	8	18	18		7	11	7	1	1	5	2			2
Lynchburg	285	14	108	163	144	7	51	86	127	7	50	70	14		7	7

(continued)

TABLE 28 - TEENAGE TOTAL PREGNANCY TERMINATIONS, LIVE BIRTHS, INDUCED ABORTIONS, AND NATURAL FETAL DEATHS BY PLANNING DISTRICT AND CITY OR COUNTY OF RESIDENCE, VIRGINIA, 1985 (continued)

Planning District/ City or County	Teenage Total Pregnancy Terminations				Teenage Live Births				Teenage Induced Abortions				Teenage Natural Fetal Deaths			
	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19
STATE OF VIRGINIA	19,864	660	7,366	11,838	10,496	254	3,587	6,655	8,584	384	3,524	4,676	784	22	255	507
District 12	725	28	285	412	446	10	157	279	253	16	118	119	26	2	10	14
Franklin	92	1	33	58	53		16	37	35	1	16	18	4		1	3
Henry	181	6	73	102	113	1	37	75	63	5	34	24	5		2	3
Patrick	33		17	16	25		10	15	8		7	1				
Pittsylvania	210	4	67	139	125	1	36	88	78	3	29	46	7		2	5
Danville	133	13	61	59	87	7	42	38	37	5	14	18	9	1	5	3
Martinsville	76	4	34	38	43	1	16	26	32	2	18	12	1	1		
District 13	252	4	103	145	152		58	94	86	2	41	43	14	2	4	8
Brunswick	51	1	22	28	33		14	19	16		8	8	2	1		1
Halifax	82	3	32	47	45		17	28	29	2	14	13	8	1	1	6
Mecklenburg	93		40	53	64		25	39	26		12	14	3		3	
South Boston	26		9	17	10		2	8	15		7	8	1			1
District 14	278	11	100	167	174	4	63	107	95	6	34	55	9	1	3	5
Amelia	21	1	11	9	15	1	8	6	6		3	3				
Buckingham	40		15	25	31		13	18	6		1	5	3		1	2
Charlotte	45	2	14	29	30	1	11	18	13		3	10	2	1		1
Cumberland	16	1	4	11	10	1	3	6	5		1	4	1			1
Lunenburg	42	2	13	27	29		8	21	12	2	4	6	1		1	
Nottoway	42	1	19	22	20		6	14	21	1	13	7	1			1
Prince Edward	72	4	24	44	39	1	14	24	32	3	9	20	1		1	
District 15	2,628	132	1,069	1,427	1,099	37	423	639	1,454	91	621	742	75	4	25	46
Charles City Co.	15	2	10	3	7	2	5		8		5	3				
Chesterfield	539	19	230	290	181	3	70	108	345	15	157	173	13	1	3	9
Goochland	28	3	13	12	10	1	2	7	18	2	11	5				
Hanover	143	3	60	80	52	2	11	39	86	1	46	39	5		3	2
Henrico	596	18	234	344	184	4	62	118	402	13	170	219	10	1	2	7
New Kent	34	1	19	14	17	1	9	7	15		10	5	2			2
Powhatan	39	1	21	17	15	1	9	5	24		12	12				
Richmond City	1,234	85	482	667	633	23	255	355	556	60	210	286	45	2	17	26
District 16	498	14	174	310	281	6	88	187	203	8	84	111	14		2	12
Caroline	84	3	29	52	53	1	13	39	29	2	16	11	2			2
King George	31	1	11	19	22	1	7	14	9		4	5				
Spotsylvania	108	2	35	71	77	1	21	55	27	1	12	14	4		2	2
