

5-2016


Meeting the Needs of Student Parents

Charles J. Russo

University of Dayton, crusso1@udayton.edu

Rabiah Gul

Follow this and additional works at: https://ecommons.udayton.edu/eda_fac_pub

 Part of the [Courts Commons](#), [Educational Administration and Supervision Commons](#), [Educational Leadership Commons](#), [Education Law Commons](#), and the [Litigation Commons](#)

eCommons Citation

Russo, Charles J. and Gul, Rabiah, "Meeting the Needs of Student Parents" (2016). *Educational Leadership Faculty Publications*. 191.
https://ecommons.udayton.edu/eda_fac_pub/191

This Article is brought to you for free and open access by the Department of Educational Leadership at eCommons. It has been accepted for inclusion in Educational Leadership Faculty Publications by an authorized administrator of eCommons. For more information, please contact frice1@udayton.edu, mschlangen1@udayton.edu.



Meeting the Needs of Student Parents

By Rabiah Gul, J.D. and Charles J. Russo, J.D., Ed.D.

In light of the budgeting and social costs of teenage pregnancies and parenting, this is an issue about which educational leaders should be aware.

In 2014, almost 249,000 children were born to adolescent females ages 15–19, according to the National Center for Health Statistics. One in six births were to adolescent females who already had one or more babies.

In addition to the struggles teenage parents and their children face, in 2010, teen childbearing also costs taxpayers between \$9.4 and \$28 billion a year for such expenditures as public assistance payments, lost tax revenue, and public healthcare, foster care, and schooling, according to the Department of Health and Human Services (United States Department of Health and Human Services 2016).

In light of the budgeting and social costs of teenage pregnancies and parenting, this is an issue about which educational leaders should be aware.

Consequences of Teenage Pregnancies

The teen birth rate has declined almost continuously over the past 20 years (United States Department of Health and Human Services 2016). In 1991, for example, the rate of teen births was 61.8 for every 1,000 adolescent females, compared with 24.2 births in 2014. HHS attributes the decline in births to the fact that more teens are waiting longer before engaging in sexual relations and those who do engage are using contraceptives more frequently. Still, the teen birth rate in the United States is higher than that of many developed countries, including Canada and the United Kingdom (United States Department of Health and Human Services 2016).

Giving birth is the primary reason teen mothers do not graduate from high school. In fact, once teen mothers give birth, their levels of schooling decline dramatically. Based on data from 2010, the Centers for

Disease Control (CDC 2015), reports that only about 50% of teen mothers graduate secondary school before age 22 while approximately 90% of their peers who had not given birth during high school earn their diplomas. Teen mothers also are more likely to have more health problems and face unemployment as young adults (CDC 2015).

Teenage Pregnancy and the Law

The United States Supreme Court ruled that education is “not among the rights afforded explicit protection under our Federal Constitution. Nor do we find any basis for saying it is implicitly so protected” (*San Antonio v. Rodriguez* 1973, p. 35). Yet, recognizing education as perhaps the most important function of state and local governments (*Brown v. Board of Education* 1954), state constitutions safeguard the educational rights of all students, including those who are pregnant and parenting.

The rights of pregnant and parenting teens receive significant protection under Title IX of the Education Amendments of 1972. According to this law, no one in the United States can be excluded from participation in or be denied the benefits of any education program or activity that receives federal funding on the basis of sex. As reflected in an accompanying regulation, Title IX protects females from discrimination based on pregnancy and childbirth.

The regulation highlights four provisions applicable to public school systems that receive federal financial aid:

1. Boards of education cannot discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of the student’s “pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, unless the



In 2010, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased healthcare and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers, according to the Centers for Disease Control and Prevention.

student requests voluntarily to participate in a separate portion of the program or activity. . . .” (34 C.F.R. § 106.40(b)(1)).

2. If a board provides a portion of its education program or activity separately for pregnant students who volunteer for the program, the program must be comparable to what’s offered to non-pregnant students (34 C.F.R. § 106.40(b)(3)).

3. Districts that receive federal funding must “treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery therefrom in the same manner and under the same policies as any other temporary disability with respect to any medical or hospital benefit, service, plan or policy which such recipient administers, operates, offers, or participates in with respect to students admitted to the recipient’s educational program or activity” (34 C.F.R. § 106.40(b)(4)).

4. If a school board that does not maintain a leave policy for its students, or if a student does not otherwise qualify for leave under such a policy, the district must treat “pregnancy, childbirth, false pregnancy, termination of pregnancy, and recovery therefrom” as a justification for a leave of absence for the period of time deemed medically necessary by the student’s physician. At the conclusion of that time, the student must be reinstated to the status she held when the leave began (34 C.F.R. § 106.40(b)(5)).

A closer reading of the regulation reveals three key protections for students who are pregnant and parenting (Fershee 2009). First, the regulation guarantees access to education by forbidding officials from expelling students who are pregnant and parenting. Second, the regulation requires officials to grant students covered by these provisions the

right to choose whether and where they wish to attend school. Third, the regulation requires boards to ensure that if they offer alternative schools to teens who are pregnant and parenting, the programs must be comparable to those offered in mainstream schools.

