Mother Doesn't Always Know Best:
The Effects of Sex and Support for Sex Education on Views of Teen Access to Birth Control without Parental Consent

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ABSTRACT

Many individuals are unaware of the legislation dictating the availability of contraceptives for minors. Each state's policy for teen access to birth control varies, but a total of 46 states and the District of Columbia allow minors to receive birth control without parental consent. Previous literature has found minors who have access to birth control and parents who support the use of birth control are more likely to use contraceptives than teens with parents who are unsupportive of contraceptives. This research examines the effects of support for sex education and sex on views of teen access to birth control without parental consent. The data for this research were obtained from the 2016 wave of the General Social Survey conducted by the National Opinion Research Center at the University of Chicago. The sample size consisted of 1,521 individuals. The majority of respondents supported teen access to birth control without parental consent.

Many individuals are unaware of the legislation dictating the availability of contraceptives for minors (Smith 2014). In the media, birth control funding is a steady topic, but teen access to contraceptives is not often mentioned (Leonard 2015). Each state's policy for teen's access to birth control is different, but a report from the Guttmacher Institute (2016) stated that a total of 46 states and the District of Columbia allow minors to receive birth control without parental consent. Of these 46 states, 26 explicitly allow physicians to prescribe birth control with only a minor's consent, and 20 allow physicians to prescribe birth control to a minor without parental consent if they are deemed mature, are married, or are pregnant (Guttmacher Institute 2016). Although doctors are permitted to prescribe contraceptives to minors without parental consent, the American Academy of Pediatrics (AAP) requires pediatricians to encourage family involvement with sexual health and reproductive concerns (Marcell and Burstein 2017). Pediatricians must also provide counseling to minors to ensure the occurrence of safe sexual practices (Ott and Sucato 2014). The AAP (2014) has stated, their first priority is to promote abstinence and provide sexual health information to pediatrics, before prescribing contraceptives. Currently, doctors hold the right to not disclose any sexual health information to a minor's parent if they believe it is in the best interest of the child (Ott and Sucato 2014).

The use of birth control methods among adolescents has increased over the past two and a half decades (Abma and Martinez 2017). In the 1980's public schools lacked sexual education for students. Therefore, teen use of birth control was lower (48 percent) because they were unaware of the different birth control methods and their importance (Guttmacher Institute 2016). Currently, almost 80 percent of sexually active teens reported using some form of birth control (Abma and Martinez 2017). This growth is important to note because awareness of minors' sexual activity and birth control practices affects the health, economy, and social realms within

society (Bleakly et al. 2006). Since the use of birth control methods have risen, a notable decrease in teen pregnancy has been documented as well (Guttmacher Institute 2016).

A study using data from the National Survey of Family Growth, determined condoms were the most used form of birth control (74.6 percent) among sexually active adolescents. This study also found that 47 percent of teens aged 15 to 19 years old, were sexually active (Abma and Martinez 2015). The adolescents who did not use a prescribed form of birth control reported the primary reason was fear of their parents' judgements (The National Campaign to Prevent Teen and Unplanned Pregnancy 2015). However, according to the National Campaign to Prevent Teen and Unplanned Pregnancy (2015), 68 percent of parents stated they hoped their child would talk to them about having sex, so they could help them obtain the right forms of protection. As well as wanting to talk to their children about birth control, a majority of parents (73 percent) agreed informing teens about obtaining birth control pills from family planning clinics and doctors without permission from a parent is an appropriate topic for sexuality education programs in schools (Bleakly, Hennessy, and Fishbein 2006). Parents tend to find it easier for schools to teach their children about practicing safe sex, because many deem the "birds and bees" conversation uncomfortable (Wallace 2015). Researchers found 65 percent of parents of high school students stated that federal government funding "should be used to fund more comprehensive sex education programs that include information on how to obtain and use condoms and other contraceptives" instead of funding programs that have "abstaining from sexual activity" as their only purpose (Bleakly et al. 2006:1153).

A program known as Nurx, allows teens 12 years or older to apply for contraceptives such as the birth control pill, Plan B, skin patches, or vaginal rings via the Nurx website. The most common birth control method Nurx delivers is the pill. Once an individual is approved for a

Nurx contraceptive, a doctor will mail a prescription to the participant for as little as fifteen dollars without insurance, or free with some insurances (NURX 2015). Programs are available to teens to access birth control without seeing a physician. Programs such as Maven, Lemonaid, and the Planned Parenthood telehealth site are referred to as digital clinics for women. These programs require a completed health form as well as a digital photo to be submitted to receive health services. These programs can get pricey starting at forty-five dollars a consultation without insurance (Roy 2016).

