

Education Access for Pregnant and Parenting Adolescents

NOVEMBER 4, 2024

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Presentation Roadmap

Pregnancy in Adolescence: An Introduction

- National data
- North Carolina data
- The impacts: health outcomes, education access

Education Access for Pregnant + Parenting Adolescents

- Federal protections
- North Carolina protections

Q&A Session

Pregnancy in Adolescence: An Introduction



Who Are “Adolescents?”

- When “adolescence” ends/begins depends on who you ask
- Less common, but young people who are not adolescents (e.g., children) can become pregnant, too
- How pregnancy impacts a young person may be informed by whether they are of majority age (18+)
- This presentation focuses on education access in K-12 public schools (which can go up to age 21)

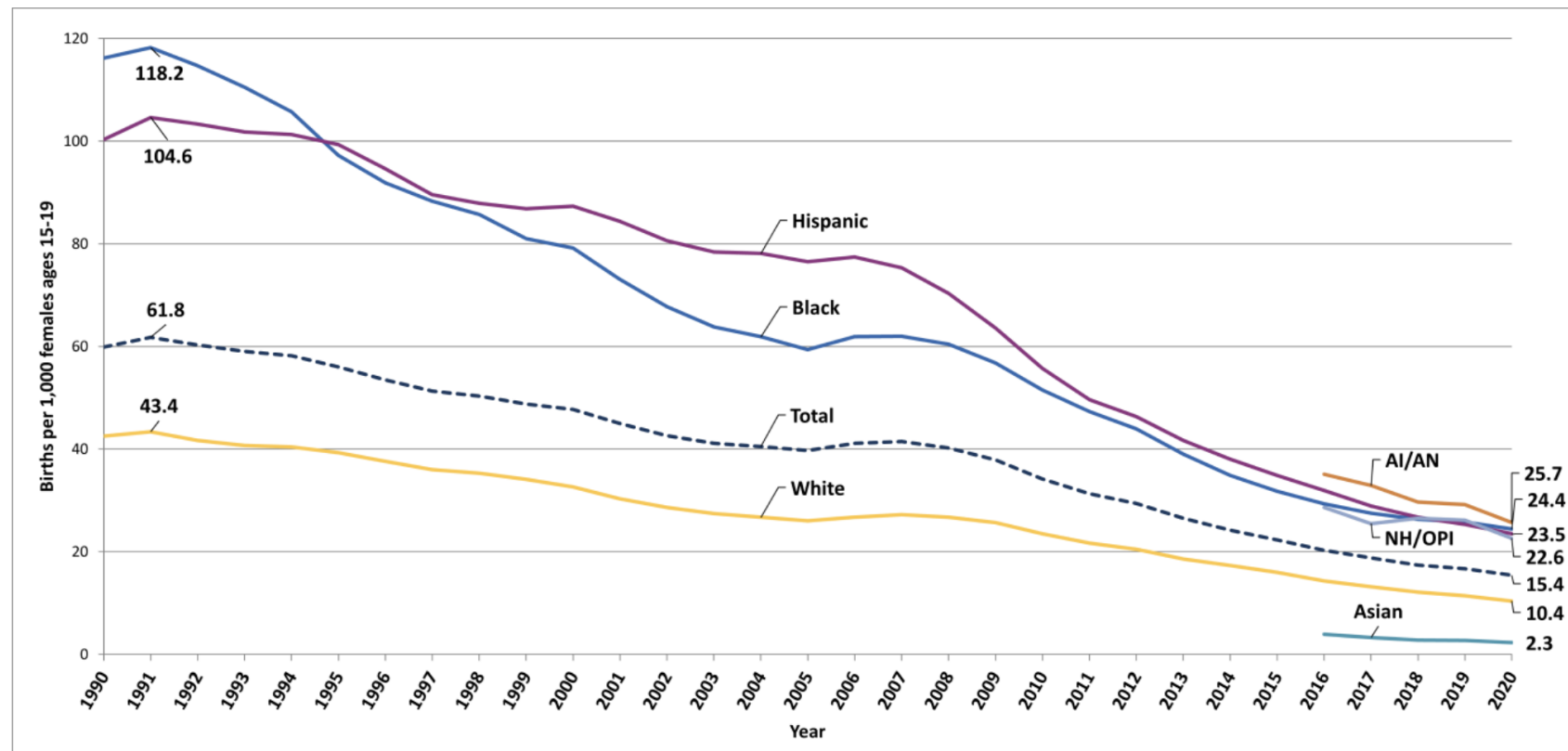


Be Careful With The Data!