Stafford	139	3	50	86	80	2	26	52	55	1	24	30	4			4
Fredericksburg	136	5	49	82	49	1	21	27	83	4	28	51	4			4
District 17	124	2	46	76	77	1	30	46	46	1	16	29	1			1
Lancaster	27	1	11	15	14		6	8	13	1	5	7				
Northumberland	24	1	9	14	15	1	5	9	9		4	5				
Richmond	24		9	15	14		5	9	10		4	6				
Westmoreland	49		17	32	34		14	20	14		3	11	1			1
District 18	190	6	73	111	108	4	34	70	79	2	39	38	3			3
Essex	27	1	11	15	10		4	6	17	1	7	9				
Gloucester	74	1	27	46	50	1	17	32	22		10	12	2			2
King and Queen	21	2	8	11	14	2	5	7	7		3	4				
King William	33		16	17	15		4	11	18		12	6				
Mathews	12		4	8	5		1	4	7		3	4				
Middlesex	23	2	7	14	14	1	3	10	8	1	4	3	1			1
District 19	812	45	338	429	458	17	189	252	318	28	131	159	36		18	18
Dinwiddie	68	2	20	46	43	1	13	29	18	1	6	11	7		1	6
Greensville	47	3	23	21	24	1	9	14	21	2	13	6	2		1	1
Prince George	74	3	30	41	40	1	15	24	33	2	14	17	1		1	
Surry	23		9	14	12		4	8	10		4	6	1		1	
Sussex	49	2	26	21	33		18	15	14	2	7	5	2		1	1
Colonial Heights	61	2	27	32	24		9	15	34	2	17	15	3		1	2
Emporia	19	2	9	8	10	2	2	6	4		3	1	5		4	1
Hopewell	155	10	68	77	90	3	38	49	64	7	29	28	1		1	
Petersburg	316	21	126	169	182	9	81	92	120	12	38	70	14		7	7
District 20	4,213	142	1,514	2,557	2,379	65	793	1,521	1,669	73	675	921	165	4	46	115
Isle of Wight	74	5	18	51	48		12	36	22	5	5	12	4		1	3
Southampton	43	4	15	24	30	2	11	17	13	2	4	7				
Chesapeake	617	22	235	360	339	11	116	212	252	11	109	132	26		10	16
Franklin City	43	1	22	20	24		13	11	19	1	9	9				
Norfolk	1,502	50	494	958	955	23	307	625	477	23	165	289	70	4	22	44
Portsmouth	586	24	226	336	374	15	141	218	188	9	80	99	24		5	19
Suffolk	204	8	86	110	129	4	49	76	66	4	36	26	9		1	8
Virginia Beach	1,144	28	418	698	480	10	144	326	632	18	267	347	32		7	25
District 21	1,561	66	554	941	800	24	249	527	703	40	286	377	58	2	19	37
James City Co.	52	1	15	36	41	1	11	29	11		4	7				
York	81	3	27	51	38		11	27	42	3	15	24	1		1	
Hampton	569	23	196	350	281	10	86	185	264	13	103	148	24		7	17
Newport News	721	32	261	428	398	13	123	262	296	18	129	149	27	1	9	17
Poquoson	31	2	14	15	9		2	7	21	2	12	7	1			1
Williamsburg	107	5	41	61	33		16	17	69	4	23	42	5	1	2	2
District 22	211	15	78	118	158	12	53	93	37	3	18	16	16		7	9
Accomack	158	11	60	87	117	9	42	66	29	2	14	13	12		4	8
Northampton	53	4	18	31	41	3	11	27	8	1	4	3	4		3	1
Unknown	6		3	3					6		3	3				