Parents' reactions to programs such as Nurx enabling children to obtain birth control without parental knowledge was controversial. CBS Pittsburgh (2017), reported a comment from mother Monique Greene, "If you want my momma point of view? No, I don't agree with that crap. But, my professional point of view, because I deal with youth, I realize there are a lot of situations that can come behind why [someone would] do it." On the other hand, physicians state, "We have younger patients who haven't been able to access birth control otherwise because their parents aren't comfortable talking about birth control with them," Dr. Knox said. "So they won't take them to the doctor's office" (Abraham 2017).

These examples suggest the opinions toward teen access to contraception without parental consent are conflicting. Parents and physicians have differing views on the topic, depending on the situation of the adolescent. This research will examine the effects of support for sex education and sex of respondent on views of teen access to birth control without parental consent.

LITERATURE REVIEW

Defining Birth Control

Birth control is now marketed as an essential medicine, which meets the needs of the population (Watkin 2012). Contraceptives are used for a variety of reasons, and can be accessed by a wide age range of individuals. Females between 12 years of age to the onset of menopause, generally 44 years of age, are deemed safe to take any form of contraceptives (Guttmacher Institute 2016). Forms of contraceptives include the condom, diaphragm, Depo-Provera injection, contraceptive ring, contraceptive patch, emergency contraceptive, hormonal implant, IUD, and oral pill (Abma and Martinez 2015). These contraceptives can be used as a form of family planning, or for medical necessity. Medical conditions in which birth control should be used include heavy or abnormal menstruation, endometriosis, or polycystic ovary syndrome (Copen, Dittmus and Leichliter 2016).

Teen Access to Birth Control

Originally, birth control methods were only legally available to married women as a form of family planning (Congressional Digest 2012). In the 1980's birth control was primarily marketed to physicians as a benefit to women planning to have children (Garner 2015). Currently, birth control methods are available to anyone 12 years or older in 20 states (Guttmacher Institute 2016). The Title X family planning program allows minors to seek contraceptive and reproductive services confidentially without consent from their parents (Bootstrap and Nash 2000). While no state in the United States requires parental consent or notification for any reproductive health services, Texas and Utah deny the use of state funds to provide contraceptive services to minors without parental consent (Boonstra and Nash 2000).

All hormonal contraception and IUD's require a prescription from a physician to obtain birth control (Copen et al. 2016). This creates limited access to minors who are unable to pay for a prescription without using insurance. Insurance companies do not follow the same confidentiality procedures as physicians, and can therefore disclose any sensitive information to the owner of the insurance plan (Lindo and Packham 2017). The only over the counter hormonal contraception available is the emergency contraceptive pill known as Plan B. To obtain Plan B, an individual must be 17 years of age or older to purchase it (Watkin 2012).

Most teens find it easier to access condoms, whether it be purchasing them at a store or obtaining them from a local clinic. One issue posed is what to do if a minor cannot drive or does not have the means of purchasing the contraceptive. Transportation barriers increase the likelihood that a minor will choose not to use birth control (Santelli and Ott 2006). Previous research (Douglas 2007), found public schools want to set up programs to hand out condoms to make it easier for adolescents to access birth control. Depending on the state, some schools can pass out condoms, along with a sex education class on how to use them, without parental consent. However, some programs require a parent to either be notified or give consent for their child to be provided free access to condoms (Kirby and Brown 1996).

Views of Teen Access to Birth Control

Previous research examining teen access to birth control focuses on two main arguments. First, minors are still under the supervision of their parents and some believe it is in the best interest of the child to have the parent involved in medical decisions (Boonstra and Nash 2000). The counter argument is that minors who are sexually active, pregnant, or infected with an STD may avoid medical care if they must get a parent involved, therefore their medical concerns should be confidential (Boonstra and Nash 2000).

Eisenberg et al. (2005), found nearly 50 percent of parents agreed a minor's right to obtain contraceptives without parental consent was a good idea, and 42 percent of parents thought a written noticed should be issued to parents before dispensing prescribed contraceptives was a good idea (Eisenberg et al. 2005).