- Not a 1:1:1 for pregnancies, births, and parenting
- Adolescent pregnancy and birth data varies significantly by age sub-group, race, ethnicity, household income, etc.
- “Finalized” data is often delayed- must be collected, cleaned up, etc. before it is shared; additional delays over last few years because of COVID
- A lot of data focuses on “teens” ages 15-19 and on birth rates (not pregnancy rates)

The National Picture

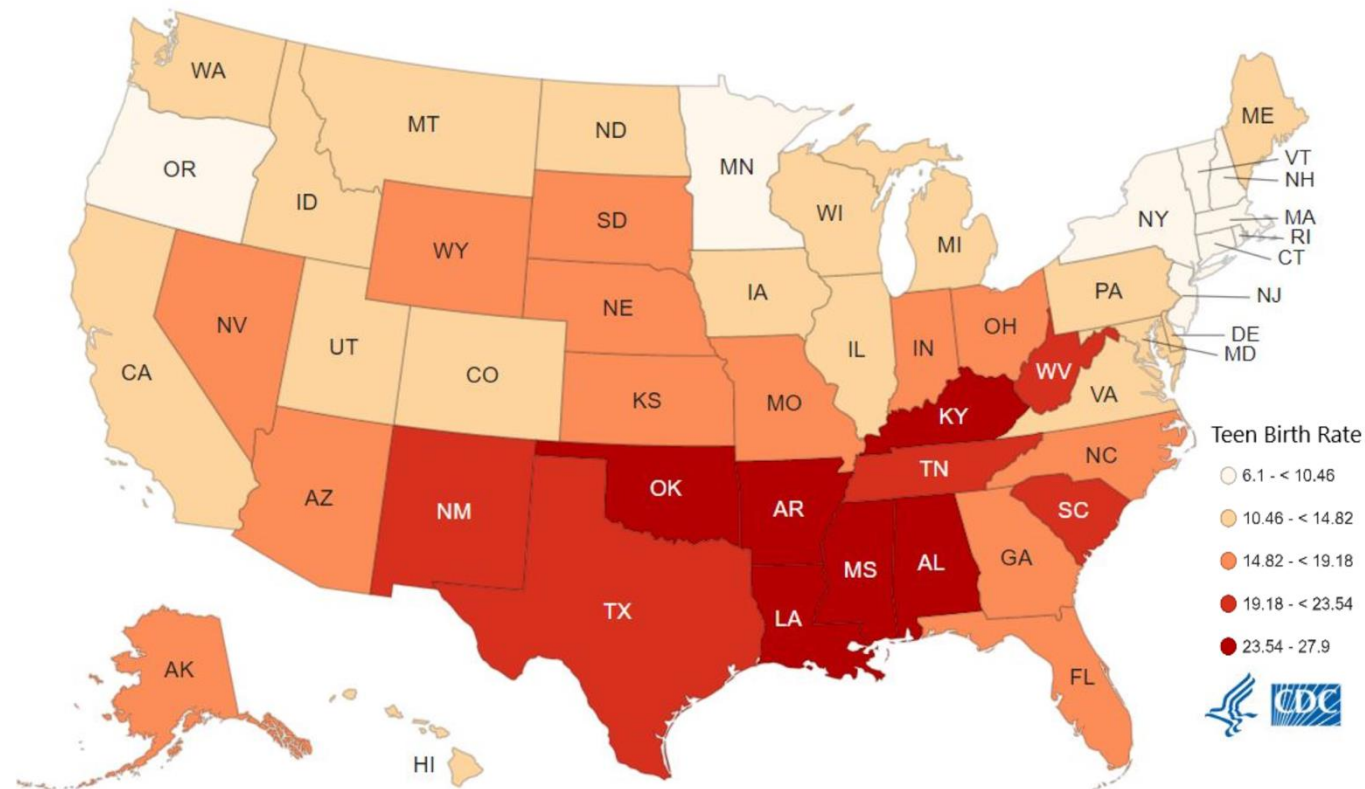
Figure 1: Birth rates for females ages 15-19, by race and Hispanic origin of mother, 1990-2020