Associated Litigation

To date, little reported litigation addresses the rights of pregnant and parenting teens. Even so, students prevailed in two cases when they sought to become members of the National Honor Society (NHS).

In a case from Arizona, the Ninth Circuit affirmed an injunction in favor of a pregnant, unmarried student in Arizona who was not living with the child’s father, thereby ordering her acceptance into the NHS. The court found that educators acted in bad faith in calling for her exclusion (*Cazares v. Barber* 1992).

In like manner, a federal trial court in Kentucky granted a preliminary injunction to unmarried high school students who were excluded from the NHS after becoming pregnant and giving birth (*Chipman v. Grant County School District* 1998). The court ruled that the students showed the strong likelihood of success on the merits of their claims and that they would have suffered irreparable injury if it did not grant their request that they be admitted to the NHS.

Policy Suggestions

When seeking to meet the needs of students who are pregnant and parenting, the following policy suggestions are offered as food for thought for SBOs and other education leaders.

1. Education leaders should create broad-based policy writing and revision teams to address issues related to teen pregnancies. Teams should include a board member, a central office official such as the SBO, a parent, a community representative,

a building level administrator, a teacher, a school healthcare worker, a school counselor, public health and medical care professionals, and perhaps a student or two at the high school—ideally a young woman who has given birth and returned to school along with another who is pregnant and attending school. These young women should be able to help other members appreciate the importance of a pregnancy policy.

2. When they devise or revise policies, teams should contact their state education and health departments along with other school boards in their area to learn about effective approaches to addressing the needs of pregnant and parenting students.

3. When it becomes obvious that students are pregnant or when they reveal their conditions, building-level educators should meet with each young woman, her parent(s), the school counselor, the school nurse, and perhaps her partner and his parents to devise support systems to help the expectant mothers remain in school.

If pregnant teens decide to leave school before graduation, officials should conduct follow-up activities to determine why. Educators should analyze the data they collect to see how pregnancy and parenthood affect the district's dropout rate, and how those issues can be addressed or resolved.

4. Counselors and/or other personnel such as the school nurse should contact pregnant and parenting students who have dropped out of school and encourage them to return.

5. School counselors should confer with pregnant and parenting students individually to devise graduation plans tailored to their individual needs. Plans may include academic credit-recovery, online programming, and home instruction for students who have fallen behind.

6. Boards should create support groups to help pregnant and parenting students stay in school. As part of program activities, districts should consider using peer counseling in which pregnant and parenting students share their experiences regarding how they have been able to remain in school and work toward their diplomas.

7. When students who have given birth return to school, educators should make supports available such as designating a private room where they can breastfeed their babies, pump milk, or address other needs related to breastfeeding during the school day. Also, a school nurse or other healthcare professional should be available to answer questions for new mothers.

8. Teachers should encourage students who are pregnant and parenting to seek the assistance of school counselors who can provide support to help them remain in school. In addition, teachers should be flexible with regard to assignments and other academic matters.

9. Officials should provide professional development sessions for all school personnel to help them to understand the needs of and work with pregnant and parenting students.

10. Educators should provide instruction in appropriate settings such as health classes or school assemblies to remind students about the need to be supportive of their peers who are pregnant and parenting.

11. Boards should provide information sessions for parents of students who are pregnant and parenting, reminding them of available services to assist them and their daughters through the potentially challenging transitions they are experiencing.

12. Officials should include board policies identifying the services provided to pregnant and parenting

teens in faculty and student handbooks, in materials provided to parents, and on district websites.

Conclusion

Meeting the needs of students who are pregnant and parenting is both sensitive and challenging for educators and school communities. Suggestions provided here should, we hope, guide district officials as they devise policies and programs to support students who are pregnant and parenting.

References

- Brown v. Board of Education*, 347 U.S. 483 (1954).
- Cazares v. Barber*, 959 F.2d 753 (9th Cir. 1992).
- Chipman v. Grant County School District*, 30 F. Supp.2d 975 (E.D. Ky. 1998).
- Center for Disease Control. 2015, May 19. *About Teen Pregnancy: Teen Pregnancies in the United States*. www.cdc.gov/teenpregnancy/about/index.htm
- San Antonio v. Rodriguez*, 411 U.S. 1 (1973).
- Code of Federal Regulations, 34 C.F.R. § 106.40.
- Fershee, K. 2009. Hollow promises for pregnant students: How the regulations governing Title IX fail to prevent pregnancy discrimination in school. 43 *Indiana L. Rev.* 79, 92–95.
- Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681(a).
- United States Department of Health and Human Services. 2016, Feb. 23. *Trends in Teen Pregnancy and Childbearing*. Available at www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html#
-
- Rabiah Gul, J.D.**, a 2016 graduate of the University of Dayton (Ohio) School of Law, hopes to become a human rights attorney.
- Charles J. Russo, J.D., Ed.D.**, is Joseph Panzer Chair of Education in the School of Education and Health Sciences (SEHS), director of SEHS's Ph.D. Program in Educational Leadership, and adjunct professor in the School of Law at the University of Dayton, Ohio. Email: crusso1@udayton.edu