

RIGHTS OF DOMESTIC PARTNERS

FAMILY LIFE EDUCATION

By

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## I. BACKGROUND

Education is one of the best ways to effectuate change and understanding. "In the areas of attitude and value formation, research findings support the idea of the importance of influencing development at an early age."<sup>1</sup> Studies have shown that attitudes toward different racial groups can form before the age of six;<sup>2</sup> attitudes and values about politics are evident by the time a child enters elementary school;<sup>3</sup> awareness of religious differences is also evident at an early age;<sup>4</sup> as is awareness of ethnic identity and the identity of other ethnic groups.<sup>5</sup> Since children develop attitudes and values at early ages it seems imperative that guidance in value formation should come at that time.

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<sup>1</sup> J. Moyer, Bases For World Understanding and Cooperation, p. 3-4 (1970).

<sup>2</sup> M. Goodman, Race Awareness in Young Children, p. 183 (1952).

<sup>3</sup> R. Hess and D. Easton, The role of the Elementary School in Political Socialization, 70 The School Review 257, 257-65 (1962).

<sup>4</sup> H. Trager and M. Yarrow, They learn What they Live, p.151 (1952). (This study concluded that as early as kindergarten, children have the kinds of attitudes which make for disharmony, disunity and unhappiness in group life.)

<sup>5</sup> W. Lambert and O.Klineberg, Children's views of Foreign Peoples, p.6-7 (1967). (Notably, the report also concluded that children stressed differences rather than similarities of people from different countries.)

This paper will specifically deal with the issue of homosexuality and how it is handled in Family Life Education classes in the Los Angeles City Unified School District. I will begin with a brief overview of how the school system is structured. The paper will then focus on the guidelines adopted by the city for its Family Life Education Programs and how they deal with the issue of homosexuality. The issue can be broken down into two problem areas. The problems dealt with will be both the prejudice that arises from misinformation and ignorance and the related problem of high suicide rates among homosexual youth. This paper concludes that a program that fosters both tolerance and understanding of homosexuality throughout the educational system is the proper response to both of these problems.

## II. BRIEF OVERVIEW OF THE SCHOOL SYSTEM

The State Board of Education is the highest tier of the school system's superstructure. It is administered by the California State Department of Education. They have the power to issue state-wide guidelines that must be followed by all of the state's schools. In the context of Family Life Education sequences the board has recently been considering some new guidelines. The board held a public input meeting on November 13, 1986. The proposed guidelines were subjected to the criticisms and suggestions of interested parties. In light of this meeting the school board voted on November 14, 1986, to revise and reissue the guidelines in January; therefore, the new guidelines will probably not be in effect for quite a while. In fact, when the guidelines are finally issued and do take effect they will probably have little if any impact on what is taught in Los Angeles schools.<sup>6</sup>

There is also a Los Angeles County board of education, but apparently it deals with the communities surrounding Los Angeles.<sup>7</sup> In fact, it has no jurisdiction over the Los Angeles

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<sup>6</sup> In a series of telephone interviews with Mary Taylor (coordinator of Family Life and Sex Education teacher training program) she said that in the past the state guidelines hardly ever required the Los Angeles schools to do something that were not already doing. Specifically she said this was true in the health area.

<sup>7</sup> Id. (In this context Mary Taylor said that she was not even sure what the county was supposed to do, but that her programs were not constrained by what it did.)

city schools.

Most important for the purposes of this paper is the Los Angeles City Board of Education. This board has direct jurisdiction over the Los Angeles city schools and establishes guidelines for what is to be taught in the schools. In light of this the board has recently issued new guidelines for its Family Life Education sequences. These guidelines are to be implemented as teachers are taught on the materials to be presented in the courses. There is expected to be a three year lag time between this training and the guideline's implementation at the high school and junior high school level.<sup>8</sup> So far approximately 60 teachers have been trained and should be ready to begin teaching the courses next year. All of these teachers are at the high school level.<sup>9</sup> The full implementation of this new plan is contingent upon its continued financing.<sup>10</sup> Public reaction has been fairly quiet so far, but that may well be because the curriculum has not really made its way into the general population and should not do so until the guidelines have been

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<sup>8</sup> Id.

<sup>9</sup> Id. (66 teachers went through training on the new sequence in August. A second training session is scheduled for next March to train an additional 60 teachers. The second training program will again deal mainly with high school teachers, but will include some junior high teachers.)