Source: <https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing>

The National Picture

Figure 2: Birth rates for females ages 15-19 by state, 2020





The National Picture

Additional 2020 numbers

- Birth rate was 15.4 births per 1,000 females age 15-19
 - Accounted for less than 5% of all 2020 births in the U.S.
- Parents were unmarried in 91.7% of these births
- Approx. 15% of these births were not first-time births

Sources: <https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing#ftn1>;

<https://data.unicef.org/topic/child-health/adolescent-health/>

The National Picture

Trends in the data

- Overall decline in births to teens age 15-19 in the last 30 years
 - Peak was in 1991, when the birth rate was 61.8 births per 1,000 females age 15-19
 - Birth rate also declining amongst adults (18+) in the U.S. (not always for the same reasons, though)
- In the U.S., increase in overall contraception use amongst people age 15-19 from 2006 to 2019
 - However, data shows less consistent use of condoms, specifically
- U.S. has higher birth rates per 1,000 females age 15-19 than many other countries
 - Canada, U.K., France, Spain, Switzerland, Portugal, etc. have lower rates

Sources: <https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing#ftn1>;
<https://data.unicef.org/topic/child-health/adolescent-health/>; <https://www.sciencedirect.com/science/article/pii/S2590151621000113?via%3Dihub>

North Carolina Data



According to CDC, NC's 2022 rate was **15 births per 1,000 females age 15-19**

NC trend mirrors national trend: overall decline in rate over time

Source: <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>



North Carolina Data

Comparing NC to other states (2022 data)

- **Highest rates:** Mississippi (26.4), Arkansas (24.6), Louisiana (23.7), Kentucky (21.8)
- **Lowest rates:** New Hampshire (4.6), Massachusetts (5.8), Vermont (5.8), Connecticut (6.4)
- **Rates similar to NC:** Nevada (14), Nebraska (14.1), Delaware (14.7), *North Carolina (15)*, Arizona (15.1), Ohio (15.4)

Source: <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>

North Carolina Data

Take a moment to review the printed resources from the NC State Center for Health Statistics (SCHS)

- What does the data look like for your county?
- Do these numbers surprise you, or not?

The screenshot shows the NCDHHS website. The header includes the NCDHHS logo, the text "NCDHHS Division of Public Health NC State Center for Health Statistics", a search bar with "Enter Search Term" and a magnifying glass icon, and navigation links for "NC DHHS", "NC.GOV", "AGENCIES", "JOBS", and "SERVICES". Below the header is a blue navigation bar with links for "SCHS Home", "About Us", "Branches and Programs", "Statistics and Reports", "Interactive Health Data", and "Contact". The main content area has a breadcrumb trail: "DHHS >> DPH >> SCCHS >> Statistics and Reports >> Vital Statistics >> Provisional Vital Statistics Data". The title is "SCHS: Provisional Vital Statistics Data". The text explains that the State Center for Health Statistics prepares provisional Vital Statistics reports for public health planning, research, and policy. A caution box states: "Caution: Figures presented in Provisional Vital Statistics reports are based on events occurring in North Carolina. Numbers are subject to change throughout the year as a result of data quality review, addition of new events, as well as receipt of events occurring to North Carolina residents that happened out of state." Below this is a "Birth" section with a list of links: "+ 2024 Provisional, Quarters 1-2 - Updated 08/05/24", "+ 2023 Provisional, Quarters 1-4", "+ 2022 - Final", "+ 2021 - Final", "+ 2020 - Final", "+ 2019 - Final", "+ 2018 - Final", "+ 2017 - Final", "+ 2016 - Final", and "+ 2015 - Final". On the right side, there is a vertical menu with links for "Statistics and Reports", "Vital Statistics", "Vital Statistics Data", "Provisional Vital Statistics Data" (highlighted in dark blue), "Archived Reports", and "Health Atlas".