State lawmakers argue that minors have a fundamental liberty in the area of sexual health that outweighs their parents' rights, and parental approval will hinder a state's efforts to curb the high rates of teenage pregnancy and sexually transmitted diseases (Davis 2010). However, parents argue that the Due Process Clause of the Fourteenth Amendment protects their right as parents to make decisions concerning the care, custody, and control of their child (Douglas 2007).

Birth Control and Sex

Males and females have different views on when and why individuals should use birth control. Freeman and colleagues (1980) found that 64 percent of females believed birth control only needed to be used when sex was occasional, compared to 44 percent of males. Astone et al. (2016), found 60 percent of males aged 15 to 44 failed to effectively use birth control compared to females (Astone et al. 2016). Furthermore, Eisenberg et al. (2005) found that mothers were less likely to favor parental notification laws than fathers. Parental notification laws are currently in place for minors seeking to get an abortion. These laws require parents to be notified or give consent based on the minor's situation, in order for the child to go through with the abortion (Jones, Purcell, and Singh 2005). Eisenberg et al. (2005) found around 50 percent of parents supported parental notification laws for a minor to receive hormonal birth control.

Blake (1973), found that 75 percent of males favored making birth control services widely available to teenage girls if requested it. Interestingly, only 50 percent of females favored making

birth control available (Blake 1973). Research by Kreager, Lefokowitz, and Vasilenko (2013) found women in relationships were more likely to be influenced by their partner on their attitudes toward birth control. Therefore, if men were less supportive of birth control, then their female partner was as well (Kreager, Lefkowitz, and Vasilenko 2013).

Birth Control and Sex Education

Lerner and Hawkins (2016) found that adolescents who delay engaging in sexual behavior until junior high are more likely to use birth control. This is compared to teens who begin engaging in sexual activities before entering middle school. Barber (2016), found that as more sex education was provided to adolescents, the more contraceptives were used. Also, those who were using less effective forms of birth control switched to more effective forms once being educated about birth control (Barber 2016). The research supporting sex education in public schools, is the reason state governments push for teen access to birth control without parental consent (Douglas 2007). Realini et al. (2010) found that adults and parents who support public school offering comprehensive sex education, versus abstinence only education programs are more likely to be in favor of teen access to birth control (Realini et al. 2010). Albert (2004), found that 75 percent of adults and 85 percent of teens wanted more information on how to properly use birth control as protection, as well as how to practice abstinence, to be taught to teens.

Parents who disagreed with adolescents having access to contraceptives without parental notification, stated classroom education about safe sex, paired with the distribution of condoms, displaced parental authority because it undermined values parents were teaching their children (Douglas 2007). The parents that argued distribution of condoms in public schools undermined parental values, did not support education about forms of birth control in sex education classes.

Researchers Haglund and Fehring (2009) found that students who had abstinence only education were as likely to support comprehensive sex education as those who had comprehensive sex education in school (Haglund and Fehring 2009).

Additions to the Literature

This research adds to the literature by using data from a 2016 large-scale nationally representative sample to analyze the effects of sex and views of sex education on attitudes toward teen access to birth control without parental consent. This research also adds to the limited scholarly literature available on the topic. Previous literature has focused primarily on teen access to contraception such as condom distribution in schools and sex education programs focused on contraceptives.

HYPOTHESES

H_1: Individuals who are more supportive of sex education in public schools will be more supportive of teen access to birth control without parental consent than individuals who are less supportive of sex education in public schools.

H_2: Women will be more supportive of teen access to birth control without parental consent than men.

DATA AND VARIABLES

The data for this research were obtained from the 2016 cross-sectional wave of the General Social Survey (GSS), conducted by the National Opinion Research Center (NORC) at the University of Chicago. The GSS is a longitudinal survey conducted every two years on even numbered years. The GSS began in 1972 with the most recent available data from 2016. All respondents are United States citizens, non-institutionalized, English or Spanish speaking, and 18 years of age or older (Smith, Davern, Freese and Hout 2017).

Dependent Variables

The dependent variable for this research was views of teen access to birth control without parental consent. This variable was operationalized through the following permanent question from the 2016 wave of the GSS "Do you strongly agree, agree, disagree, or strongly disagree that methods of birth control should be available to teenagers between the ages of 14 and 16 if their parents do not approve?" with answer options strongly agree, agree, disagree, or strongly disagree.

