

**The Education and Empowerment of Pregnant and Parenting Students
in Los Angeles Unified School District**

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Executive Summary

Although teen pregnancy has declined dramatically in California and the United States in the last two decades, it remains an issue associated with poor educational, social, health, and economic circumstances for young women and society. While public schools take some measures to reduce unintended pregnancy through sex education and health programs, they must also fulfill their obligation to educate pregnant and parenting students. Schools frequently exclude pregnant and parenting students from school activities, remove them to alternative school settings, or expel them, despite federal Title IX laws that are designed to prevent this gender-based discrimination. This is a study of the education and empowerment of pregnant and parenting students in Los Angeles Unified School District (LAUSD). It focuses on how the district complies with Title IX regulations that protect the right of pregnant and parenting students to choose their education and receive an education of equal quality without discrimination. It also assesses the resources and programs that support these youth to help them lead healthy, productive lives as parents and complete their secondary education. Through surveys of pregnant and parenting students at pregnant minor schools and interviews with LAUSD staff who work with this population, I uncovered a few violations of Title IX, and also several possibilities for improvement to ensure the agency of teen mothers. These include increasing awareness and compliance review of their rights, better coordination and augmentation of services, and expansion of curriculum, as well as the expansion of preventive measures in public schools to reduce unintended pregnancy rates. These students, who are often neglected by the educational system, deserve the attention of additional research and improved services and schooling to make successful lives for them and their children possible.

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Introduction

Teen pregnancy is a major issue in the United States with political, societal, educational, and health-related implications. Although teens in the United States give birth at a higher rate than those in other industrialized nations, the teen birth rate in the U.S. has declined for two decades. Programs like sex education in public schools focus on preventing teen pregnancies, but many students become parents, and schools have an obligation to serve these students. Title IX legislation requires that public schools prevent discrimination against pregnant and parenting students, mandating that they provide equal education and options to these students. In Los Angeles Unified School District (LAUSD), pregnant and parenting students have the option to remain in their current school or to transfer to a pregnant minor school site; they also have access to a few support services. My research asks the question of how LAUSD meets its Title IX requirements for pregnant and parenting students to both preserve their freedom to choose their educational program and maintain the quality of education while preventing discrimination and exclusion. Additionally, I have asked what resources LAUSD provides pregnant and parenting students to support them in their distinct educational process, through a transitional period as youth, and to help them stay in school. Together these elements will demonstrate whether pregnant and parenting students receive the education and support they need to become empowered, educated, and active members of society.

In spite of extensive research on sex education and teen pregnancy, research on the education of teen mothers is conspicuously scarce (Pillow 60). In light of the protections provided by Title IX, the extent to which LAUSD adheres to Title IX in policy and implementation remains to be discovered. The assurance of Title IX rights for pregnant and parenting teens is important because it has repercussions for the health, education, and welfare

of thousands of young women across the U.S. and hundreds in Los Angeles. Federally mandated protection from gender-based discrimination may not protect pregnant and parenting young women without adequate attempts to assess the implementation of this law and sufficient educational and support programs to fulfill these rights. Furthermore, the provision of an adequate education, in addition to support services, for young mothers promises that more adolescent mothers graduate from high school, with the opportunity to continue through postsecondary education and find gainful employment. The whole country can benefit when young women who become mothers also become productive members of society through education and employment. Additionally, as Karyn Brownson noted, an investment in pregnant and parenting youth serves the next generation as well by giving their children greater opportunity. Public school districts like LAUSD have a responsibility to educate and support pregnant and parenting teens; we have a responsibility to hold them accountable to this task.

As the daughter of a gynecologist and obstetrician, who in fact delivered me in a emergency birth, I grew up spending Sundays in the labor and delivery ward of a hospital in Washington State as my dad did his rounds. I watched my first birth when I was twelve years old. I never wanted to be a doctor, so I did not expect to find my interests leading me to the intersection of gender, healthcare, and education. Yet a glance at my resume or the papers I have written at Occidental College reveals that my interests lie there. This research allowed me to explore these topics firsthand. I am passionate about social justice and the opportunity of education, so the following paper is one I hope will inspire change within the system I dissect and analyze.

First, I will explain my methodology, including surveys of pregnant and parenting students who attend pregnant minor school sites and interviews with staff who work with these

students. I will examine the conditions of teen parenthood in the United States, as well as the causes and effects of teen pregnancy, with a critical look at how research and advocacy efforts approach teen pregnancy. I will address the role of public schools in both preventing teen parenthood through sex education programs and protecting the right to education for pregnant teens through Title IX. Then I will focus on the case study I conducted of LAUSD. I will explore the conditions of teen pregnancy and parenthood in California and Los Angeles before addressing preventive programs in LAUSD. I will then review the support programs and educational options available to pregnant and parenting students in LAUSD. I will address the issues of Title IX and services using my survey results. Finally, I will provide my recommendations, methodological observations, and conclusions.

Methods

I surveyed female students who are currently pregnant or raising their own child or children at pregnant minor school sites, schools exclusively for pregnant and parenting female students in LAUSD. I investigated students' opinions and experiences at these school settings. The survey asked whether their choices to remain at their regular school or transfer to a school for pregnant and parenting teens were made voluntarily and with a full understanding of their educational options. The survey also asked if these students experienced any discrimination or exclusion from school programs after becoming pregnant. To determine the level of support LAUSD extends to pregnant and parenting students, the survey included questions to ascertain these students' access to support services, such as in-school clinics, counseling, childcare, and other programs.

I also interviewed select staff involved in the administration, support, or policymaking of programs and courses for pregnant and parenting teens. These interviews helped me fully

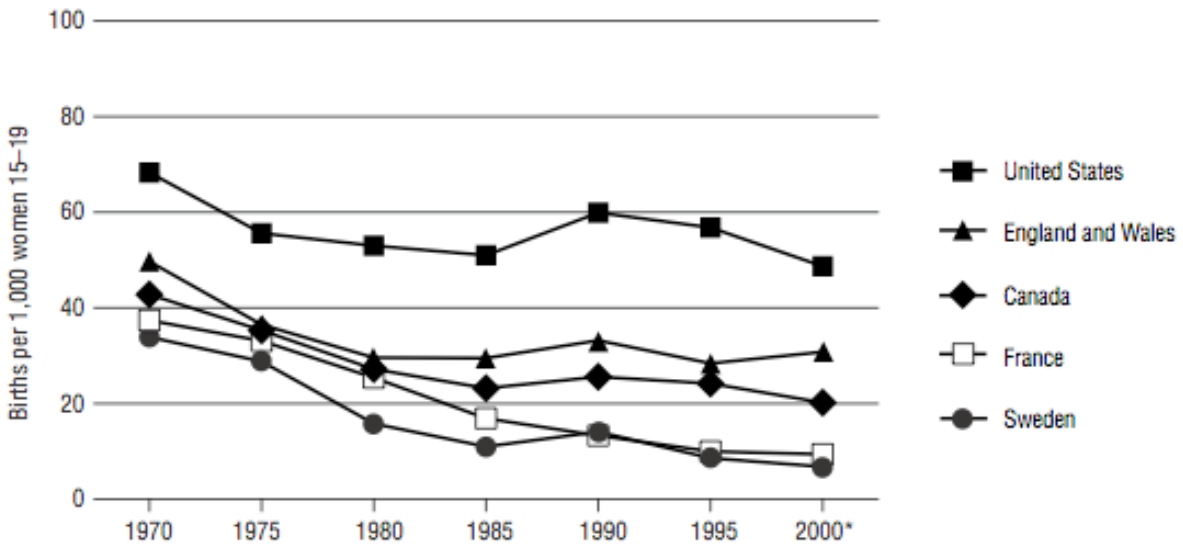
understand the landscape of programs for pregnant and parenting students in LAUSD, including pregnant minor school sites, infant centers, and any other counseling or health services. LAUSD employees influenced my recommendations as well because they recognized some of the most effective methods of improving educational equity and the support system for pregnant and parenting students.

Note: This study is limited in scope in that survey participants do not include students at regular high schools or those who have dropped out of school. Though I will be able to measure the fulfillment of Title IX rights and the accessibility of appropriate resources for students at pregnant minor school sites, I will not be able to assess the extent to which other pregnant and parenting students' rights are upheld. This is a serious limitation given that any students who may have been pressured to leave school will not be included in the study.

Teen Parenthood in the United States

Although the teen birth rate in the United States has generally declined since its peak in 1991, except a brief two-year increase from 2005 to 2007, the rate in the United States remains among the highest in the developed world at 34.3 per 1000 among girls age 15-19 in 2010 (Hamilton, Martin and Ventura 2; See Figures 1 and 2). The main cause of the elevated teen birth rate in the United States is the low rate of contraceptive use, although other factors such as increased sexual activity among teens and lower abortion rates may also play a role (Bennet and Assefi 72). Correspondingly, the decrease in teen parenthood over the last two decades can be largely attributed to increased contraceptive use (Santelli et al. 154). Higher birth rates prevail among teens of low-income, noncentral urban residence, and nonintact families (Kohler, Manhart, and Lafferty 348). In addition, teenage birth rates are highest in southern states (Mathews et. al. 1; See Figure 3).

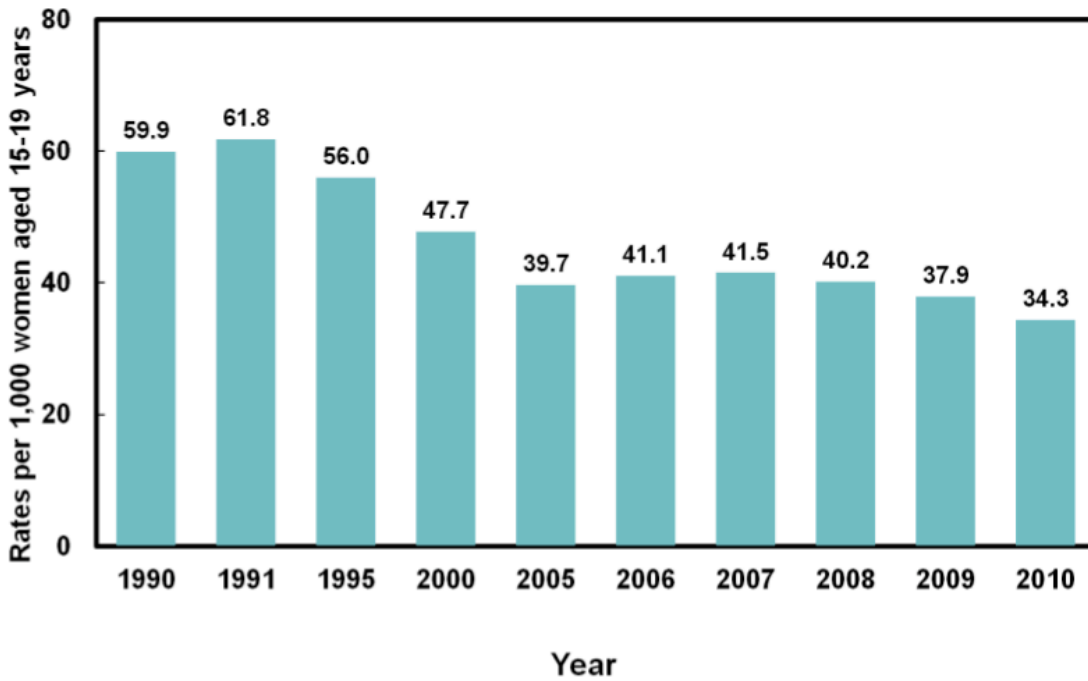
Figure 1: Teenage Birth Rates in the United States and Other Developed Countries, 1970-2000



*Data are for 1997 in Canada, 1998 in France and 1999 in England, Wales and Sweden.

Source: “Can More Progress Be Made? Teenage Sexual and Reproductive Behavior in Developed Countries.” *The Alan Guttmacher Institute*.