The Legal Landscape

Many legally-related factors at the national and state level that may inform future adolescent pregnancy rates

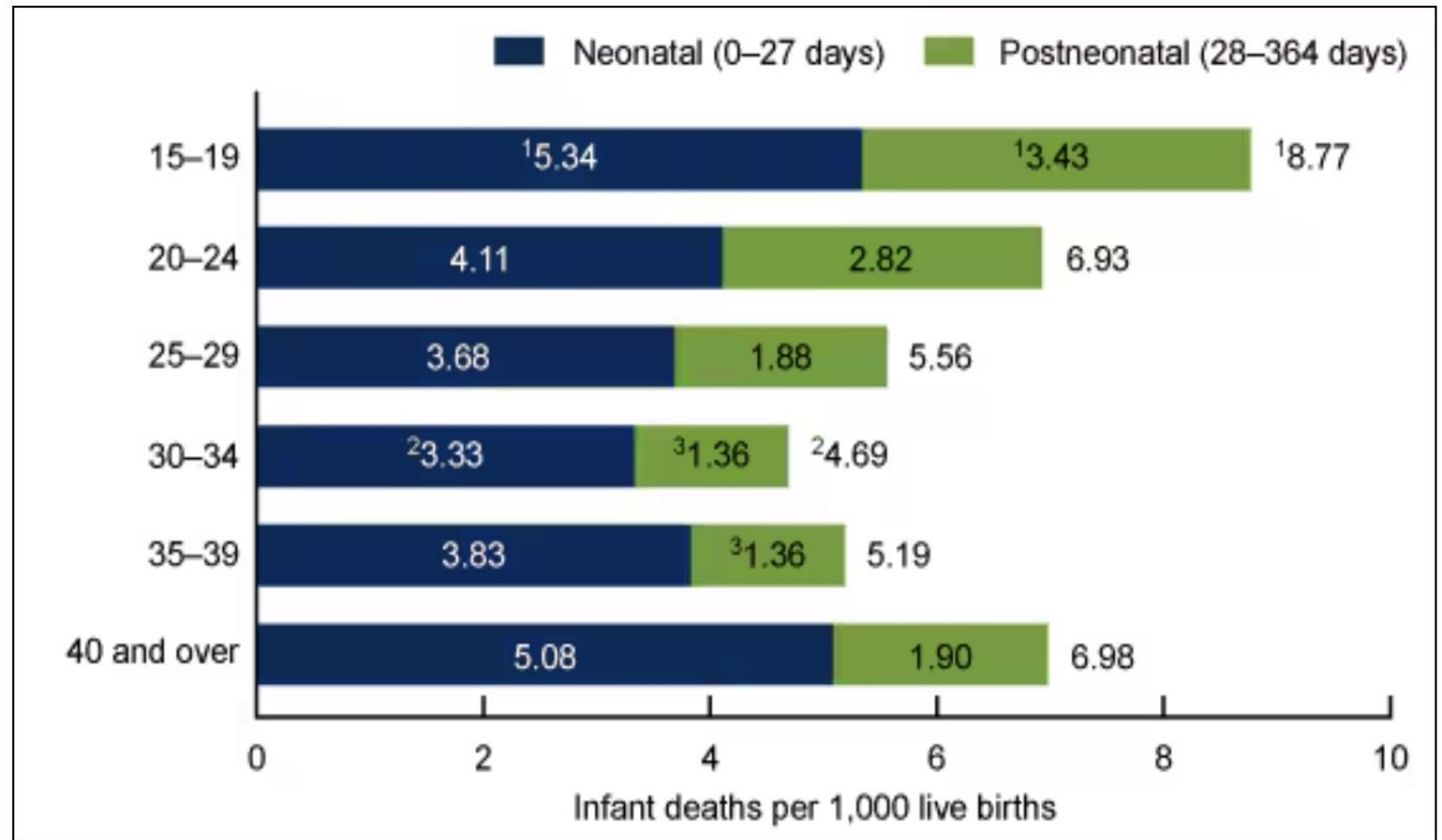
- National-level litigation around abortions and gestational period cutoffs, medication abortion, etc.
- States taking different actions: ballot measures, legislation
- Federal government creating new protections for reproductive health information
- More products available OTC now (e.g., oral contraceptives)
- Etc.!