TEENAGE FEMALE POPULATION AND TEENAGE PREGNANCY TERMINATIONS BY AGE GROUP
WITH RATES BY PLANNING DISTRICT AND CITY OR COUNTY OF RESIDENCE
VIRGINIA, 1985

PLANNING DISTRICT/ CITY OR COUNTY	TEENAGE FEMALE POPULATION			TEENAGE PREGNANCY TERMINATIONS			TEENAGE PREGNANCY RATE PER 1,000 FEMALES	
	TOTAL	AGED 10-14	AGED 15-19	TOTAL	AGED 10-14	AGED 15-19	AGED 10-14	AGED 15-19
STATE OF VIRGINIA	435,104	202,887	232,217	19,864	660	19,204	3.3	82.7
DISTRICT 1	8,464	4,227	4,237	320	3	317	0.7	74.8
Lee	2,321	1,184	1,137	81	0	81	0.0	71.2
Scott	1,898	962	936	66	0	66	0.0	70.5
Wise	3,833	1,885	1,948	158	3	155	1.6	79.6
Norton	412	196	216	15	0	15	0.0	69.4
DISTRICT 2	12,231	5,947	6,284	361	8	353	1.3	56.2
Buchanan	3,528	1,717	1,811	90	2	88	1.2	48.6
Dickenson	1,778	862	916	55	1	54	1.2	59.0
Russell	2,650	1,309	1,341	90	4	86	3.1	64.1
Tazewell	4,275	2,059	2,216	126	1	125	0.5	56.4
DISTRICT 3	14,184	6,532	7,652	471	6	465	0.9	60.8
Bland	450	213	237	12	0	12	0.0	50.6
Carroll	2,067	1,028	1,039	67	2	65	1.9	62.6
Grayson	1,242	533	709	53	1	52	1.9	73.3
Smyth	2,644	1,174	1,470	95	2	93	1.7	63.3
Washington	3,813	1,733	2,080	86	0	86	0.0	41.3
Wythe	2,057	1,033	1,024	92	0	92	0.0	89.8
Bristol	1,458	618	840	40	0	40	0.0	47.6
Galax	453	200	253	26	1	25	5.0	98.8
DISTRICT 4	12,386	4,273	8,113	478	11	467	2.6	57.6
Floyd	871	448	423	21	0	21	0.0	49.6
Giles	1,367	692	675	37	2	35	2.9	51.9
Montgomery	5,424	1,533	3,891	208	5	203	3.3	52.2
Pulaski	2,742	1,280	1,462	127	4	123	3.1	84.1
Radford	1,982	320	1,662	85	0	85	0.0	51.1
DISTRICT 5	18,642	8,557	10,085	895	33	862	3.9	85.5
Alleghany	1,146	536	610	30	0	30	0.0	49.2
Botetourt	1,819	863	956	51	0	51	0.0	53.3
Craig	311	144	167	4	0	4	0.0	24.0
Roanoke	5,836	2,644	3,192	178	6	172	2.3	53.9
Clifton Forge	338	170	168	13	1	12	5.9	71.4
Covington	575	270	305	42	1	41	3.7	134.4
Roanoke City	6,829	3,207	3,622	480	23	457	7.2	126.2
Salem	1,788	723	1,065	97	2	95	2.8	89.2
DISTRICT 6	16,960	7,033	9,927	551	8	543	1.1	54.7
Augusta	3,868	1,799	2,069	114	2	112	1.1	54.1
Bath	397	203	194	15	0	15	0.0	77.3
Highland	187	103	84	4	0	4	0.0	47.6
Rockbridge	1,388	692	696	42	1	41	1.4	58.9
Rockingham	4,172	1,897	2,275	138	2	136	1.1	59.8
Buena Vista	682	268	414	16	1	15	3.7	36.2
Harrisonburg	2,827	622	2,205	88	1	87	1.6	39.5
Lexington	261	119	142	6	0	6	0.0	42.3
Staunton	1,839	723	1,116	75	1	74	1.4	66.3
Waynesboro	1,339	607	732	53	0	53	0.0	72.4
DISTRICT 7	10,561	5,039	5,522	365	5	360	1.0	65.2
Clarke	769	384	385	21	0	21	0.0	54.5
Frederick	2,959	1,454	1,505	82	3	79	2.1	52.5
Page	1,521	743	778	54	0	54	0.0	69.4
Shenandoah	2,106	1,012	1,094	71	0	71	0.0	64.9
Warren	1,720	807	913	76	1	75	1.2	82.1
Winchester	1,486	639	847	61	1	60	1.6	70.8
DISTRICT 8	84,541	42,221	42,320	3,415	75	3,340	1.8	78.9
Arlington	6,674	2,996	3,678	331	3	328	1.0	89.2
Fairfax	49,246	24,835	24,411	1,598	35	1,563	1.4	64.0
Loudoun	5,343	2,666	2,677	208	7	201	2.6	75.1
Prince William	14,196	7,400	6,796	684	13	671	1.8	98.7
Alexandria	5,128	2,408	2,720	365	12	353	5.0	129.8
Fairfax City	1,415	651	764	92	2	90	3.1	117.8
Falls Church	449	203	246	28	2	26	9.9	105.7
Manassas	1,388	716	672	86	1	85	1.4	126.5
Manassas Park	702	346	356	23	0	23	0.0	64.6