Figure 2: Birth Rates for Teenagers 15-19 Years: United States

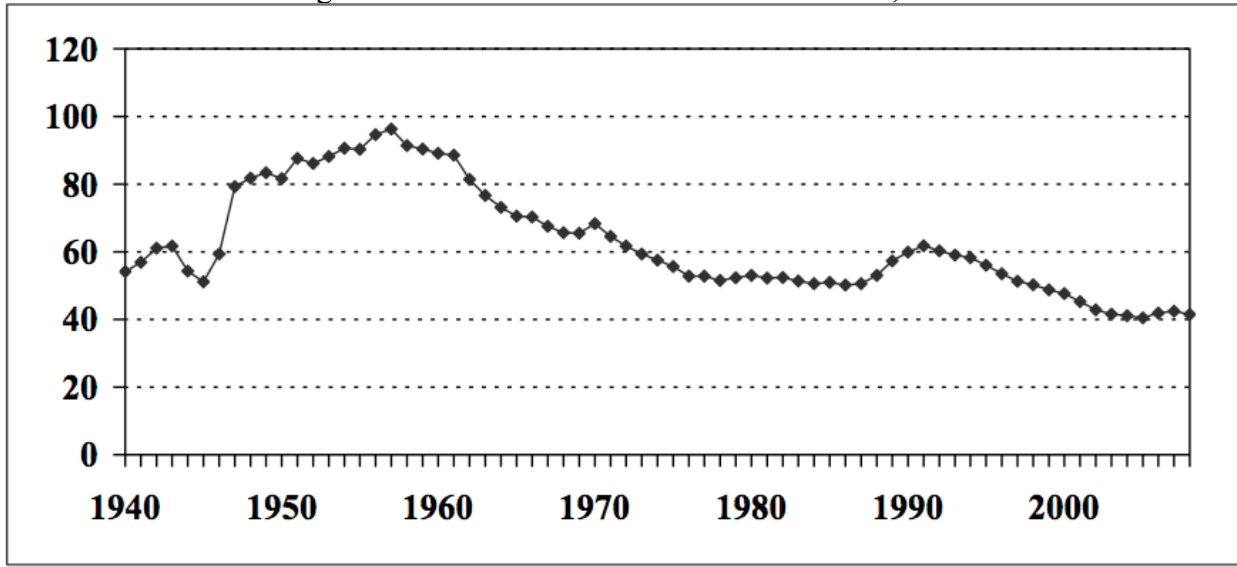


Source: Hamilton, Brady E., Joyce A. Martin, Stephanie J. Ventura, “Births: Preliminary Data for 2010.” *National Vital Statistics Reports*. 60.2 (November 2011). <<http://www.cdc.gov/nchs/>>.

because scholars assume teen pregnancy will lead to certain economic, educational, and health consequences without considering the benefits it might impart to teen mothers. Additionally, until recently, most studies failed to recognize teen pregnancy as a symptom of more profound problems like poverty and inequitable access to health care (Fuentes, Flores, and Gonzalez-Rojas).

It is also important to recognize teen pregnancy as an issue within the historical and social context of the changing roles of women and the family since the social transformations brought by the second wave of feminism in the 1960s and 1970s. Since then, more women have pursued higher education and have worked outside the home (Bierema 54 and Heward 12). Women of the later twentieth century and early twenty-first century tend to marry and reproduce later in life in comparison with women in the former half of the twentieth century (Goodwin, McGill, and Chandra; Matthews and Hamilton). Earlier in the twentieth century, teen pregnancy was actually more common (See Figure 2), but it was not perceived as such a problem when the expectations of women amounted to marriage and reproduction, with less value placed on their educational achievement (“Teen Birth Rates, 1940-2008”). In 1989, Jencks noted that “middle class Americans find unwed motherhood even more disturbing than teen motherhood” for reasons of religious beliefs, unmet expectations of fathers, convictions about two-parent households, and “anger at women who think of public assistance as their God-given right” (Jencks 22).

Figure 4: Teen Birth Rates in the United States, 1940-2008



Source: “Teen Birth Rates in the United States, 1940-2008,” *The National Campaign*.

A number of gender and racial biases are at play in the research of teen parenthood. These circumstances confront notions of marriage, which has declined somewhat in its occurrence but little in its cultural relevance, leading to the judgment of young pregnant girls who remain single. Studies of teen pregnancy have focused on the pregnant and mothering women involved, rather than the men who impregnated these women and who, actively or not, father the children. Furthermore, the stigmatization of young motherhood relies on racial prejudices of irresponsibility and sexuality (Fuentes, Flores, and Gonzalez-Rojas 6). Increasing criticism of welfare after its expansion in President Johnson’s Great Society legislation of the 1960s may have also contributed to the negative view of teen pregnancy as portrayals of welfare recipients as leeches relying on public benefits spread through the national consciousness. In 1989, one scholar even classified teen pregnancy as a symptom of “a criminal and a reproductive underclass” (Jencks 14). Although teen pregnancy has declined over the past century in the United States, the expectations and realities of women have altered dramatically, with the result that teen pregnancy seems like a phenomenon—and cultural ill—of the last forty years.

The effects of teen pregnancy

In the 1970s, academics began to produce studies demonstrating the negative consequences of childbearing during teen years, linking teen motherhood to diminished educational attainment, lower earning power, lower participation in the workforce, and poorer health outcomes of children. Moore and Waite found that beginning motherhood at an earlier age led directly to the completion of fewer years of education for teenage women and that young mothers were unable to recover these lost years of schooling (Moore and Waite 221-223). They ascribe the lower educational attainment of young mothers to the need to work in order to support the child and pressures to take care of the child full-time (Moore and Waite 225). Dillard and Pol identified “hidden costs” associated with childbearing at a young age, such as loss of education and subsequently lower income that affect mothers long after their teen years (Dillard and Pol 255-258). They did note, however, that, “the importance of personal fulfillment and the many satisfactions of raising children are of equal magnitude” (Dillard and Pol 258). Teen mothers represent a disproportionate number of welfare recipients; An, Haveman, and Wolfe noted the \$20 billion annual cost of food stamps, Aid to Families with Dependent Children (AFDC), and Medicaid to current or past teen mothers (An, Haveman, and Wolfe 195). Mounting evidence pointed to serious personal and societal costs to teenage pregnancy.

Yet further investigation, with greater efforts to distinguish pre-existing conditions of teenage motherhood from the effects of childbearing at a young age, has tempered the dire appraisals of the effects of teen parenting. Studies of sisters who gave birth at different ages attempted to account for factors of socioeconomic and family background that could contribute to educational and occupational outcomes for which teen pregnancy may have been given too much credit (Geronimus and Korenman). Their wide range of results failed to disprove the

popular hypothesis that teen pregnancy led to socioeconomic costs, but significantly reconsidered the possibility that the social conditions from which teen parents arise affect educational and economic costs, perhaps to a greater extent than the causal effect of early parenthood itself (Geronimus and Korenman). Other studies attempted to use teen pregnancies that resulted in live births and those that ended in miscarriage as a way to isolate the effect of teenage childbearing on socioeconomic outcomes (Hotz, McElroy, and Sanders). The mixed results of these efforts have inspired continued research to establish whether teenage childbearing generates socioeconomic problems for teen mothers, or whether the negative effects observed arise from the conditions of disadvantage these women experience before pregnancy and birth. Teen mothers are more likely to come from single-parent households, neighborhoods with high unemployment, and schools with lower expectations of “going to college or earning a middle-class income” (Lee 709).

More recently, scholars have acknowledged the many factors that contribute to socioeconomic and educational outcomes among teen mothers, but maintain that teenage childbearing leads to their lower educational attainment, especially in post-secondary education (Hofferth, Reid, and Mott). Using the most advanced methods to isolate the effect of parenthood, scholars still find “modest but significant negative effects” of teenage childbearing on various socioeconomic outcomes, including reduced labor market participation and educational attainment and increased likelihood of welfare receipt (Lee 717). Even if teen pregnancy itself does not have a causal effect on such life outcomes as reduced educational attainment, it remains that teen parents tend to complete fewer years of school: a 2010 study found that 51 percent of women who gave birth as a teenager earned a diploma by age 22, as compared with 89 percent of those who did not give birth during this period of their lives (Perper, Petersen, and Manlove). In

a 2003 study, scholars established that adolescent mothers in California graduate at a rate of 30 percent, lower than the average for the state (Berglas, Brindis and Cohen). Based on Maynard and Hoffman's methodology, the Public Health Institute in California reported in 2010 that the annual cost to taxpayers for teen births was nine billion dollars; the societal cost it reported was 36 billion dollars (Constantine et. al).

It is also important to recognize the psychological and health-related effects of teen pregnancy. Although teen mothers have been found to have higher levels of psychological distress, such as clinical depression, their distress preceded their pregnancy and continued after childbirth (Molborn and Morningstar). This further discredits the notion that the distress caused by the disruption of pregnancy in a teenager's life leads to academic failure (Molborn and Morningstar). Infants of teen mothers are at greater risk of pre-term delivery, low birth weight, and neonatal mortality than infants of older mothers; this discrepancy exists even among white, educated mothers who had prenatal care and avoided alcohol and smoking during pregnancy, indicating a greater likelihood that births among such young women are inherently more dangerous to infants (Chen et al. 371). The substandard personal conditions of health, wellbeing, education, and socioeconomic security, as well as the broader social effects, that follow teen pregnancy are well established; scholars continue to debate whether their cause can be attributed purely to the teen pregnancy, or whether intervening factors would have brought about such circumstances regardless of teen birth. It is likely a combination of these factors. Together, these trends present a dismal portrait of teen pregnancy in the United States.

Teen pregnancy is associated with a number of negative life outcomes; whether pregnancy is the cause or just another consequence of poverty continues to be debated. Nonetheless, in order to avoid judgment and applying my own preconceptions, for this project I

will not treat teen pregnancy and parenthood as a problem in itself. Instead I will approach teen pregnancy and parenthood as a condition that exacts challenges upon young women's lives. We must address these challenges to ensure the health, wellbeing and success of teen parents. Next I will address efforts to reduce unplanned teen pregnancy and then I will explore the attempts to protect teen mothers' access to education through both law and programs. It is likely that a net effect of becoming a parent as a teen produces undesirable personal and societal circumstances; therefore, both public and private efforts have made it their goal to reduce teen pregnancy, with public schools playing a special and essential role. One of the most common strategies utilized by campaigns to reduce pregnancy and childbearing among youth is sex education.

The Role of Public Schools and Education

Sex Education

Today, 96 percent of females and 97 percent of males report receiving formal sex education before age 18 (Martinez, Abma, and Copen). 62 percent of males and 70 percent of females report learning about birth control (Martinez, Abma, and Copen). Currently, twenty-one states and the District of Columbia mandate that public schools provide sex education, though California is not among them ("Sex and HIV Education").

Sex education in public school began in the early twentieth century as a solution to the spread of sexually transmitted diseases, with an emphasis on discouraging sexual activity among youth (Carter 214). While the adoption of sex education programs spread through high schools across the nation, the curricula varied widely—and it continues to (Luker 185). In the 1970s and 1980s, concern about HIV/AIDS led to greater support for sex education in schools (Luker 187). Meanwhile, it became a politically divisive issue as conservatives advocated for education that promotes abstinence as the sole method of birth control (Abraham).

With the Adolescent Family Life Act of 1984, the federal government established programs that promoted abstinence-only education in public schools (Luker 187). In 1996, U.S. Congress passed welfare reform with an amendment that allocated 250 million dollars over the following five years to abstinence-only education (Donovan 188). Federal funding for abstinence-only programs increased under the Bush Administration, rising to 167 million dollars in 2005 (Kohler, Manhart, and Lafferty 345). Although President Obama's first budget cut all federal funding for abstinence-only sex education, the 2010 Affordable Care Act included the renewal of 250 million dollars each year for these programs, so they continue unabated (CNN Wire Staff; Jayson; and Landau). Research indicates that whereas comprehensive sex education programs have been shown to correspond to lower rates of teen pregnancy among adolescents, abstinence-only education programs have little to no effect on "sexual risk behavior" or the teen pregnancy rate (Kohler, Manhart, and Lafferty 345-348).

It is important to distinguish between unintended pregnancy and all teen pregnancies as part of an effort to avoid judgment and dismissal of teen parents. Sex education programs aim to reduce unintended pregnancy among youth, while lowering rates of sexually transmitted infections and giving teens the tools to communicate and make informed decisions. These programs should not approach teen pregnancy as a disease or disaster. Reducing unintended pregnancy among youth through sex education can benefit young people and society at large without pathologizing teen pregnancy and parenthood.

Title IX Rights

Since 1972, Title IX has made gender discrimination in American public schools illegal; because pregnancy is a condition unique to females, Title IX covers discrimination based on this condition (Gough 211). In 1980, the Department of Health, Education, and Welfare set forth

guidelines for Title IX to ensure “access, choice, and parity” to pregnant students by requiring schools to retain pregnant students that wish continue in school, guaranteeing equal quality of education and giving these students a choice to attend an alternative school with equal facilities (Fershee 80).