The Impacts: Infant Health Outcomes

Infants born to a person age 15-19 have worse outcomes than infants born to people age 20+, including higher rates of:

- Preterm birth
- Low birthweight
- Infant mortality (death)

Figure 1. Infant mortality rates, by maternal age and infant age at death: United States, 2017–2018





The Impacts: Birth Parent Health Outcomes

People age 15-19 who give birth are at higher risk than their peers age 20+ for certain health issues, including:

- Preeclampsia and anemia during pregnancy
- Postpartum depression
- Substance misuse
- Post-traumatic stress disorder (PTSD)

Sources: <https://www.nichd.nih.gov/health/topics/high-risk/conditioninfo/factors>;
<https://publications.aap.org/pediatrics/article-abstract/129/5/e1228/73763/Comparison-of-Adolescent-Young-Adult-and-Adult?redirectedFrom=fulltext>; <https://publications.aap.org/pediatrics/article-abstract/133/1/114/68415/Addressing-the-Mental-Health-Needs-of-Pregnant-and?redirectedFrom=fulltext>



The Impacts: Education

People who are pregnant, give birth, and/or become parents as adolescents less likely than their peers to:

- Finish high school or obtain a GED by age 22
 - Adolescent fathers are 30% less likely than their peers to finish high school
- Complete 2- or 4-year college higher education degree programs

Nationally, pregnancy is one of the most commonly cited reasons for dropping out of high school

Sources: https://youth.gov/youth-topics/pregnancy-prevention/adverse-effects-teen-pregnancy#_ftn;
https://www.ed.gov/laws-and-policy/civil-rights-laws/sex-discrimination/pamphlet--supporting-the-academic-success-of-pregnant-and-parenting-students-under-title-ix-of-the-education-amendments-of-1972#_Toc2

Note: data cited in these sources is from 2004-2011

Education Access for Pregnant + Parenting Adolescents



Challenges and Barriers

What types of things do you think might create challenges or barriers for pregnant and parenting adolescents who are in school?



Challenges and Barriers

What types of things do you think might create challenges or barriers for pregnant and parenting adolescents who are in school?

Possible answers:

- Pregnancy-related symptoms (fatigue, nausea, physical discomfort, etc.)
- Postpartum period (healing, lactation + breastfeeding, etc.)
- Missing class for medical appointments (for pregnant person or child)
- Difficulty accessing childcare, balancing child-rearing with school
- Lack of financial independence/stability, housing, transportation, etc.
- Social stigma, bullying, possible lack of familial support
- And more

A Note About NC Legal Landscape

NC law on school attendance: G.S. 115C-378

- School attendance compulsory for children ages 7-16
- Too many unexcused absences may = truancy; parent can be criminally charged
- Can drop out of school at age 16 (parental permission not required)

NC laws related to adolescents and pregnancy

- Becoming pregnant/giving birth/becoming a parent does not emancipate a minor under NC law
- An unemancipated adolescent parent may be able to make health care decisions for their child, but have limited ability to make health care decisions for themselves- see G.S. 90-21.5
- Child support: grandparents can be liable if parent of grandchild is a minor



The Laws

There are federal and North Carolina laws that can help pregnant and parenting adolescents continue to access public education