<sup>10</sup> Id. (The training program is currently financed by the state, but the funding is only guaranteed for the next three years. Mary Taylor expressed concern that the program might not be refunded by the state. An obvious suggestion is that the City Council push for refunding by the state or in the alternative provide funding on its own.)

fully implemented.<sup>11</sup>

The next level of input is the Los Angeles City Council. The City Council has no jurisdiction over the school system. The relationship between the City Council and the school system has always been one of cooperation and the two have worked closely together in the past.<sup>12</sup> The City Council can be influential in this area by making suggestions as to what it feels is the proper scope of the Family Life Education sequence.

The next level of administration in the school system is at the individual school level. It is at this level that what exactly is taught is determined, within both the state and city guidelines of course. This decision is based on what both the Principal of the specific school wants and what the surrounding community wants.<sup>13</sup> This suggests that the guidelines should be carefully drawn to ensure that the materials that the board expects to be taught are indeed taught. The new guidelines have not yet been implemented, but when they are they will have to go through this process.

The final level of the super-structure is the individual teacher. The teachers are presumably bound to teach what the Principal and the community have finally decided on. A

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11 Id.

12 Id.

13 Id. (This is determined at Public meetings where the community is allowed to present its view as to what should specifically be included in the sequence, but they are not allowed to deviate from the guidelines in terms of general areas to be covered.)

prerequisite of this is that the teachers are knowledgeable about material that they are expected to teach. The proposed guidelines ensure this because they are to be implemented after the teachers themselves have been taught the subject matter.<sup>14</sup>

A final consideration concerns the students themselves. Obviously they must be in the classes in order to learn the subject matter. Health classes are mandatory in seventh and tenth grades. During elementary school the classes have an optional component. That is the parents of the student has the right to say that she does not want her child to attend a specific class, during which a specific subject is being taught. This, however has not been a big problem in the past and is not likely to become one now.<sup>15</sup>

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<sup>14</sup> Id.

<sup>15</sup> Id. (Mary Taylor said that in her experience only about 1-2% of the students ever opted out of any classes. Even in areas with strong religious feelings, she guessed the figure was no higher than 3%.)

### III. THE ISSUE OF HOMOSEXUALITY AND THE FAMILY LIFE EDUCATION SEQUENCE

The issue of homosexuality raises two major problems. First is the problem of prejudice, misunderstanding and discrimination exhibited by people toward homosexuals. Second is the resultant feelings of rejection and inadequacy that lead to higher rates of suicides, drop out rates and instances of substance abuse among homosexual youths.

The evidence of discrimination against homosexuals is clear throughout society. This unfair treatment can range from name calling and harassment to job discrimination and inequitable medical treatment.<sup>16</sup> This stigmatizing is equally prevalent in school systems.<sup>17</sup> With the problem of AIDS becoming more and more publicized, it seems that the problems of homophobia are just going to get worse.

This unfair treatment of one segment of our population has serious implications. "The root of the problem of gay youth suicide is a society that discriminates against and stigmatizes homosexuals while failing to recognize a lesbian or gay

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<sup>16</sup> See generally, The Consequences of Being Gay, 2 Human Rights Resources #7 (July 1986), D. Hingson, Recognizing Sexual Orientation and Gay People Within Secondary Curriculum: What Role for Schools?, in Commission on Personal Privacy supp. 1 (December 1982).

<sup>17</sup> See Hingson, Supra note 15 at 6-7.



orientation in large numbers of its young people."<sup>18</sup> In fact, it has been estimated that gay youth suicide rates may well be two to three times as high as the comparable rates for heterosexual youth.<sup>19</sup> A further harm is that "these attitudes and practices [of discrimination], passed down the generations, can stifle youth's Decisional and Associational Privacy. They often mar self-esteem among gay youth in particular. This strikes at American democratic values, especially at equal opportunity to realize one's own capacity for personal autonomy."<sup>20</sup>

These very real problems must be addressed and the easiest and best way to deal with these problems is through education. Students are taught from an early age that there are differences between people. This starts out as recognizing basic differences between males and females from kindergarten through second grade.<sup>21</sup> This process of distinguishing between people is continued throughout a child's education, but the concept of homosexuality is generally given a back seat to less "radical" ideas. If sexual orientation were taught throughout a child's education with the goal of teaching acceptance or at least

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<sup>18</sup> P. Gibson, Gay Male and Lesbian Youth Suicide, Commissioned paper for National Institute of Mental Health, (July 1986).

<sup>19</sup> Id. (It has been estimated that 20-35% of gay youth attempt suicide while more than 50% experience suicidal feelings.)

<sup>20</sup> See Hingson, Supra note 15.