However, public schools across the United States continue to force pregnant students into separate programs, “preparing them extensively for immediate, menial labor and nothing else” (Rodde). Pregnant students encounter hostility from school administrations, insufficient health and counseling resources, and exclusion from particular classes and programs, as well as policies that effectively terminate their enrollment in school (Gough 217). University of Illinois professor of educational policy studies Wanda Pillow also found low levels of awareness of pregnant students’ rights as endowed by Title IX among educators, pregnant and parenting students, and academics in the education field (Pillow 62). Therefore, despite a national policy that protects pregnant teens’ right to education, implementation often strays from the formal policy, resulting in an inferior education for many pregnant teens.

Services for pregnant and parenting students

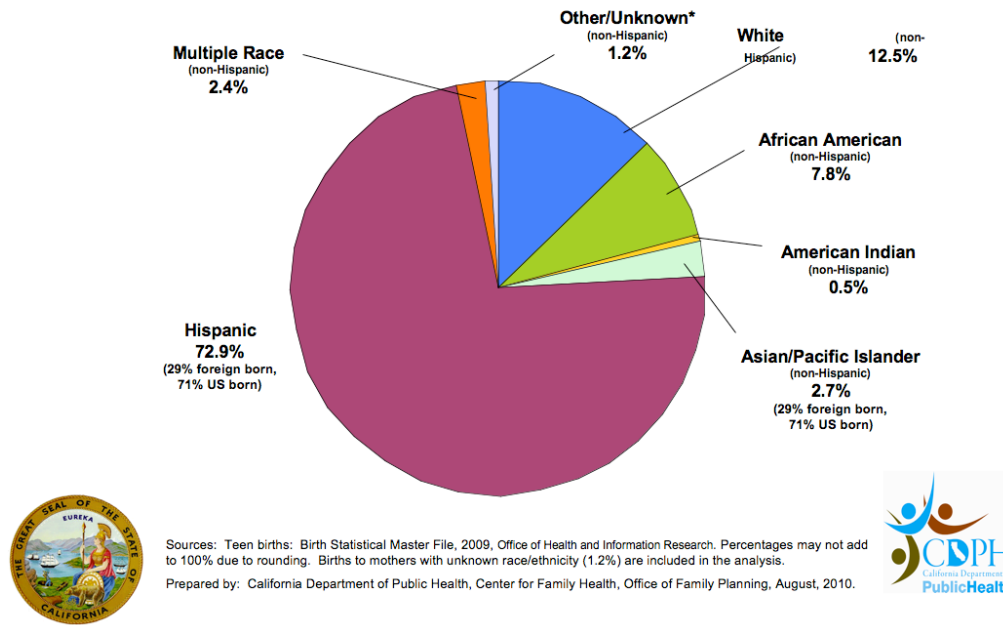
Services for In a study of teen parents, Melhado found that access to resources, especially childcare, after childbirth can recover the educational deficit they experience (Melhado 184). School-based support programs and childcare have been shown to help adolescent mothers learn parenting skills, stay in school, and avoid second pregnancies (Sadler et al.). Another study showed that students enrolled in an urban school-based program for pregnant adolescents gave birth to more healthy birth weight babies as compared to a cohort that did not participate in the program (Meadows, Sadler, and Reitmeyer). In a study of New York City’s services to pregnant and parenting youth, Karyn Brownson found an insufficient support system, limited in scope and

access (Brownson 2). Despite the economic downturn and budget deficits, Brownson defends these programs and advocates for their expansion because “such services protect two generations at once, and save tax dollars in the long term by promoting educational success and the economic independence that flows from it” (Brownson 2). These services are just as essential to pregnant and parenting teens in Los Angeles.

Teen Parenthood in California

California’s teen birth rate has declined since 1991, corresponding to the national trend. In 1991, with 73.8 live births per 1000 women aged 15-19, California’s teen birth rate ranked tenth among states (Martin et al.). As of 2008, California’s teen birth rate ranked twenty-ninth in the United States, at 38.7 live births per 1000 women aged 15-19, a slightly lower rate than the national average (Martin et al.). Between 1991 and 2008, California’s teen birth rate has declined fifty percent, while the national teen birth rate has decreased 33 percent (Constantine, et. al). California represents an exception to the pattern of high rates of teen birth in states with large Hispanic populations (Martin et al.). Although the teen birth rate is highest among Hispanic women, it decreased from 61.9 in 2007 to 50.8 in 2009 (“California’s Teen Births Continue Decline”). African American teens have the second highest rate (37 births per 1000 teens in 2009), followed by White (11.9 per 1000) and Asian/Pacific Islander teens (8.5 per 1000) (See Figure 5).

Figure 5: Teen Maternal Race/Ethnicity & Nativity of Select Teen Births for Females Ages 15-19 in California, 2009.



Source: Teen Births: Birth Statistical Master File, 2009. Office of Health and Information Research.

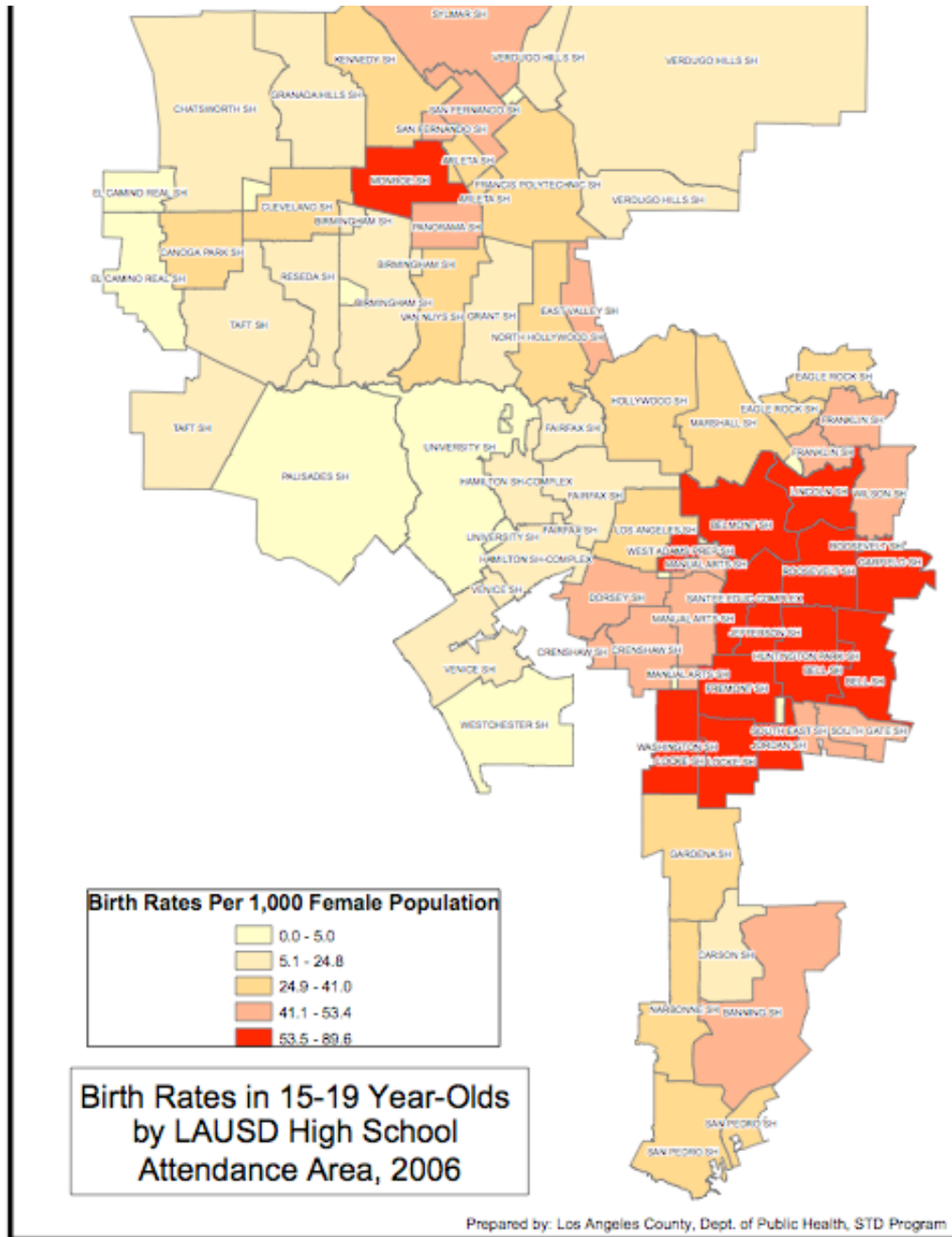
Case Study: Los Angeles Unified School District

Teen Parenthood in LAUSD/Los Angeles County

Among California’s 49 counties, Los Angeles county ranks 24th in terms of teen birth rate (Constantine et. al 5). Los Angeles County teenagers gave birth to 14,111 children in 2010 (Constantine et al). The rate of births to teen mothers in Los Angeles County is 34 per 1000, a lower rate than the state and national averages. (Constantine et al. 5). Even so, Los Angeles County’s teen birth rate far exceeds the average of 10 births per 1000 teens for other Western democracies (Constantine et al. 1). The Public Health Institute attributes an “annual taxpayer cost” of 320 million and “annual societal cost” of 1.24 billion dollars to the teen births in Los Angeles County alone (Constantine et. al). According to LAUSD, teen birth rates range from

under five to 86.9 births per 1000 female students between schools in the district (“Proposed Strategic Plan for the Establishment of School Health Centers...” 6). The exact number of teen parents in LAUSD is unknown.

Figure 6: Birth Rates in 15-19 Year Olds by LAUSD High School Attendance Area, 2006



Source: “Proposed Strategic Plan for the Establishment of School Health Centers in High Priority Geographic Areas.” *Los Angeles Unified School District*. February 2009.

Preventive Services

Sex Education

California's is the only state government that has never accepted federal dollars for abstinence-only sex education programs. The state's impressive decline in teen pregnancy rates from the highest in the nation in 1992 to nearly half that rate in 2005 is due in part to the emphasis on comprehensive sex education in public schools (Boonstra). California requires HIV/AIDS education in public schools, but not sex education; however, when schools teach sex education, it must be medically accurate, culturally unbiased, and age-appropriate, and must teach about contraception and abstinence ("Sex and HIV Education"). Though numerous states have adopted some of these stipulations, California's is the most comprehensive ("Sex and HIV Education"). The California Department of Education, California Department of Social Services, and California Department of Public Health all administer pregnancy prevention programs (Constantine et al.). California spends 200 million federal and state dollars annually on pregnancy prevention programs; the Public Health Institute reports that this expenditure saves California billions that would be spent on additional teen births (Constantine et. al.)

Of course, because sex education is not mandated, many schools do not provide it, and these programs are vulnerable to cuts in times of budget shortfalls. Additionally, some schools fail to follow mandates and guidelines for programs they do provide. A 2011 study of compliance with sex education requirements in thirty-three California public schools revealed that sixteen percent of districts surveyed taught students medically inaccurate information about condoms and nineteen percent mentioned birth control methods but emphasized only abstinence (Combellick and Brindis 1). With better compliance and more funding, sex education programs

in California could further reduce unintended pregnancy among California youth, as well as the incidence of sexually transmitted infections.

School-Based Health Centers and the Condom Availability Program

Since 1992, the Los Angeles County Department of Public Health has supplied free condoms to Los Angeles Unified School District for distribution to students (“High School Condom Availability Program” 1). The District stresses that abstinence is the only 100 percent effective method of preventing pregnancy and the transmission of sexually transmitted infections (STIs), but recognizes the importance of making available the means to other forms of protection (“High School Condom Availability Program” 1). A study by the Guttmacher Institute found that programs like LAUSD’s Condom Availability Program can be effective, especially when schools provide condoms in bowls or through school clinics to increase distribution (Kirby and Brown).

Some schools in LAUSD house such clinics to provide free health services to students. They can be a source for condoms, information, referrals, and other resources for pregnancy and STI prevention, as well as other non-reproductive health care. School-based health centers remove barriers of cost and insurance, transportation, and confidentiality associated with students’ age and socioeconomic background (Kisker and Brown 335). Although school clinics have been shown to increase health-related knowledge, including greater awareness of contraceptive methods, Kisker and Brown found they did not reduce pregnancy or risk-taking behaviors like unprotected sex (Kisker and Brown 339-341). They suggest that school health centers should modify their interventions to make an impact on unintended pregnancy and other health outcomes (Kisker and Brown 342).