We'll focus on two laws: **Title IX** and **G.S. 115C-375.5**

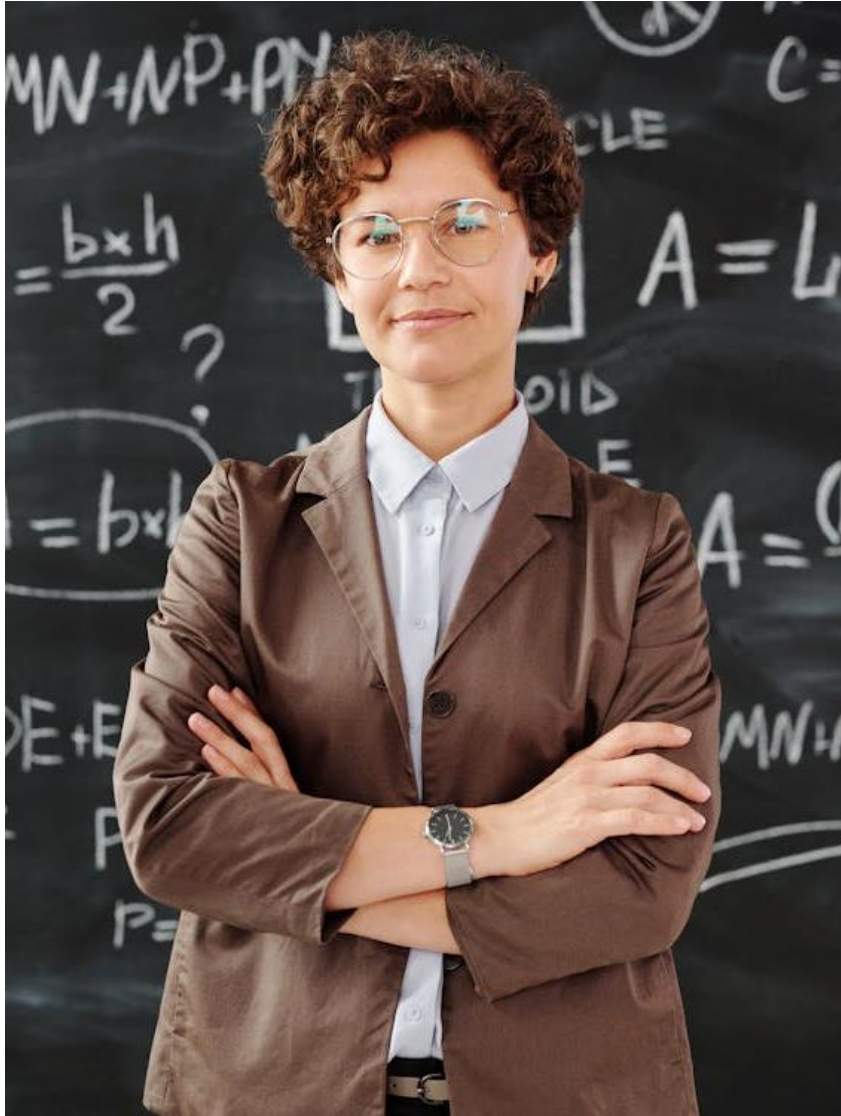
- **Title IX** is a federal law. It clearly protects pregnant students but is occasionally less clear about parenting students.
- **G.S. 115C-375.5** is a NC law. It has less detailed requirements than Title IX but more explicitly applies to both pregnant and parenting students.