TEENAGE FEMALE POPULATION AND TEENAGE PREGNANCY TERMINATIONS BY AGE GROUP
WITH RATES BY PLANNING DISTRICT AND CITY OR COUNTY OF RESIDENCE
VIRGINIA, 1985

PLANNING DISTRICT/ CITY OR COUNTY	TEENAGE FEMALE POPULATION			TEENAGE PREGNANCY TERMINATIONS			TEENAGE PREGNANCY RATE PER 1,000 FEMALES	
	TOTAL	AGED 10-14	AGED 15-19	TOTAL	AGED 10-14	AGED 15-19	AGED 10-14	AGED 15-19
STATE OF VIRGINIA	435,104	202,887	232,217	19,864	660	19,204	3.3	82.7
DISTRICT 9	7,810	3,795	4,015	308	7	301	1.8	75.0
Culpeper	1,887	958	929	89	1	88	1.0	94.7
Fauquier	3,165	1,504	1,661	122	5	117	3.3	70.4
Madison	854	412	442	30	1	29	2.4	65.6
Orange	1,469	704	765	55	0	55	0.0	71.9
Rappahannock	435	217	218	12	0	12	0.0	55.0
DISTRICT 10	12,560	4,958	7,602	523	15	508	3.0	66.8
Albemarle	5,655	1,902	3,753	118	1	117	0.5	31.2
Fluvanna	888	432	456	38	0	38	0.0	83.3
Greene	671	335	336	39	1	38	3.0	113.1
Louisa	1,541	703	838	59	2	57	2.8	68.0
Nelson	977	464	513	34	0	34	0.0	66.3
Charlottesville	2,828	1,122	1,706	235	11	224	9.8	131.3
DISTRICT 11	16,809	7,218	9,591	679	24	655	3.3	68.3
Amherst	2,629	1,067	1,562	101	1	100	0.9	64.0
Appomattox	1,012	449	563	47	2	45	4.5	79.9
Bedford	3,023	1,456	1,567	91	1	90	0.7	57.4
Campbell	3,922	1,873	2,049	128	5	123	2.7	60.0
Bedford City	380	195	185	27	1	26	5.1	140.5
Lynchburg	5,843	2,178	3,665	285	14	271	6.4	73.9
DISTRICT 12	18,997	8,806	10,191	725	28	697	3.2	68.4
Franklin	3,103	1,387	1,716	92	1	91	0.7	53.0
Henry	4,651	2,178	2,473	181	6	175	2.8	70.8
Patrick	1,325	644	681	33	0	33	0.0	48.5
Pittsylvania	5,394	2,516	2,878	210	4	206	1.6	71.6
Danville	3,217	1,464	1,753	133	13	120	8.9	68.5
Martinsville	1,307	617	690	76	4	72	6.5	104.3
DISTRICT 13	6,577	3,105	3,472	252	4	248	1.3	71.4
Brunswick	1,341	574	767	51	1	50	1.7	65.2
Halifax	2,470	1,177	1,293	82	3	79	2.5	61.1
Mecklenburg	2,211	1,088	1,123	93	0	93	0.0	82.8
South Boston	555	266	289	26	0	26	0.0	90.0
DISTRICT 14	7,336	3,149	4,187	278	11	267	3.5	63.8
Amelia	718	345	373	21	1	20	2.9	53.6
Buckingham	990	471	519	40	0	40	0.0	77.1
Charlotte	925	466	459	45	2	43	4.3	93.7
Cumberland	728	354	374	16	1	15	2.8	40.1
Lunenburg	971	454	517	42	2	40	4.4	77.4
Nottoway	1,045	510	535	42	1	41	2.0	76.6
Prince Edward	1,959	549	1,410	72	4	68	7.3	48.2
DISTRICT 15	50,569	23,464	27,105	2,628	132	2,496	5.6	92.1
Charles City Co.	598	268	330	15	2	13	7.5	39.4
Chesterfield	14,550	6,973	7,577	539	19	520	2.7	68.6
Goochland	920	451	469	28	3	25	6.7	53.3
Hanover	4,395	2,084	2,311	143	3	140	1.4	60.6
Henrico	13,097	6,255	6,842	596	18	578	2.9	84.5
New Kent	770	400	370	34	1	33	2.5	89.2
Powhatan	1,075	540	535	39	1	38	1.9	71.0
Richmond City	15,164	6,493	8,671	1,234	85	1,149	13.1	132.5
DISTRICT 16	12,460	5,783	6,677	498	14	484	2.4	72.5
Caroline	1,619	770	849	84	3	81	3.9	95.4
King George	991	504	487	31	1	30	2.0	61.6
Spotsylvania	3,439	1,768	1,671	108	2	106	1.1	63.4
Stafford	4,200	2,183	2,017	139	3	136	1.4	67.4
Fredericksburg	2,211	558	1,653	136	5	131	9.0	79.3
DISTRICT 17	2,947	1,397	1,550	124	2	122	1.4	78.7
Lancaster	694	320	374	27	1	26	3.1	69.5
Northumberland	654	306	348	24	1	23	3.3	66.1
Richmond	520	257	263	24	0	24	0.0	91.3
Westmoreland	1,079	514	565	49	0	49	0.0	86.7