There are 62 school-based health centers in Los Angeles County, home to the highest concentration of the 183 school-based health centers in California (“Locations”). Of the clinics in Los Angeles County, only 34 clinics (55 percent) provide any kind of reproductive health care (“Locations”). This is an aspect of school-based health centers that could be expanded to increase access to contraceptives and sex education for LAUSD students. School-based health centers in California account for nearly ten percent of the national total of 1,900 such clinics among the nation’s 133,000 public schools; their operations have not yet become a widespread means of providing health services to youth on a national scale (Andrews). Fortunately, the 2010 Affordable Care Act allocates new funding for school-based health centers, but the first 95 million, designated to initiate 278 new health centers, still covers less than one percent of the schools that do not have such health centers (Andrews). In 2011, LAUSD won \$489,888 of this federal grant money to expand school-based health center operations, housed at 34 sites as of 2009 (Blume; “Proposed Strategic Plan...”). To offer essential, accessible health care services, sexual education, and unintended pregnancy prevention options to students, school-based health centers should expand across the country, and in LAUSD. Health centers old and new should make sure to include reproductive health care services to students, including contraceptive distribution, and should evaluate their approach to unintended pregnancy prevention in order to ensure its effectiveness.

Sex education, in tandem with direct health care provision through programs such as the Condom Availability Program and health centers located at schools, can ensure that students have the information and services they need to prevent unintended pregnancy. But not all teen pregnancies are unintended, and it is equally important to educate and foster the development of

students who do become pregnant and carry the pregnancy to term. This is not simply a matter of a school's obligation to its students: it is a federally mandated right of students under Title IX.

Title IX in Los Angeles Unified School District

In accordance with the federal mandate of Title IX, Los Angeles Unified School District (LAUSD) policy protects the right of pregnant and parenting students to remain enrolled and participate fully in school, free from harassment or exclusion, while allowing for accommodations such as schedule flexibility (King and Reed 1). Furthermore, the California Constitution guarantees the right to public education for all ("Chapter 6 – Education").

At LAUSD, the Educational Equity Compliance Office of the General Counsel is responsible for ensuring equal access to education for pregnant and parenting students under Title IX. Educational Equity Compliance trains staff and reviews complaints of Title IX violations in LAUSD ("Educational Equity Compliance"). No external audit has been performed to determine whether LAUSD is currently adhering to the guidelines of Title IX that protect pregnant students' rights (Telephone interview, 3 Feb 2012). I will discuss the work of Educational Equity Compliance more extensively in subsequent sections.

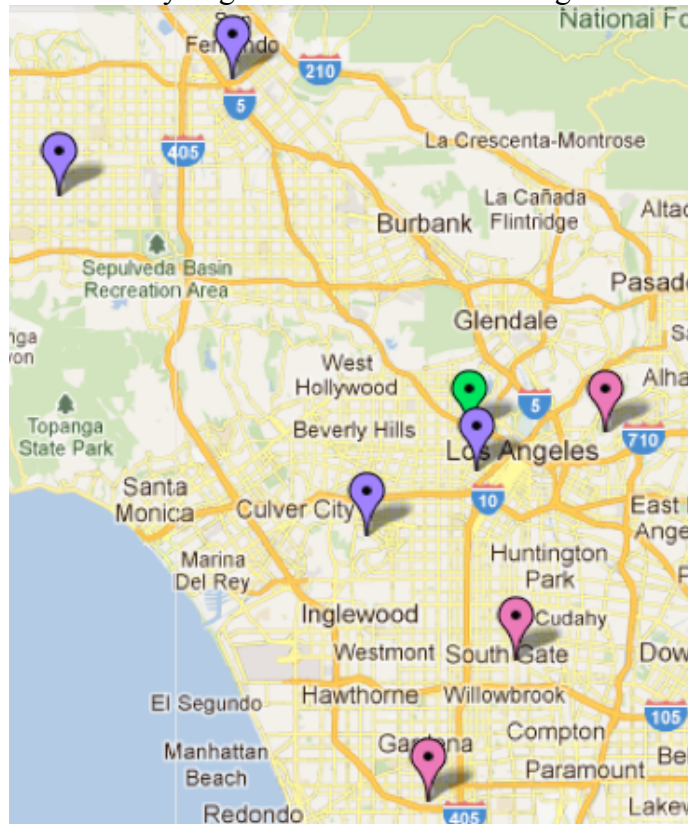
Pregnant Minor School Sites

In accordance with national regulations, LAUSD's policy allows students to transfer to another school if they so choose. Options include pregnant minor school sites, alternative schools, options schools, and adult education and GED programs. Students who volunteer to transfer to one of these alternative settings are entitled to receive "comparable... coursework and extracurricular activities," though the district acknowledges that some "college preparatory courses, honors classes, laboratory classes, and advanced placement courses may not be

available” (King and Reed 8). Pregnant minor school sites are specifically for pregnant and parenting young women, and they are the schools I will focus on in this paper. According to the LAUSD website, pregnant minor schools are “small campuses located throughout the District” whose goal is to “provide interim educational opportunities to expectant mothers so that they may continue their education and be graduated” (“Schools”).

Pregnant and parenting students in LAUSD who seek an alternative school option may choose to attend pregnant minor schools at McAlister or Riley High Schools. McAlister High Schools operate at four sites in San Fernando and Los Angeles; Riley High Schools operate at three different sites (“Voluntary Educational Programs/Options”; See Figure 6).

Figure 7: Map of Pregnant Minor School Sites in LAUSD: McAlister and Riley High Schools and New Village Charter School



Source: Google Maps

Green: New Village Charter School; Purple: McAlister High Schools; Pink: Riley High Schools

According to the school website, McAlister High Schools teach parenting and life skills and provide resources and referrals to ensure that students access health care and connect with support (“McAlister High School”). The “learning goals” of McAlister High School students involve decision-making, goal-setting, critical thinking, written and verbal expression, and other practical skills (“McAlister High School”). Classes include math, social studies, English, science, and parenting and each site has a resource specialist to assist students (“McAlister High School”). McAlister and Riley High Schools operate on a half-day schedule, which attracts many students because it allows time for medical appointments and time with newborn children (King and Reed 7). Riley High Schools do not operate a website with information about the schools, but it is likely that they follow a similar paradigm of teaching goals and classroom content.

New Village Charter High School represents an additional alternative to a pregnant student’s current school and to the district-operated alternative schools. A charter school is a public school funded by the state that is not run by the district, but rather by an independent operator, such as a nonprofit organization. The New Village Charter High School is located adjacent to St. Anne’s, an inpatient treatment center for young pregnant women, and cooperates with the hospital to provide education for these students (“Approval of the Renewal of the Charter Term for New Village Charter High School”; See Figure 6). Although not all students that attend New Village are pregnant or parents, pregnant and parenting students have access to special resources, such as free day care and parenting classes, and all students can participate in academic credit internships that provide practical experience (Cosillas).

Some have questioned whether pregnant and parenting students benefit from attending separate schools. In 2001, attorney Tamara S. Ling documented the marginalization and

inadequate education that pregnant and parenting young women faced in New York City’s public schools and called for the reintegration of these students into comprehensive public schools (Ling 2930). Six years later, in 2007, New York City closed all of its schools in the Program for Pregnant Students, their equivalent of LAUSD’s pregnant minor school sites (Bosman). The schools’ low test scores and low attendance—at 47 percent daily— led their superintendent to deem the program she oversaw “a separate but unequal program” where students fail to catch up on credits despite receiving over twice the average spending per student in the district (qtd. in Bosman). Journalist Julie Bosman noted the elimination of schools for pregnant girls in New York City as part of a national trend; the number of schools and students enrolled is dwindling in Chicago, Illinois and Madison, Wisconsin as well (Bosman). But whereas some school districts may be cutting these special programs and schools in the face of budget shortfalls, New York City removed the schools in response to a six-month study commissioned by the Education Department that revealed the failures of these schools (Bosman). I hope to show that while LAUSD’s pregnant minor schools may have succumbed to some of the same shortcomings, they have also managed to keep some students in school despite a high risk of dropping out.

Pregnant and parenting students have multiple options at LAUSD, including traditional public schools, charter schools, and pregnant minor school sites, but it remains to be discovered the quality of the education provided by various educational facilities and whether these students exercise freedom of choice, based on a full understanding of the options, in deciding where to continue their education.

Survey and Interview Findings

I completed four interviews with staffpersons who work for or through LAUSD. I also collected 33 completed surveys of McAlister and Riley High School students at six of their seven

sites. Based on the surveys and interviews, I uncovered very low reportage of discrimination, exclusion, or coercion of pregnant and parenting students in LAUSD, but any violation of Title IX is worth identification to eliminate rights abuses among this population. Furthermore, I found that despite broad satisfaction with the pregnant minor school sites among students, the opportunities and pitfalls of these institutions are complex; I will attempt to tease them out here. I was able to pinpoint several factors that can be improved, such as access to nutritious food in school, increased awareness of Title IX rights, and reinforced efforts to transition students back to a regular school environment. The district does provide alternative educational options and support services to pregnant minors, but these deserve augmentation and better coordination to meet the needs of students all over the district.

Survey Demographics

Of the 33 students surveyed, 30 were Hispanic and three were African American. At the time of the survey, five were pregnant; 26 were parents of one child; one was a parent of two children; and one was pregnant and parenting one child. Twenty students reported that they were seniors in high school, eight were juniors, one a sophomore, two freshmen, and one between sophomore and junior year. The number of surveys I collected at each site varied: four at McAlister Southwest; four at McAlister San Fernando; six at McAlister Central; one at McAlister Reseda; eleven at Riley Blanding; and six at Riley Eastside. I collected no surveys from Riley's Gardena site because only three students attend that site and none of them were able to complete my survey. Although my survey data does not evenly represent each school, it more equitably represents the population distribution among the schools because certain schools, like Riley's Blanding site, have more students than others.

Choice: Why and how students transferred to pregnant minor schools

An LAUSD staffperson I interviewed informed me that Educational Equity Compliance receives very few complaints of Title IX violations from pregnant and parenting students (Telephone interview, 3 Feb 2012). Despite the lack of complaints so far this year, part of a general decreasing trend in reporting, the interviewee said that most complaints involve being forced to go to McAlister or Riley High School or banning from commencement ceremonies, with students rarely reporting expulsion from school entirely.

How students came to transfer to pregnant minor schools

These observations correspond somewhat with the responses of students I surveyed at McAlister and Riley High Schools. Of the 33 students surveyed, 26 students (79 percent) responded that they were given the option to continue at their previous school; seven (21 percent) reported that they were not given this option. In the subsequent question asking what options they were given, only two students specifically mention the option of staying at their previous school. Yet all 33 students responded that they voluntarily chose how to continue their education. When asked whether they felt they had adequate opportunities to continue their education after becoming pregnant, 31 of 33 students (93 percent) responded positively. These results lead me to believe that while some pregnant students may be strongly encouraged or even compelled to transfer to a pregnant minor school site, they felt that this was the best option for them and therefore considered it a voluntary choice.

Among respondents, 28 (85 percent) reported that someone at their school talked to them about their educational options. The LAUSD Policy Bulletin regarding Pregnant and Parenting Students' Educational Rights suggests that staff at LAUSD schools should share a "Know Your Rights" Fact Sheet with any student as soon as he or she knows she is pregnant (King and Reed

2). According to an interviewee, students considering transferring to McAlister or Riley High Schools must review their Title IX rights (Telephone interview, 3 Feb 2012). Title IX rights are also provided to schools to post in nurses' offices. Despite this, only nineteen of the 30 student respondents (63 percent) reported that they knew about their Title IX rights before participating in the survey; eleven students (36 percent) who answered the question reported no knowledge of Title IX. In an interview with a senior staffperson from a pregnant minor school site, I was informed that pushout from regular high schools is not a major issue for pregnant teens in LAUSD (Personal interview, 7 Feb. 2012). If the staffperson has any doubts about whether a student is coming to a pregnant minor school site voluntarily, this person asks them how they found out about the school and if they know that they can stay at their previous school if they wish. The interviewee said that students almost always say that they understand this and voluntarily want to transfer to a pregnant minor school site. Despite a number of measures in place to insure informed decisions, not all students I surveyed were aware of their Title IX rights.