<sup>21</sup> See for example, A Report and Recommendations on the Family Life and Sex Education Scope and Sequence, submitted by The Family Life and Sex Education Review Panel (May 1986).

tolerance than the problems would largely disappear. "Typically, students who take sex-education courses report more tolerant attitudes towards the sexual behavior of others."<sup>22</sup> An understanding that sexual orientation is determined at birth or early childhood and is not a matter of choice<sup>23</sup> would help move homosexuality from being thought of as a disease or perverted choice into the correct category of being simply a part of a person's self. Teaching people that homosexuality should be approached with at least a tolerant attitude would relieve much of the tension that young homosexual students feel and would both allow them to better cope with pressure on their own as well as make them feel less hesitant about seeking help elsewhere. If they feel that they will not be ridiculed if they identify themselves as homosexual, then they would feel no added pressure to deal with problems on their own.<sup>24</sup>

There is also a lot of support for homosexual issues being taught in sex education classes today. A recent Time magazine poll showed that 76 percent of americans favor the issue of homosexuality being dealt with in schools.<sup>25</sup> The Surgeon

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<sup>22</sup> D. Kirby, Head researcher for the Center for Population Options, in Sex in Schools, Time, p.56 (November 24, 1986).

<sup>23</sup> A. Bell, M. Weinberg and S. Hammersmith, Sexual Preference: Its Development In Men and Women (1982).

<sup>24</sup> Currently the system is set up so that a student who is suspected of being a high risk (as a potential suicide victim or similar category) is referred to the Principal first and then later, at her discretion, to counseling. Mary Taylor interviews, Supra note 6.

<sup>25</sup> Sex and Schools, Time, p.58 (November 24, 1986).

General Everett Koop is preparing a report that will say, " there is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships . . . and that it must start at the lowest grade possible (he later said that this was grade three)." <sup>26</sup> Several other studies suggest that this early age is best because this is the time when children are beginning to formulate their values and attitudes. <sup>27</sup>

Turning now to the new Family Life Education guidelines it seems that they do incorporate some teachings about homosexuality into the curriculum, but the issue is not dealt with specifically until the tenth to twelfth grade range. <sup>28</sup> During this three year period the guidelines give nineteen pages of outlines of the materials that they expect to be covered. The average amount of materials expected to be covered during the the other four periods takes five pages of outlines. Since the guidelines suggest that approximately four times as much material be covered in the same amount of time then it seems clear that less time must be spent on each individual issue. Since this is the only place that the issue of homosexuality is specifically to be dealt with it means that the issue will not be given that much time. It also means that the issue will not be covered until it is too

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<sup>26</sup> E. Koop, quoted in Sex and Schools, Time, p.54 (November 24, 1986).

<sup>27</sup> See authorities cited in notes 1-5 , Supra.

<sup>28</sup> See Report and Recommendations, Supra note 22 at 71-72.

late to do much good in addressing the problems set forth previously, since attitudes and values have already been firmly established in the child's mind. The guidelines are also not very good in terms of setting forth exactly how to deal with the issue. Specifically they say, "Distinguish among sexual identity, gender identity and sexual orientation. . . Discuss various forms of sexual orientation; including homosexuality, bisexuality and heterosexuality . . . Recognize and accept the various aspects of one's sexuality."<sup>29</sup>

It seems then that three major things can be done to make the Family Life Education sequence better. First, ensure that the issue is given more time. Second, require that the issue be dealt with earlier than the tenth grade. Third, create guidelines that are clearer in describing the exact goals of dealing with homosexual issues.

All three of these suggestions can easily be incorporated into the existing guidelines. The guidelines for grade levels kindergarten through second grade already seem excellent. At this level the guidelines under the heading family require discussion of different family types.<sup>30</sup> This includes traditional, extended, step parent/step children, same-sex parents, teenage parents, unmarried parents and single parent families. At this level the education of the child focuses on recognizing differences between males and females as well as

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<sup>29</sup> Id. at 71-72.

<sup>30</sup> Id. at 32.

between the children's family types. In this manner a strong foundation is laid for showing the child that differences are all right and that they should be tolerated.