TEENAGE FEMALE POPULATION AND TEENAGE PREGNANCY TERMINATIONS BY AGE GROUP
WITH RATES BY PLANNING DISTRICT AND CITY OR COUNTY OF RESIDENCE
VIRGINIA, 1985

PLANNING DISTRICT/ CITY OR COUNTY	TEENAGE FEMALE POPULATION			TEENAGE PREGNANCY TERMINATIONS			TEENAGE PREGNANCY RATE PER 1,000 FEMALES	
	TOTAL	AGED 10-14	AGED 15-19	TOTAL	AGED 10-14	AGED 15-19	AGED 10-14	AGED 15-19
STATE OF VIRGINIA	435,104	202,887	232,217	19,864	660	19,204	3.3	82.7
DISTRICT 18	5,008	2,455	2,553	190	6	184	2.4	72.1
Essex	718	345	373	27	1	26	2.9	69.7
Gloucester	1,877	955	922	74	1	73	1.0	79.2
King and Queen	466	234	232	21	2	19	8.5	81.9
King William	807	400	407	33	0	33	0.0	81.1
Mathews	576	263	313	12	0	12	0.0	38.3
Middlesex	564	258	306	23	2	21	7.8	68.6
DISTRICT 19	13,066	6,110	6,956	812	45	767	7.4	110.3
Dinwiddie	1,894	865	1,029	68	2	66	2.3	64.1
Greensville	988	476	512	47	3	44	6.3	85.9
Prince George	2,263	1,042	1,221	74	3	71	2.9	58.1
Surry	518	234	284	23	0	23	0.0	81.0
Sussex	865	417	448	49	2	47	4.8	104.9
Colonial Heights	1,305	567	738	61	2	59	3.5	79.9
Emporia	302	142	160	19	2	17	14.1	106.3
Hopewell	1,797	872	925	155	10	145	11.5	156.8
Petersburg	3,134	1,495	1,639	316	21	295	14.0	180.0
DISTRICT 20	70,034	33,936	36,098	4,213	142	4,071	4.2	112.8
Isle of Wight	1,856	897	959	74	5	69	5.6	71.9
Southampton	1,373	664	709	43	4	39	6.0	55.0
Chesapeake	10,635	5,255	5,380	617	22	595	4.2	110.6
Franklin City	641	297	344	43	1	42	3.4	122.1
Norfolk	18,799	8,541	10,258	1,502	50	1,452	5.9	141.5
Portsmouth	8,408	4,204	4,204	586	24	562	5.7	133.7
Suffolk	4,203	1,999	2,204	204	8	196	4.0	88.9
Virginia Beach	24,119	12,079	12,040	1,144	28	1,116	2.3	92.7
DISTRICT 21	29,465	13,173	16,292	1,561	66	1,495	5.0	91.8
James City Co.	2,068	985	1,083	52	1	51	1.0	47.1
York	3,421	1,704	1,717	81	3	78	1.8	45.4
Hampton	10,200	4,513	5,687	569	23	546	5.1	96.0
Newport News	11,412	5,407	6,005	721	32	689	5.9	114.7
Poquoson	915	433	482	31	2	29	4.6	60.2
Williamsburg	1,449	131	1,318	107	5	102	38.2	77.4
DISTRICT 22	3,497	1,709	1,788	211	15	196	8.8	109.6
Accomack	2,331	1,140	1,191	158	11	147	9.6	123.4
Northampton	1,166	569	597	53	4	49	7.0	82.1
Unknown	0	0	0	6	0	6		