Why students transferred to pregnant minor schools

The free responses students provided after the question regarding whether they voluntarily chose to transfer to a pregnant minor school lend further evidence that even despite limited options, the students felt that these schools were the best choice. Twelve students indicated that McAlister or Riley High Schools were the best option for themselves and their babies, with responses like: "because if I take care and educate myself first then my baby girl will be good too." Other students shared more specific reasons for why they elected to attend McAlister or Riley: "I wanted to come to this school because it gave me more time to be with my son and I could finish my school faster." Some students reported that they sought out McAlister or Riley to avoid the discrimination not of school officials, but rather of their peers: "I decided to

go to a school for pregnant girls and parenting girls because I didn't want to feel different, or feel like a outcast [*sic*], I also didn't want to be talked about at a regular high school.” One student specifically noted that she was given the autonomy to determine her educational path: “I was giving [*sic*] the option to choose what school I wanted to go to.” Another student demonstrates her own conviction of self-realization of her educational decisions: “yes because I decide what school is best for me.”

When students were asked for which reasons they moved to a pregnant minor school site, given three options, fifteen students (45 percent) selected the half-day schedule, twelve (36 percent) selected “to be around other pregnant and parenting students,” and twelve (36 percent) selected access to resources at these schools. Eight students also added other responses, such as “would be less stressful” and “to finish faster before my baby is born.” Most of the responses substantiate the notion that these students felt they made the decision to transfer to a pregnant minor school site independently, for reasons they can identify, regardless of what options their counselors, principals, teachers, and other mentors discussed with them.

Policies and practices that inform students of their right to remain in their current schools during and after pregnancy help uphold students’ rights and ensure their ability to make an independent decision about whether to transfer to a pregnant minor school site. The low levels of awareness of Title IX rights among the students I surveyed, however, indicate that some students may not fully realize these rights. Nonetheless, all students surveyed maintained that they made their decisions voluntarily and most felt that they had adequate opportunities to continue their education after becoming pregnant. Although all students reported choosing to transfer to McAlister or Riley, not all students made fully informed decisions. Students’ perceptions of freedom to decide where they go to school may only be taken at face value if the adults that

discuss their options present all of the alternatives to which they are entitled. The “choice” component of Title IX cannot be upheld unless students are fully informed before choosing to transfer to an alternative school.

Discrimination and Exclusion

Title IX not only requires that students be allowed to decide voluntarily whether to attend alternative school options, but also prohibits the exclusion of pregnant and parenting students from any school activity. When asked whether students were excluded from any course or school activity, seven students (21 percent) answered yes. Three students were excluded from physical education and three from sports activities. One student describes: “PE: I couldn't do it because running or other exercise [*sic*] could afeck [*sic*] the baby.” Although health concerns may be reason for a student and the school nurse or her health care provider to exempt her from physical activities, forced exclusion qualifies as a Title IX violation. Another student reports, “I got kicked out because I was pregnant.” This is the single explicit report of expulsion from school by a pregnant student among those I surveyed.

Although Educational Equity Compliance has received very few complaints recently of Title IX violations from pregnant and parenting students and their advocates, my survey results indicate that at least one student was forced to leave her previous school due to her pregnancy status. Several students were excluded from physical activities due to their pregnancy status, another violation of Title IX. And although students report that they voluntarily elected to transfer to pregnant minor school sites, some report that they did not have the option of remaining at their previous schools, while even more mention only the option of transferring. Although students may determine that attending a pregnant minor school would better suit their

needs, their rights are not fully realized unless they are informed of Title IX and their ability to remain at their present school.

Quality of education in pregnant minor schools

The third component of Title IX adherence to address is whether pregnant and parenting students' education in alternative settings measures up to the quality of the regular schools they previously attended: "parity" under the national Title IX guidelines. My survey asked several questions to evaluate their perceptions' of the quality of their schools. Most explicitly, I asked whether their education at McAlister or Riley High School meets their needs; 31 of the 33 students (94 percent) responded positively, indicating high levels of satisfaction among these students regarding their pregnant minor schools. The two students who responded that their school did not meet their needs described the schools positively, leading me to believe that they misunderstood the question, which would signify that all students who filled out the question felt their school met their needs.

The meaning of educational equity

It is essential to note, however, that measuring perceptions of quality does not measure quality. Data that compare graduation rates, college matriculation rates, test scores, and teacher evaluations for pregnant and parenting students at McAlister and Riley High Schools and other LAUSD schools would more accurately portray the quality of education these students receive, but such data would be difficult to obtain as the district does not formally track the pregnancy status of students in comparison to these measures. Two LAUSD employees I interviewed mentioned that they think pregnant minor school sites are of inferior quality to regular schools in the district (Personal interviews, 3 Feb 2012 and 7 Feb. 2012). They acknowledged that the half-

day schedule reduces instructional time. Interviewees said that the limited number of teachers and amount of space at certain sites narrows the variety of classes and activities that students can participate in. But the small, tight-knit community and shortened day are elements of these schools that students identified as beneficial. Accommodations such as half-days limit instruction time, but may actually benefit students, who may need extra time to spend working, taking care of children, or going to medical appointments. The smaller school sizes also may limit the variety of courses that these students can take, but classes tailored to these students, such as parenting classes, may provide valuable instruction and support. The format of pregnant and parenting schools that attempts to accommodate the unique needs of pregnant and parenting students may sacrifice some quality. Therefore, it is necessary to consider such factors when determining the quality of education for pregnant and parenting students at pregnant minor schools sites.

It is also necessary to take into account the academic record of LAUSD's schools. An equal education at a pregnant minor school site, when compared to many of LAUSD's failing schools, remains a dubious achievement. In a district with a 55 percent graduation rate, maintaining the same quality in pregnant minor school sites would still signify low graduation rates, exactly what these alternative schools are designed to prevent (Song and Blume). It is also important to recognize the characteristics of the students who attend these schools in order to better understand their educational circumstances. A staffmember at one pregnant minor school site characterized these schools as "dropout prevention" (Personal interview, 7 Feb. 2012). According to this staffmember, "there is less opportunity even though we are called an opportunity school... it's not necessarily the best educational setting if all things were equal and they weren't pregnant. Being pregnant it's a very good place for them to be. They just drop out

of a regular setting” (Personal interview, 7 Feb. 2012). The staffperson underscored the kind of students who come to McAlister and Riley High Schools: “We get mostly the ones who are causing trouble or ones already dropped out, who haven’t been in schools for a couple years, ones who have been incarcerated” (Personal interview, 7 Feb. 2012). Students who are on track to graduate on time who become pregnant tend to stay in their current school. The students who attend McAlister and Riley often seem to seek out this setting as a compromise between their education and the parental responsibilities that might draw them out of high school entirely.

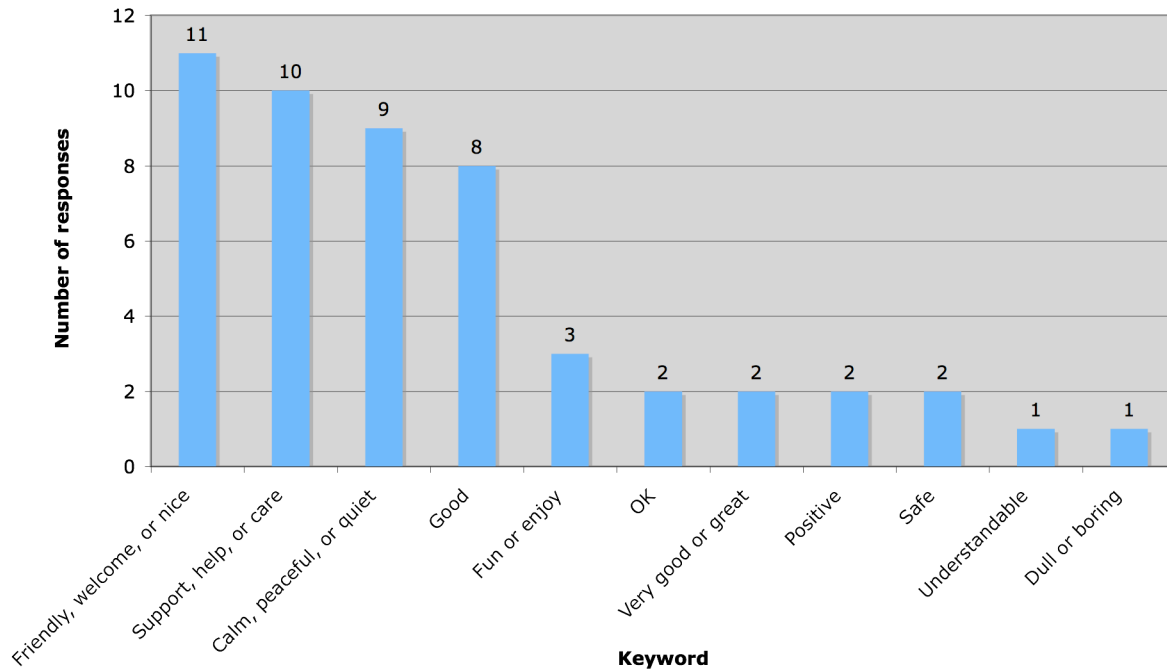
In light of the compromises drawn by pregnant minor schools, I hope to examine these schools with an eye to how they equip young mothers for parenthood, keep students in school and help them graduate, and provide a quality education that can lead to higher education and employment opportunity beyond graduation and motherhood.

Community

Students’ responses to questions about the community at McAlister and Riley and how to improve the school further support the impression that they view their educational experiences positively (See Figure 8). When asked to describe the community at their schools, most students used positive words. Eleven students (33 percent) used the words “friendly,” “welcome,” or “nice.” Ten students (30 percent) used the words support, help, or care. Nine students (27 percent) used the words calm, peaceful or quiet to describe their schools. Only one student used negative words to describe the school: “boring” and “dull.” Only two students described their school as “OK.” These descriptions, which students shared in an open-ended question without prompting, indicate that students have positive associations with their schools, which may lead them to stay in them rather than dropping out or transferring back to their previous school.

Figure 8

**Students' Descriptions of the Community at McAlister and Riley High Schools
(N=32)**



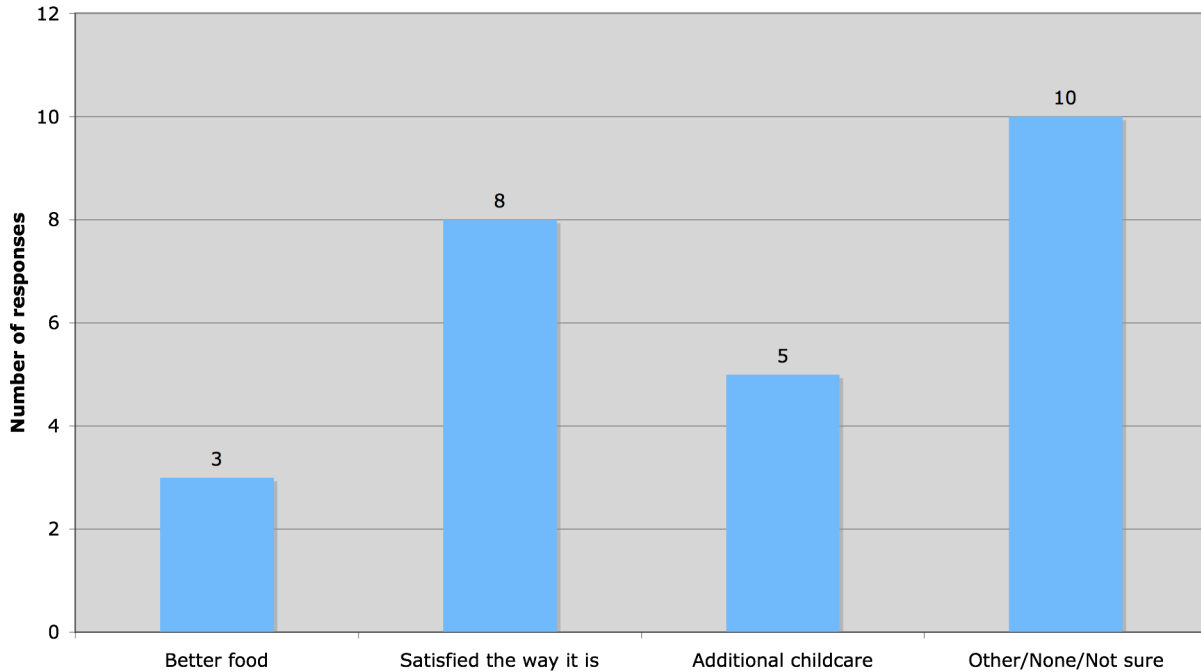
Meeting Students' Needs

When asked how their schools could better meet their needs as pregnant and parenting students, their responses also showed contentment with their school (See Figure 9). Eight of 24 students (33 percent) who answered the question provided specific suggestions for improvement: three asked for better food and five for childcare on campus. Eight students (33 percent) responded that they were satisfied with the way the school was presently. Ten students (42 percent) answered “not sure,” “none,” or other responses. The fact that more students expressed satisfaction or conveyed no unmet needs than students who voiced concerns for improvement shows that McAlister and Riley High Schools presently fulfill the needs of many of their

students. Nonetheless, some improvements could be made to satisfy the needs of students who suggested better access to childcare and good food.