Federal Law: Title IX

Title IX of the Education Amendments of 1972 (“Title IX”) and regulations at 34 CFR 106

- Prohibits discrimination on the basis of sex- including pregnancy and parental status
- Applies to schools that accept federal funding
- **Not all schools realize Title IX covers pregnancy and parental status!**



Title IX Protections

Classes and extracurriculars:

- School must allow a pregnant student to keep participating in classes and extracurriculars
- Examples: honors or AP classes, school clubs, honor societies

Special instruction programs:

- If the school offers special instruction programs for pregnant students, the program must provide the same academic, extracurricular, and enrichment opportunities as “regular” school programming
- Pregnant student cannot be pressured or forced to participate in this type of program



Title IX Protections

Reasonable modifications:

- School provide individualized, reasonable modifications that support the pregnant or parenting student in accessing education
- What is not reasonable? Something that would fundamentally alter the nature of the school's education program or activity
- Reasonable modifications examples:
 - Breaks during class to breastfeed, use restroom, etc.
 - Change in course schedule, access to online classes
 - Extensions for coursework, rescheduling tests
 - Elevator access or changes to physical environment (e.g., larger desk)



Title IX Protections

Lactation space:

- School must ensure access to a lactation space, if necessary, where student can pump, breastfeed, or otherwise express milk
- Lactation space cannot be a bathroom and must be clean, shielded from view, and private



Title IX Protections

Absences from school:

- School must excuse absences related to pregnancy or childbirth (for as long as doctor says absences are necessary)
- School must let the student return to school at same status as before they left
- School must allow student opportunity to make up missed work (including participation or attendance-based grades)
- School can't require a doctor's note *unless*:
 - The school requires a doctor's note for all students being treated by a doctor or who have been hospitalized



Title IX Protections

Harassment and bullying:

- School is required to protect pregnant and parenting students from bullying and harassment that interferes with the student's ability to learn and participate in school



Title IX Enforcement

You are caring for a young person whose Title IX rights are not being upheld at school. What can you do?

- Tell them they can contact their Title IX coordinator
 - Every school (or at least school district) must have one!
 - Their name and information is often on the school/district website
- Tell student they can go through their school's grievance process
 - Students are not required to go through the school's process before they file a complaint directly with the U.S. Department of Education (see next slide)
 - ... however, if they start with the school grievance process, the Dept. of Ed. may require that that process finish before the Dept. of Ed. investigates



Title IX Enforcement (cont.)

- You, or the student, may file a complaint with the Dept. of Ed.
- Complaint must be filed within 180 day of last alleged act of discrimination
- You can file a complaint on someone else's behalf if you have that person's consent
- Visit <https://www.ed.gov/laws-and-policy/civil-rights-laws/file-complaint/discrimination-form-us-department-of-education>



State Law: G.S. 115C-375.5

Classes:

- Pregnant and parenting students must receive the same educational instruction (or its equivalent) as other students

Special instruction programs:

- Schools may offer programs specifically for pregnant and parenting students, but the instruction and curriculum must be comparable to what other students receive
- Participation in this program must be voluntary



State Law: G.S. 115C-375.5

Absences from school:

- School must excuse absences for a pregnant or parenting students when absence is due to pregnancy or a related condition and the student's physician finds that the absence is medically necessary
 - Includes absences due to taking the student's child to health appointments (if student is child's custodial parent)
- School must allow pregnant and parenting students to complete homework and make-up work so that the student can keep up with assignments
 - School can assign a homebound instructor for the student, if necessary



State Law: G.S. 115C-375.5

Policies:

- School must have a policy to ensure pregnant and parenting students are not discriminated against or excluded from school program, classes, or extracurriculars because they are pregnant or parenting
- Many school and school district policies can be found on the school/district website- or ask the Title IX coordinator!

Takeaways

How can health professionals support pregnant and parenting adolescents who are trying to access public education?

- **Be a source of information.** Stay informed about the rights of pregnant and parenting students. Share what you know with pregnant and parenting students about their rights under the law.
- **Help with documentation.** This could include providing timely documentation to support an excused absence or accommodation- or it could mean documenting that a patient is reporting bullying or other issues at school as part of the patient's health record.
- **Consider other resources.** Stay up to date on the resources in your community that may be available to pregnant and parenting adolescents. Contact your local health department or visit <https://teenpregnancy.dph.ncdhhs.gov/> for more information.
- **Be a source of support.** Listening and being a source of support can make a big difference!

Image References

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Questions?

Thank you for your time.

If you have additional questions at a later date, please send me an email or give me call.

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