Independent Variables

The first independent variable for this research was views of sex education. Views of sex education was operationalized using the following permanent question from the 2016 wave of the GSS, "Would you be for or against sex education in the public schools?" with answer options favor or oppose. The second independent variable for this research was sex. Sex was operationalized using the question from the 2016 wave of the GSS: "Respondent's sex" with response options male and female.

Control Variables

The first control variable for this research is religiosity. Religiosity was operationalized using questions from the 2016 wave of the GSS. An index of religiosity was constructed by combining attendance at religious attendance, strength of religious preferences, frequency of prayer, and participation in activities and organizations of a church or place of worship other than attending services. The scores ranged from 3 to 28, with 3 being no religion, and 28 being very religious. The index had a mean of 13.020 and a standard deviation of 6.633. The Cronbach's alpha for the index was 0.702, indicating that it was a very reliable measure of religiosity.

The second control variable for this research was number of children. Number of children was operationalized using the question from the 2016 wave of the GSS, "How many children have you ever had? Please count all that were born alive at any time (including any you had from a previous marriage)" with responses ranging from 0 to 8 or more. For descriptive statistics, the responses were dichotomized into no children and has children

The second control variable for this research was marital status. Marital status was operationalized using the following permanent question from the 2016 wave of the GSS, "Are you currently – married, widowed, divorced, separated, or have you never been married?" For descriptive statistics, the responses were dichotomized into ever married and never married.

ANALYSIS

After removing missing cases using listwise deletion, the total sample size was 1,795 respondents. The majority of respondents (61.2 percent) strongly agreed or agreed teens should have methods of birth control available to them if their parents do not approve. In comparison, 38.8 percent of respondents strongly disagreed or disagreed that teens should have methods of birth control available to them if their parents do not approve. This not surprising compared to results from previous literature that 73 percent of parents agreed that informing teens about obtaining birth control pills from family planning clinics and doctors without permission from a parent is an appropriate topic for sexuality education programs in schools (Bleakly et al. 2006).

The majority of respondents (55.6 percent) were female. This is number is slightly above the national average of 50.9 (Howden and Myer 2011). In regard to views of sex education, 92.2 percent of respondent's favor sex education in public schools, which is slightly lower than previous studies of 93 percent (NPR 2004). Surprisingly, the majority of respondents (57.9 percent) stated they pray daily. The sample results were slightly higher with the 55 percent who

Table 1.
Correlation Matrix of Dependent, Independent, and Control Variables, N= 1,795

reported they pray daily by the Pew Research Center Religious Landscape Study (Wormald 2014). Interestingly, most respondents (30.6 percent) stated they attend religious services yearly, and 36.9 percent reported not having a very strong religious affiliation. Almost 50 percent stated they never attend religious activities, with a median of 2 being yearly. This sample was less religious than the Pew Research Center Religious Landscape Study (Wormald 2014). For example, the study reported that, 46.2 percent of individuals seldom to never attended religious activities. The median response for prayer was 4, which indicates that the average individual in the sample prays daily. An index was created for religiosity. The mean for the religiosity index was 13.020 with a standard deviation of 6.633, and a Cronbach alpha of .702. This suggests that the sample was moderately religious and had high reliability overall.

The majority of respondents (71.1 percent) had children. In regard to marital status, most of the respondents (71.7 percent) have been married. This sample statistic was slightly higher than data collected from The National Center for Health Statistics (CDC 2016), which reported that 62 percent of women have children This sample statistic was slightly lower than the national average. For example, the 2015 Census reported that 63 percent of citizen's 18 years or older have never been married (United States Census Bureau 2015).

	(1)	(2)	(3)	(4)	(5)	(6)
(1) Birth Control to Teenagers	1.00	.307***	.207***	-.110***	.145***	.118***
(2) Religiosity Index[a]		1.00	.145***	.136***	.197***	.188***
(3) Views of Sex Education			1.00	-.041	.179***	.080**
(4) Sex[b]				1.00	.061**	.045
(5) Number of Children					1.00	.420***
(6) Marital Status[c]						1.00

Note: *=p< .05; **=p< .01; ***=p< .001

[a]Religious Index is coded 3 = No Religion, 28 = High

[b] Sex is coded as 1= "Male", 2= "Female"

[c] Marital Status is coded as 0= Never Married, 1= Ever Married

Table 1 illustrates the bivariate correlations for views of teen access to birth control without parental consent, views of sex education in public schools, sex, religiosity, number of children, and marital status. There was a weak, positive, statistically significant relationship between views of teen access to birth control without parental consent and views of sex education in public schools (r=.207; p= .001), indicating that individuals who favor sex education in public schools also approve of teen access to birth control without parental consent.