Source: State Department of Health, 1986.

Note: *Rates are based on population estimates.

APPENDIX C

GENERAL ASSEMBLY OF VIRGINIA -- 1986 SESSION

HOUSE JOINT RESOLUTION NO. 61

Requesting the House Committees on Education and on Health, Welfare and Institutions and the Senate Committees on Education and Health and on Rehabilitation and Soci Services to study the problem of teenage pregnancy in the Commonwealth.

Agreed to by the House of Delegates, February 10, 1986
Agreed to by the Senate, February 28, 1986

WHEREAS, teenage pregnancy is a chronic problem of national magnitude, threatening the social fabric and burdening the health care industry and financial structure of society; and

WHEREAS, one-half of the $170,728,946 expended by the Aid to Dependent Children program in Virginia during the last fiscal year went to families headed by mothers who had their first children as unmarried teenagers; and

WHEREAS, teenage pregnancy rates in the United States were determined to be seven times higher than those found in European countries with comparable rates of teenage sexual activity; and

WHEREAS, it is estimated that four out of every ten fourteen-year-old girls in the United States will become pregnant before the age of twenty; and

WHEREAS, in 1984 there were 10,444 live births, 8,687 induced abortions and 741 natural fetal deaths attributed to women age seventeen and under in Virginia; and

WHEREAS, the rate of teenage pregnancy in Virginia places the state among states with the highest rates of teenage pregnancy; and

WHEREAS, less than half the school divisions in Virginia offer programs of family life education; and

WHEREAS, teenage pregnancy is one of the leading causes of infant mortality because very young mothers are more likely to have a poor pregnancy outcome such as premature birth, preterm birth or a low birth weight baby; and

WHEREAS, Virginia's rate of infant mortality ranks among the highest in the counti and

WHEREAS, teenagers who have their education interrupted by a pregnancy usually never complete their education, frequently lack job skills and employment opportunities and often become financially dependent upon public social and health programs; and

WHEREAS, many states are studying this issue, including a new Wisconsin statute which places financial responsibility for the children of teenage parents upon the grandparents until the teenage parents reach the age of majority; and

WHEREAS, urgent steps are necessary to prevent teenage pregnancies in order to provide our young people with futures full of opportunities; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the House Committees on Education and on Health, Welfare and Institutions and the Senate Committees on Education and Health and on Rehabilitation and Social Services are requested to establish a joint subcommittee to study the problem of teenage pregnancy in the Commonwealth and to develop recommendations to reduce the incidence of teenage pregnancy through means such as, but not limited to, education, service delivery and financial responsibility.

The joint subcommittee shall consist of six members, two members each of the House Committees on Education and on Health, Welfare and Institutions to be appointed by the Speaker of the House and one member each of the Senate Committees on Education and Health and on Rehabilitation and Social Services to be appointed by the Senate Committee on Privileges and Elections.

The joint subcommittee shall complete its work prior to November 15, 1986.

The direct and indirect costs of this study are estimated to be $14,970.