Figure 9

**Question 18: In what ways could your school better meet your needs as a pregnant/parenting student?
N=27**



Students may not appreciate every shortcoming of their school, however. First of all, students may have various concerns about their school beyond the scope of its quality, such as the ease with which they can graduate, the level of difficulty of classes, and the flexibility of its schedule and attendance policy. As they become comfortable in the pregnant minor school setting, students may grow complacent; in an interview a staffperson said, “they get comfortable at the school, it can be hard to get them back. It’s a half day and even if you’re the brightest kid in the world, having a half day with a baby at home, it’s hard to pass up to go back to home school” (Personal interview, 7 Feb. 2012). Students may compare their experiences at McAlister

and Riley High Schools to those at regular high schools, with less individualized attention, a full day of classes, and a more bustling environment.

Course offerings and college preparation

Not only that, but these young women may not fully anticipate the rigor of education needed to adequately prepare them for their future career and educational aspirations. Thirty-one of 33 students (94 percent) mentioned college in a question about their goals for after high school, but these schools may not prepare students for entrance into college. The staffperson I interviewed at a pregnant minor school site expressed doubt that students were college-ready and suggested that those who move onto college would be better suited to a two-year college from which they might transfer to a four-year university, although a grant has allowed McAlister High School to award some scholarships to students who move on to college (Personal interview, 7 Feb. 2012). It can be challenging for students to even access the required curriculum to attend California universities, called the A-G curriculum. The limited staff at pregnant minor school sites covers the four main content areas of English, social studies, math, and science, but students can only access classes to meet the language requirement of A-G by cross-enrolling at a community college or a comprehensive school, which is uncommon. Pregnant and parenting students from disadvantaged backgrounds, who may have grown up in struggling schools, still have high aspirations for themselves, but their schools accommodations be undermining their ability to achieve these goals without them realizing it.

The intention of pregnant minor school sites is to support students, keep them in school during their pregnancy and help them transition back to a regular school environment after they give birth. In this way, students can access the wider variety of classes and activities that these schools can provide, but this has proved a challenge for McAlister and Riley High Schools. One

interviewee acknowledged that students tend not to transfer back to their original schools (Telephone interview, 3 Feb 2012). Another staffperson I interviewed estimated that about 35 to 40 percent of students at pregnant minor school sites return to regular schools, although this person emphasized that returning students to a regular setting is a “core belief” (Personal interview, 7 Feb. 2012). Although my results are skewed by the limited age of the students to those over eighteen, who may be less likely to return to a previous school at a point closer to graduation, I observed that nearly all (31 of 33) of these students planned to remain at their pregnant minor school sites rather than transfer back to a regular school. Furthermore, the age of children, and the fact that most respondents were mothers and no longer pregnant, indicates that students are staying at pregnant minor school sites long after giving birth. Fifteen of the 27 parenting students (55 percent) had children age one year or older, so many students are staying at the pregnant minor school sites well beyond their pregnancy. Although a staffperson said that, “the specialized school and comprehensive school have to work together so the student can go back and get on track and graduate,” it appears that this is not happening for quite a few students (Telephone interview, 3 Feb 2012).

Funding

The quality of these schools also depends on the resources allocated by the district. Due to budget cuts since the 2008 recession, McAlister High School has lost four teachers and a clerical staffperson and half of its counseling funding in the last three years; fears have arisen that the next budget cycle will see the loss of all counseling funding (Personal interview, 7 Feb. 2012). At one site, one instructor teaches all parenting, English, and social studies classes (Personal interview, 7 Feb. 2012). The staffperson I interviewed said, “We are struggling to stay afloat. The options schools don’t feel like we’re valued for what we do. But we have been

allowed to stay afloat so far, so hopefully we can continue” (Personal interview, 7 Feb. 2012).

Adequate funding for these schools and their programs will allow them to stay in operation and better respond to the needs of their students.

School-based services for pregnant and parenting teens

In addition to the alternative educational options provided by the district, LAUSD organizes some programs for pregnant and parenting students, such as childcare on-site at certain comprehensive high schools (“Voluntary Educational Options/Programs”). Four high schools run free Cal-SAFE infant centers on-site, and students can elect to transfer to these schools to take advantage of the program, but with about 72 slots, space is limited (“Voluntary Educational Options/Programs” and Telephone Interview, 2 Nov. 2011). Students at pregnant minor schools sites may access these programs, some of which are located adjacent to McAlister and Riley High Schools (“Voluntary Educational Options/Programs”). Through Cal-SAFE funding, these infant centers also teach parenting classes and connect participants with external resources, but budget cuts to nursing, health, and counseling services have left behind only these basic services (Telephone Interview, 2. Nov. 2011). Participants in Cal-SAFE programs graduate at higher rates than the average for teen mothers in California (Cal-SAFE Program Report). Three additional schools provide childcare on-site, including one of the pregnant minor school sites (“Voluntary Educational Options/Programs”). Infant centers can benefit parents who need childcare in order to stay in school, and they can also be a source of additional information and support. Cal-SAFE provides additional services to pregnant and parenting students under age 18, including nutrition supplements, tutoring, mentoring, and training programs.

The now-defunct Teen Parent Program once provided counseling regarding attendance, referral, and “managing successful school transitions,” as well as advocacy for students’ rights

and assistance for schools to create support programs and comply with Title IX (“The Teen Parent Program”). At its inception, the Teen Parent Program employed nurses, counselors, and professionals from various disciplines to advocate for teens, especially those being pushed out of public schools (Telephone interview, 2 Nov. 2011.). Several years ago, budget cuts led to the closure of the program; at first, it was limited to several People Services and Attendance (PSA) counselors in charge of outreach and the provision of resources, training, and toolkits at regular schools and pregnant minor school sites in particular geographic areas (Telephone interview, 2 Nov. 2011.). As the budget tightened, the PSA counselors were cut in number until they were eliminated completely (Telephone interview, 2 Nov. 2011.). The lack of a government mandate for such services left the program vulnerable to cuts in times of budget constrictions (Telephone interview, 2 Nov. 2011.). Currently, hiring decisions for counselors and social workers that serve this population are made at the school level, so there is no consistency in the level or quality of services provided across LAUSD schools (Telephone interview, 2 Nov. 2011.). In order to protect pregnant and parenting students from dropping out and other risks, one LAUSD employee I interviewed believes that assistance should be incorporated into the duties of existing employees or funding should be restored to reinstitute a specific unit dedicated to the needs of this vulnerable population (Telephone interview, 2 Nov. 2011.).

Outside organizations provide additional services to teen parents through the Welfare-to-Work Teen Parent Program, which enrolls all pregnant and parenting students who qualify for CalWORKS cash assistance (“Cal-Learn”). Such services previously operated under the Cal-Learn program, which has been suspended by 2011 legislation due to budget concerns (“Cal-Learn”). The Welfare-to-Work program continues to provide intensive case management and cash bonuses based on academic performance, as well as referral to additional support services

(“Cal-Learn”). The district contracts with Alta Med, Project NATEEN, El Nido Family Centers, and Foothill Family Services to supply these services.¹

My interviews with staff illuminated a number of programs operating in McAlister and Riley High Schools specifically. Speakers from the School of Mental Health and Planned Parenthood come into classrooms to talk to students about their experiences, educate them about sexual health, and discuss the potential consequences of second pregnancies (Personal interview, 7 Feb. 2012). Organizations like National Jewish Women’s Counsel send volunteers for one-on-one tutoring while agencies like Baby2Baby donate supplies like diapers and baby bags (Personal interview, 7 Feb. 2012). A nurse travels from site to site providing health care services (Personal interview, 7 Feb. 2012). If these programs seem like a haphazard assortment of services, it may be due to their lack of coordination. The staffperson I interviewed from a pregnant minor school site suggested that increased and transparent coordination between the various stakeholders and organizations that serve this population would lead to a better distribution of services.

In my surveys, I asked several questions about transportation, childcare, and other services that students accessed through LAUSD. Some students expressed that transportation to and from school and access to childcare were issues for them. Students used and benefited from a broad range of services provided by the district, but some services could be expanded to better serve pregnant and parenting young women.

Transportation

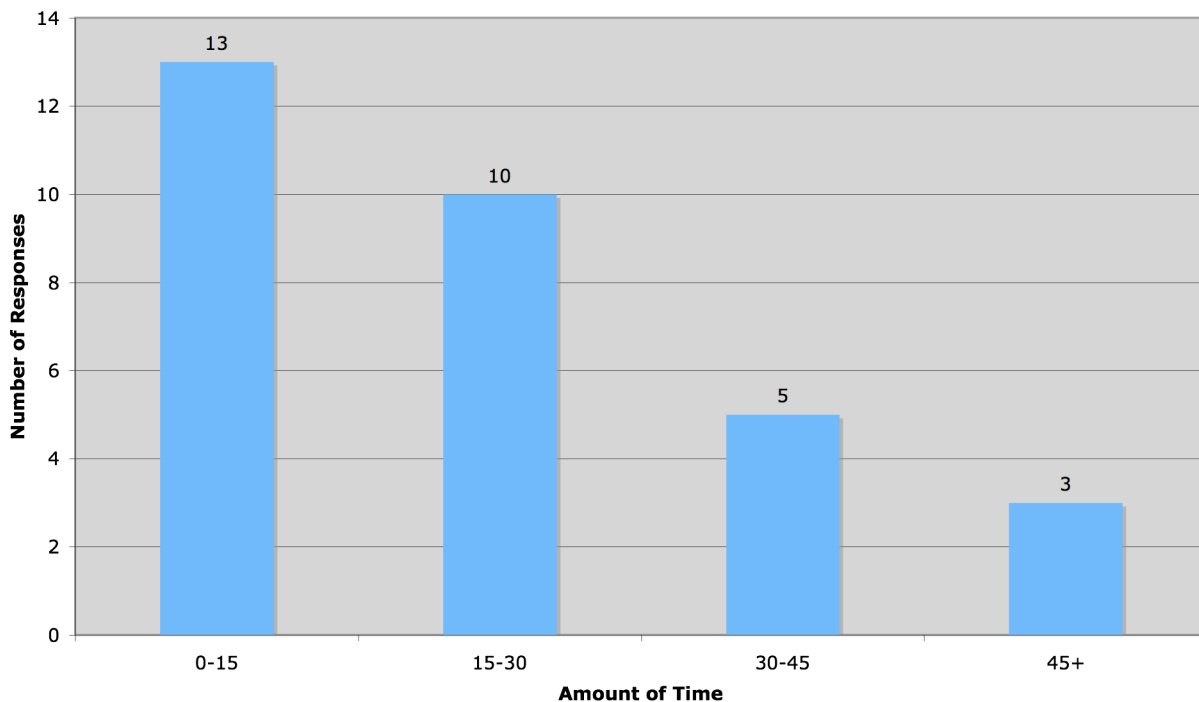
Although students utilize a variety of modes of transportation, the most common are public bus, riding with a family member or friend, walking, or some combination of these. For

¹ For more information about services for pregnant and parenting adolescents, please see the California Pregnant and Parenting Youth Guide at www.pregnant youth.info.

most students, transportation to and from school takes less than half an hour, but for five of 31 students who answered the question (sixteen percent) transportation takes 30-45 minutes and for 3 students (nine percent) it takes over 45 minutes (See Figure 10). Nine students (28 percent) indicated that transportation to and from school was an issue they considered when deciding whether to come to McAlister or Riley High Schools, though these students did not report longer transportation times. LAUSD provides bus tokens and TAP cards at no cost to students who need public transportation to pregnant minor school sites (Interview, 3 Feb. 2012). The district also provides school bus transportation to some students at McAlister and Riley sites. Only students at three of the six sites where I collected surveys responded that transportation was an issue they considered, and of these, all used walking and/or public buses to get to school.