There was a weak, negative, statistically significant relationship between views of teen access to birth control without parental consent and sex (r= -.110; p= .000), suggesting that females are more likely to favor teen access to birth control without parental consent, than males. This finding supports the hypothesis that women will be more supportive of teen access to birth control without parental consent than men. There was a moderate, positive, statistically significant relationship between views of teen access to birth control and the control variable religiosity (r= .307; p= .000). In other words, those who are less religious are more supportive of teen access to birth control without parental consent.

Table 2.1.

Views of Teen Access to Birth Control By Views of Sex Education in Public Schools, N= 1,795

Views of Teen Access to Birth Control	Views of Sex Education in Public Schools (Percent)	
	Favor (n=1655)	Oppose (n=140)
Strongly Agree	29.2	9.3
Agree	34.3	25.0
Disagree	23.6	22.9
Strongly Disagree	12.9	42.9

Note: χ^2 =97.596; p= .000

Table 2.1 shows the bivariate relationships between views of teen access to birth control without parental consent and views of sex education in public schools. There was a 19.9 percent statistically significant difference in strong agreement with teen access to birth control between those who favor sex education and those who oppose sex education (p=.012).

Table 2.2.

Views of Teen Access to Birth Control By Sex , N= 1,795

Views of Teen Access to Birth Control	Sex (Percent)	
	Male (n=797)	Female (n=998)
Strongly Agree	23.6	30.9
Agree	31.9	35.0
Disagree	26.5	21.1
Strongly Disagree	18.1	13.0

Note: χ^2 =22.489; p= .000

Table 2.2 shows the bivariate relationship between views of teen access to birth control without parental consent and sex of respondents. There was a 7.3 percent difference in strong support between females and males with females showing more agreement with teen access to birth control without parental consent (p=.000).

Table 3.
OLS Regression Results of Views of Sex Education in Public Schools, Religiosity, Sex Number of Children, and Marital Status on Views of Teen Access to Birth Control without Parental Consent (N=1,795)

Variable	Model 1	Model 2	Model 3	Model 4
Views of Sex Education in Public Schools	0.790***			0.555***
	(0.088)			(0.086)
Religiosity Index		0.048***		0.044***
		(0.003)		(0.044)
Sex			-0.227***	-0.302***
			(0.048)	(0.046)
Number of Children				0.032**
				(0.015)
Marital Status				-0.034
				(0.014)
R^2	0.043	0.095	0.012	0.149

Note: Unstandardized regression coefficients
Standard Error shown in parentheses
*Relationship significant at the .05 level
**Relationship significant at the .01 level
***Relationship significant at the .001 level

Table 3 shows the regression results of views of sex education in public school, sex, number of children, and marital status on views of teen access to birth control without parental consent. Consistent with bivariate correlation results from Table 1, it appears from Model 1 (R^2=0.043) that individuals who favor sex education in public schools more strongly agree with teen access to birth control without parental consent. Model 2 shows that 1.2 percent of the variance in agreement with teen access to birth control without parental consent is explained by the sex of a respondent. The relationship between sex and views of teen access to birth control is also statistically significant, which is consistent with Table 1 results, as well. Females demonstrate more agreement with teens receiving birth control without parental consent than males. Overall, Model 4 (R=0.149) which includes the control variables, is the best predictor of views of teen access to birth control without parental consent, with 14.9 percent of the variance being explained by the full model.

SUMMARY AND IMPLICATIONS

This research examined the effects sex and support for sex education on attitudes toward teen access to birth control without parental consent. The first hypothesis stated that individuals who are more supportive of sex education in public schools will be more supportive of teen access to birth control without parental consent than individuals who are less supportive of sex education in public schools. The second hypothesis was also supported indicating that females were more supportive of teen access to birth control without parental consent than males.

A main contribution of this research is that it expanded the limited literature on views of teen access to birth control without parental consent. This is important given the current political and social focus on reproductive rights. Interestingly, the results of this research indicate that females are more supportive of teen access to birth control without parental consent which has important policy and political implications. This results of this research should be widely disseminated to policy makers and the general public in order to continue the discussion of minors' reproductive rights. While teen pregnancy rates have decreased in the United States, continued teen access to birth control remains a controversial topic especially when considering the aspect of parental consent.

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