Figure 10

**Question 11: Amount of Time for Transportation to Pregnant Minor School Sites
N=31**



Childcare

Seven of 31 students (22.5 percent) affirmed that access to childcare is an issue for them. Curiously, although childcare is provided at some pregnant minor school sites and some comprehensive high schools located adjacent to pregnant minor school sites, only one student reported using school-based childcare. Three students reported using private childcare and 25 students reported that family members, friends, or neighbors took care of their children. All of the students who claimed that childcare was an issue for them used a family member, friend, or neighbor for childcare. Despite the widespread tendency of students to leave their children with family, friends, or neighbors, this may be problematic for students. Although students from four different sites reported that childcare was an issue, four students from Riley's Eastside site and one student from McAlister's San Fernando Site filled in an open response question with a request for more childcare. This may indicate that the desire for childcare at Riley's Eastside site is especially high. I called some LAUSD infant centers to ask about access to this service and discovered that while there is limited, and often insufficient, space in the childcare centers, at the moment there are more spots available than are being utilized. I learned that many students were in the process of signing up for childcare on campus.

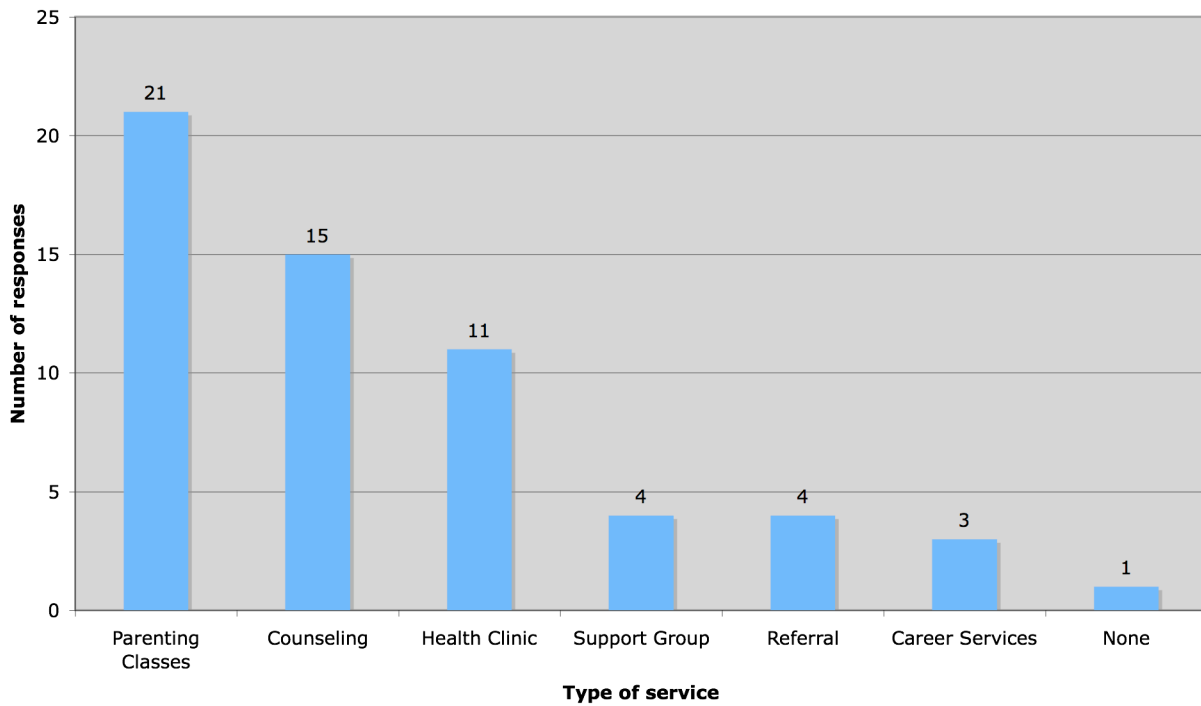
Other Services

In addition to childcare, food was one of the concerns brought up by students in the question, "In what ways could your school better meet your needs as a pregnant/parenting student?" Three students, all from Riley's Blanding site, expressed a desire for better food at their school. One of the pregnant minor school sites' services is a daily "nutrition" distributed each morning, which usually consists of an entrée, fruit, and milk (Personal interview, 7 Feb.

2012). The district provides this meal at no cost to most students because the majority of students who attend McAlister and Riley qualify for the free and reduced lunch program (Personal interview, 7 Feb. 2012). Pregnant students may have a special need for a nutritious meal as they provide the necessary nourishment to give birth to healthy babies. The nutrition program may be an opportunity for improved health services to pregnant and parenting students.

Figure 11

**Services provided by LAUSD used by pregnant and parenting students
N=32**



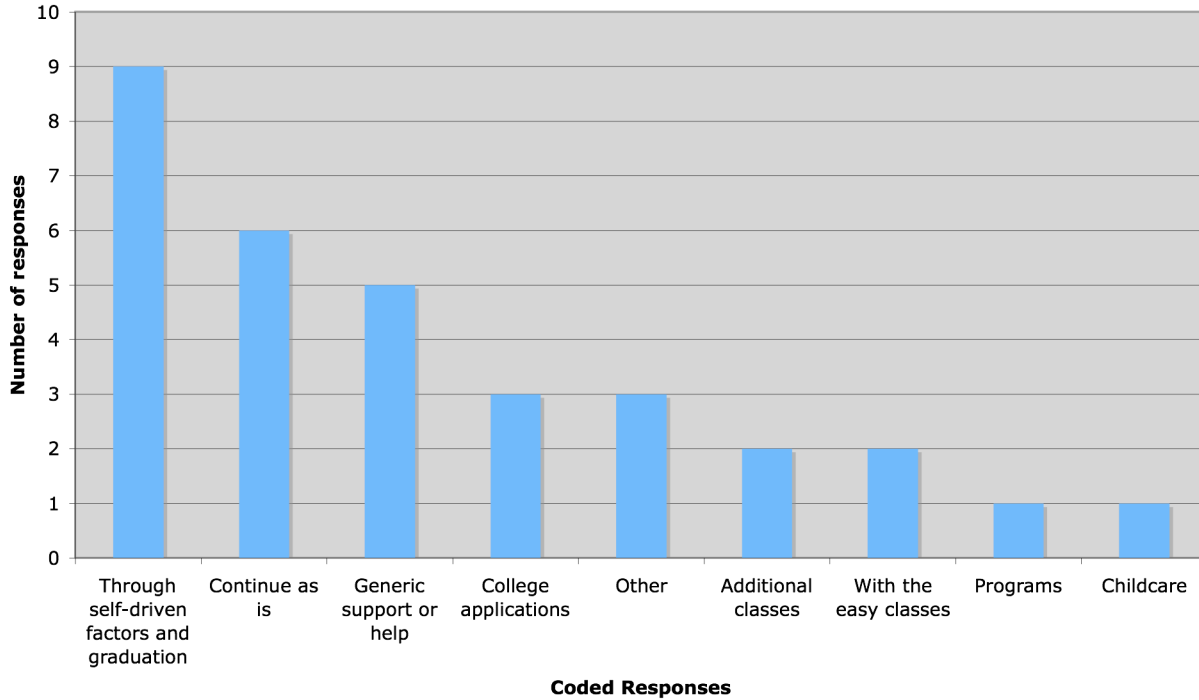
Students reported using a variety of support services through the district (See Figure 11). The most commonly used were parenting classes, counseling, and health clinic. These were also the services that students most often indicated as helpful.

Goals

In an open response question, I also asked students how their school could best help them achieve their goals. The most common response, with nine responses (28 percent) involved graduation, continuing to go to school, or a similar expression of self-driven rather than school-driven means to achieving students' goals (See Figure 10). One student, for example, wrote, "Any. What we do for our self [*sic*] is for us." This represents students' sense of independence and a personal motivation to achieve in education. Some specific responses included help with college applications, additional classes, and childcare. Other students wrote about "easy classes" and accelerated graduation. Five students (16 percent) asked for continued support or help. Six students (25 percent) indicated that their school was already helping them achieve their goals and did not need to change. Although this question garnered a variety of responses, the specific answers about college applications, additional classes, and childcare point to students' express desires for services to be added or augmented. Schools can interpret the satisfaction of several students as an indication that some students are adequately supported in their educational path. The most interesting responses may be those that demonstrate the personal drive students feel to succeed.

Figure 12

**Question 23: How can your school best help you achieve your goals?
N=32**



Assessing adherence to Title IX

A staffperson I interviewed at LAUSD admits that although most schools accommodate pregnant and parenting students, with so many out there, it is unlikely that they are catching every case of Title IX rights violations (Telephone interview, 3 Feb 2012). In comparison with other districts similar in size, LAUSD has very low complaints, according to an LAUSD staffperson, but the results of my survey demonstrate imperfect compliance.

Educational Equity Compliance relies on students and their advocates—be they teachers, parents, or counselors—to issue complaints (Telephone interview, 3 Feb 2012). Until five years ago, the California Department of Education (CDE) reviewed districts to assess compliance with Title IX, including athletics, sexual harassment, and other areas of discrimination, which, one

interviewee claimed, gave greater leverage to enforcement of Title IX (Telephone interview, 3 Feb 2012). With the CDE's review process in place the interviewee could go with their auditors into the schools to "assess for [him/herself] the level of equity in our high schools regarding Title IX" (Telephone interview, 3 Feb 2012). In spite of the cutbacks, the interviewee's goal is to "put pregnant students on the map again in our district" (Telephone interview, 3 Feb 2012). Current efforts include training for LAUSD attorneys who might deal with such cases and training for nurses and counselors from across the district who encounter pregnant teens. The interviewee also hopes that the Teen Parent Program might be started again, but this time, s/he said, "I want to make sure it's supported with enough voices, especially from our legal department, to defend it" (Telephone interview, 3 Feb 2012). In light of the questionable quality of education for pregnant minors, the unreported violations of the freedom to choose educational settings and exclusion from school activities, and the low awareness of rights that I report, another possibility might be proactive assessment of schools' compliance with Title IX.

Recommendations

Based on the findings of my surveys and interviews, this section presents my recommendations for how LAUSD can better serve its pregnant and parenting students. This involves investment in unintended pregnancy prevention through sex education and health care provision. It also entails further development and coordination of school-based services, particularly within pregnant minor school sites, and an improved strategy to help students transition back to comprehensive schools. To ensure the fulfillment of Title IX rights for pregnant and parenting students, LAUSD will also need to increase awareness of these rights and proactively evaluate schools' compliance.

Prevention

First I would like to make two recommendations that would lead to reduced rates of unintended pregnancy. Although California's standards for sex education surpass those of other states by requiring the use of medically accurate information, sensitivity to all sexual orientations, and other progressive standards, California still does not require sex education in public schools. California state government should mandate that schools teach sex education and should ensure compliance with the regulations that require the use of medically accurate information, comprehensive curricula, among their other parameters, in order to further reduce unintended pregnancy rates. State or federal government should expand school-based health centers and include reproductive health information and services within their scope in order to remove barriers to access to sexual and reproductive health care and information for young people. These two programs—school-based health centers and sexual health education—should form the first defense against unplanned pregnancy and its correlative social and economic problems.

Education and services

In terms of how LAUSD can better serve students who have become pregnant or parents, several services can be augmented or reorganized to better serve these students. First, pregnant minor school sites can coordinate better with students' previous schools to encourage students to return to a comprehensive school setting. Although pregnant minor school sites serve to keep students in school during and after pregnancy, any students who can transfer back to a regular school should do so to access the greater variety of classes and transition back into a more rigorously academic setting. The LAUSD staff I interviewed said that they encourage students to return to comprehensive schools, but based on my results, this is not happening for many

students at pregnant minor school sites. Staff at Riley and McAlister High Schools should work with students and their former schools to develop a plan to help them return to comprehensive schools by identifying the services, accommodations, and classes they need and determining how students will access them.

It is difficult to determine whether these schools should ensure access to childcare at each site. While childcare is a service that staff and students both requested, it is one that allows students to remain in the pregnant minor schools longer, creating an incentive to linger rather than transfer back to a comprehensive school setting. Additionally, most of the respondents to my survey indicated that they left their children with family, friends, or neighbors while at school. Only one reported use of school-based childcare, which contradicts the supposed need for childcare at these schools. With insufficient information about the benefits and costs of childcare, I decline to offer any recommendation regarding it, but rather recommend that researchers investigate this aspect of services for teen parents further to determine whether it would help students stay in school or create a disincentive to return to a comprehensive school.

Within the pregnant minor schools, I think administrators should consider providing more nutritious meals to students. I only received a few responses that indicated that students desired “better food,” which could be interpreted many ways. I think that a more specific analysis of the food at these schools should be initiated to determine the quality of the food. If the food could be significantly improved, the schools might consider revising their menus. I think a potential partnership could develop with the Farm to School network, which works to link the healthy produce of local farmers with public school students.² Another option is to work with Women, Infants, and Children (WIC), which provides nutrition assistance and education to low-income

² See <http://www.farmtoschool.org/CA/> for more information.

mothers and their young children.³ If pregnant and parenting students could eat at least one highly nutritious meal each day, it would benefit them and their infants, who are in a crucial period of development.

I also recommend greater, transparent coordination between agencies and organizations that work with pregnant and parenting students, something that a staffperson from a pregnant minor school suggested might streamline access to services. Many public and nonprofit organizations provide services, funding, or donations to this population. Although there has been some effort to compile a comprehensive guide for pregnant and parenting students in California, the California Pregnant and Parenting Youth Guide, there is no comprehensive guide to every service, school, or option that students can access in LAUSD. These stakeholders should meet periodically to make a more coordinated effort and make a comprehensive manual that students can easily access and understand to help them use these services. Another way to coordinate and distribute services more efficiently might be to resurrect the Teen Parent Program.

In terms of school curriculum, all pregnant minor school sites should provide the A-G curriculum required for entrance into California's university system. The budget cuts since 2008 have further limited the small staff at these schools, but McAlister and Riley need the staff to teach all the A-G subjects, including language class, which is not included at pregnant minor school sites currently. Although students can take the necessary classes at a local community college, the logistics and extra effort needed to manage classes at two different locations in addition to caring for a young child may be too demanding for most students at pregnant minor school sites. At the very least, pregnant minor school sites should encourage and facilitate the cross-enrollment necessary to complete these courses. Access to this curriculum at the pregnant

³ See <http://www.fns.usda.gov/wic/>

minor schools they attend is essential to make postsecondary education possible for pregnant and parenting students as a gateway to financial independence and personal success.

Ensuring Title IX Rights

In order to assure the rights of pregnant and parenting teens under Title IX, LAUSD should more effectively and completely ensure awareness of Title IX among pregnant and parenting students. Multiple staff members at LAUSD related that students view a “Know Your Rights” Fact Sheet once they become pregnant and once they enter a pregnant minor school site. Yet in my survey, only nineteen of the 30 student respondents (63 percent) reported that they knew about their Title IX rights; some of these students have children old enough that they are not new to the circumstances. As such, they should be fully aware of their rights and should recognize them in written form on the survey. Therefore, LAUSD should require that students read and sign a sheet that informs them of their rights when they are first recognized as pregnant and before they decided to transfer to a pregnant minor school site. They should strive to reach 100 percent awareness among pregnant and parenting students of their educational rights under Title IX. Students should be encouraged to report any violations of their rights to an adult they trust who can help them or directly to Educational Equity Compliance.

Additionally, LAUSD schools should be audited through the California State Department of Education’s Federal Program Monitoring to ensure compliance with Title IX. This program used to include review of educational equity, including the assessment of gender equity mandated by Title IX, before budget cuts began to devastate funding for public education in California (Telephone interview, 3 Feb 2012). Without auditing, there is no accountability to Title IX for LAUSD schools. Relying on students with a low awareness of their rights is unlikely to yield much success. Relying on parents, teachers, and other staff at schools requires not only

their awareness of the law, but also their ability to observe the violation and their willingness and sense of agency to come forward with a complaint. To depend on people in vulnerable positions to report Title IX violations is irresponsible and unreliable, so the State Department of Education should undertake auditing to protect the rights of these students.

Some of my recommendations may require no additional funding, including the improved coordination of service providers, measures to improve Title IX rights awareness among pregnant and parenting students, and greater efforts to help students at pregnant minor schools transition back to comprehensive schools. Others involve increased funding, including the expansion of sex education programs and school-based health centers, the full incorporation of A-G curriculum into pregnant minor schools, and the rejuvenation of proactive review of Title IX in schools. The adoption of these proposals may be unfeasible during the continued budget shortfalls within our struggling economy, especially as pregnant minor schools and their students attract little attention. But I will venture to suggest that these recommendations are economically sensible, as they will reduce reliance on social services and increase the ability of students to lead healthy, productive lives by keeping them in school, and that policy makers should consider them sound investments in education. Schools should also consider applying for grant funding to address these issues. Ideally, empowered and educated students and their communities who become more aware of their rights can become advocates who vocalize their needs.

Methodological Reflections

In the process of surveying students at pregnant minor school sites, I identified a number of methodological practices I would like to share to help future students and researchers consider potential strategies to access information from such specific populations. My initial plan was to distribute surveys in classrooms at pregnant minor school sites, but the limited time frame of my

study precluded the possibility of applying for LAUSD's Internal Review Board approval. I also had to limit my study to those over eighteen years of age to satisfy the Human Subjects Research Review Committee at Occidental College. Although it was frustrating to realize that I could not execute my study as I had envisioned, I gained a deeper understanding of the restrictions on research, especially for protected populations like pregnant and parenting students.

Instead I asked students entering and leaving school to fill out surveys outside of school grounds and hours. I planned to visit one school site before class began around 8 AM and another after it ended between 12:30 and 1 PM. I quickly discovered that I could not talk to every student in one visit as students entered or left the building, so I began visiting a school in the morning and staying in the area, due to the geographically disparate locations, to pass out surveys again in the afternoon. If I were to repeat the study, I might even consider visiting the school in the morning and afternoon on two different days due to my observation of the inconsistent attendance of students in order to assure that I am contacting as many students as possible for surveys.

I had also hoped to interview interested students as a follow-up to the surveys to gather more rich data about students' experiences and ask questions that came up based on the survey results. When students returned the surveys to me, I provided them my contact information and invited them to contact me if they would like to participate in an interview. No students contacted me. In the future, I would ask them if they would like to do an interview instead of telling them to contact me later if they are interested. Additionally, I might pass out the card with my contact information with information about how to report Title IX violations in order to increase my impact by not only gathering information for my researching but also helping these students advocate for their own rights.

After reviewing the results of my survey, I also realized that I could have rephrased or added questions to better assess Title IX compliance and the services accessed by students. I received quite a variety of responses to the question about how students share their opinions about their schools, indicating that students may not have understood the question or that the concept of providing feedback was unfamiliar to them. This is a question I could have asked in a simpler way to gather answers to the right question. Many students asked me about the meaning of the question that asked whether students had adequate opportunities to continue school; others could have felt unsure about the meaning of the question but not asked, which could have skewed my results. I could have used the word “enough” rather than “adequate” in order to get responses to the right question because it may have been easier to understand. I encountered a similar problem with the question about whether the students voluntarily chose how to continue their education. If I could design the survey again, I would rephrase the question by asking whether anyone “made” or “forced” them to leave their previous school and whether they decided to change to McAlister or Riley High Schools without someone making them. I think that phrasing the questions in the most legible way possible would have made it easier for the students to understand and respond appropriately.

To better understand the experiences and aspirations of these students, I would have liked to ask when they think they will graduate and whether they are currently applying to college, for example, to gather more concrete data about the future of these women and not just their goals. I also should have asked what school they previously attended in order to know if there is a certain school that perpetuating discrimination of pregnant and parenting students.

Reflecting upon my experience, I can see how I would approach this study in a more effective and efficient way in the future. I also hope that readers may consider such issues if they initiate similar research projects.

Conclusion

Although teen pregnancy is a hot-button issue across the country, due to its unprecedented prevalence compared to other developed countries, schools expend insufficient efforts to teach students sex education in order to reduce unintended pregnancies and their potentially detrimental consequences. Improved and expanded sex education and school-based health center programs in LAUSD throughout our nation's public schools would diminish the social and economic cost of these pregnancies.

The U.S. education system gives even less attention to young women once they become pregnant. Title IX regulations are designed to protect this population, which is vulnerable to both dropout and pushout of school, as well as discrimination, exclusion, and relegation to sub-par educational facilities. To support and uphold the Title IX rights of these young women, LAUSD provides some services and alternative educational options, most notably, the pregnant minor school sites of McAlister and Riley High Schools. Nonetheless, Title IX violations continue to occur—albeit at comparably low levels—in LAUSD. To reduce infringement upon pregnant and parenting students' rights, LAUSD should better ensure awareness of Title IX rights and proactively audit schools. In addition, better coordination of services, access to nutritious food, and inclusion of the curriculum needed for college admittance would help students live healthy and productive lives while staying in school and increasing future opportunities.

Although my small sample size of 33 surveys unearthed exclusion from activities and one explicit case of expulsion due to pregnancy status, I found only a few cases where Title IX

violations might be occurring. Many other violations might be occurring among students outside of pregnant minor schools. To rely on students who report low awareness of their rights to report violations of their rights is an unreliable method of discovering schools' breaches of Title IX rights. Therefore the schools must improve awareness of these rights while ensuring their fulfillment through proactive auditing. Additionally, researchers might consider evaluating the fulfillment of Title IX rights by surveying or interviewing students who are no longer attending school or who attend comprehensive schools to better account for the full spectrum of experiences of pregnant and parenting students in Los Angeles.

California's teen birth rate has shown a dramatic decline since its height in 1991. The state's sex education requirements are among the most progressive in the nation. It is my hope that the state, and its biggest district, will lead the way in the education of pregnant and parenting students in the future.

Pregnant and parenting students deserve respect, education, and equitable treatment. Providing them the education to which they are entitled will allow them to participate fully in society, and society stands to benefit. Their needs have been neglected, their cause ignored, but those who think teen parents are not worth trying to help should consider, at the very least, that these are the newest parents of upcoming LAUSD students, who deserve every opportunity for a good education.

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Appendix 1: Survey Instrument

Survey for Students at McAlister and Riley High Schools

Age: _____

School: _____

Year in school: (Circle one) Freshman Sophomore Junior Senior

Race/ethnicity: (Circle all that apply) American Indian Asian Pacific Islander
Filipino Hispanic African American White Other

Are you currently pregnant? (Circle one) Yes No

Do you have a child or children? (Circle one) Yes No

Age of child or children: _____

1. When you became pregnant, did someone at school talk to you about your options to continue your education? (Circle one) Yes No

2. If so, who? (Circle all that apply) Teacher Principal Counselor
Coach
Other: _____

3. What educational options did they discuss with you? _____

4. Were you given the option of continuing at your previous school? (Circle one)
Yes No

5. Did you feel like you had adequate opportunities to continue your education after becoming pregnant? (Circle one) Yes No

6. Did you voluntarily choose how to continue your education? (Circle one)

Yes No

Please explain: _____

7. When you became pregnant, were you excluded from any courses or activities at your previous school? (Circle one) Yes No

If so, which courses or activities? _____

8. Before taking this survey, were you aware of your rights under Title IX to continue your education and access education of equal quality after becoming pregnant? (Circle one) Yes No

9. Why did you choose to come to a school for pregnant and parenting students?

(Circle all that apply)

Half-day schedule

To be around other pregnant/parenting students

To access resources for pregnant and parenting students at these schools

Other: _____

10. How do you get to school? (Circle one) Public bus School bus Walk

Drive yourself A family member or friend drives Other

11. How long does transportation from home to school take? (Circle one)

0-15 minutes 15-30 minutes 30-45 minutes over 45 minutes

12. Is transportation an issue you considered as you decided whether to come to McAlister/Riley High School? (Circle one) Yes No

13. Is access to childcare an issue for you? (Circle one) Yes No

14. If you have a child, what kind of childcare do you use while you are in school? (Circle one)

Childcare associated with the school

Private childcare

Family, friend or neighbor

Other: _____

N/A

15. What services have you used through LAUSD since becoming pregnant? (Circle all that apply)

Counseling

Health clinic

Support group

Career-related services

Parenting classes

Referral to other services

Other: _____

16. How did you find out about these services? (Circle all that apply)

Teacher Principal Counselor Coach Parent Friend

Other: _____

17. What support services, if any, have been most helpful?

Counseling

Health clinic

Support group

Career-related services

Parenting classes

Referral to other services

Other: _____

18. In what ways could your school better meet your needs as a pregnant/parenting student? _____

19. How do you share your opinions about how to meet your needs as a pregnant/parenting student? _____

20. At McAlister/Riley High School, does your education meet your needs? (Circle one) Yes No

21. Please describe the community at McAlister/Riley High School: _____

22. What are your goals for after high school? _____

23. In what ways can McAlister/Riley High School best help you achieve your goals? _____

24. Do you plan to return to your home school? (Circle one) Yes No

25. If so, how can your home school best help you achieve your goals? _____

Any additional comments: _____

Thank you for your participation!

If you are interested in participating in a follow-up interview, please contact me at flake@oxy.edu or 206-551-5400.