During the third and fourth grade levels the guidelines introduce the concept of "liking oneself and using that as a basis for liking others."<sup>31</sup> The language here should be expanded to include the concept of accepting differences in each individual and that different does not mean better or worse. In this manner the child would begin to be exposed to the concept and see that it is fine if he is different from others in some respects. Likewise that it is fine if others seem different from him. The guidelines include (at this level), "recognizing the worth and contributions of members of various ethnic groups. . . and of people of all ages and with differing abilities."<sup>32</sup> Again the language here could easily be expanded to include virtually all people from any background, since background and type of person does not effect that persons ability to make positive contributions to society. Teachers should also be highly in tune with their classes and ensure that no alienation of groups or people occurs and that name calling and stereotyping is strongly discouraged. The last part of the guidelines for the third and fourth grade that is relevant for our purposes deals with interpersonal relationships. Specifically the relevant part stresses that the course should, "relate ways that help one get

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<sup>31</sup> Id. at 38.

<sup>32</sup> Id. at 40-41.

along with members of the same and opposite sex."<sup>33</sup> This seems to be a potential area for problems. It could be used to reinforce traditional heterosexual roles that are not necessarily applicable anymore. This section should be reworded to explain that the ways people deal with the people that they are attracted too are different than the ways the are expected to deal with friends. It should also include the concept that members of the opposite sex are often interested in different things and that in certain situations they should be treated differently than members of the person's same sex.

The guidelines for the fifth and sixth grade also seem deficient. Under the heading of self-concept the guidelines again stress the importance of enhancing self-worth and goes on to mandate a discussion of how to deal with stress.<sup>34</sup> The discussion of enhancing self-worth should again stress the acceptability of being different and should at this point specifically include concept that being a homosexual or experiencing homosexual feelings is perfectly natural for some people and should be regarded as nothing out of the ordinary. Another concept that is dealt with under this heading is analyzing the changing attitudes towards gender roles.<sup>35</sup> This concept should be expanded to include a discussion of changing attitudes towards homosexuality. Under the heading of family is

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<sup>33</sup> Id. at 40.

<sup>34</sup> Id. at 44.

<sup>35</sup> Id. at 44.

a discussion of different family types. This covers the same types of family structures set up to be discussed in the kindergarten to second grade level.<sup>36</sup> Again language should be added to ensure that the various family types are presented in light of the fact that differences in family structure are very natural and that no stigma should attach to any particular family type. Under the heading of friends the guidelines say that the course should, "list how to develop and maintain friendships with members of the opposite and same sex."<sup>37</sup> The guidelines should clarify that they are not attempting to force a set of ideals or attempting to encourage heterosexual values above any others. That is the guidelines should make it clear that there is no "right" or "wrong" way in feeling attraction towards members of the same or opposite sex and that reactions that are different from one person's own should be accepted or at least tolerated. Under the concept of life cycle the guidelines introduce the first concepts on sexuality and sexual feelings. The guidelines present issues like discussing sexual feelings and stressing the personalness of sexual decisions.<sup>38</sup> The guidelines should be expanded here to include frank discussion of homosexuality and not simply limit discussion of these issue in the context of heterosexual relationships. Under the heading of parenting should be added a section that the roles of father and mother

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<sup>36</sup> See Supra note 30 and accompanying text.

<sup>37</sup> Id. at 46.

<sup>38</sup> Id. at 49.

though biologically necessary on the whole are not roles that an individual should feel obligated to fulfill. That is that there is nothing wrong or stigmatizing about never having children or being in a relationship that can not have children. Under the heading of sexually transmitted diseases should be added a specific provision calling for the discussion of AIDS. It should be dealt with both in terms of how it is transmitted and the fact that it is not just a disease of homosexuals.

The guidelines for the seventh through ninth grade levels also should be amended in some ways. Under the area of Self-concept the guidelines call for "defining and discussing the concepts of sexual identity, gender identity and sexual orientation."<sup>39</sup> First, as I already said this should be moved back and taught at an earlier age. In addition, this area should be expanded to not simply introduce the concept of sexual orientation (an expression that should be weeded out in any event) but to also stress that homosexuality is not a choice of life-style but an inborn trait, and that its existence in our society is natural and should be viewed and accepted as such. The section concerning interpersonal relationships contains a section that "discusses purposes and considerations in dating, including group dating, double dating, single dating and 'going steady.'" <sup>40</sup> This concept should be expanded to specifically include the category of homosexual dating and the concept that

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39 Id. at 54.

40 Id. at 57.



this is identical to heterosexual dating. Another entry under this section is that the course "relate knowledge and decisions about sexual behavior to personal familial and societal values, responsibilities and consequences."<sup>41</sup> It should be stressed in this part of the curriculum that personal familial and societal values should not be allowed to over-ride the concepts of tolerance and acceptance of differences among individuals. This part of the sequence also calls for an examination of peer values and pressure on sexual behavior.<sup>42</sup> The guidelines should make it clear that one type of pressure that is to be discussed is the problem of pressuring conformity in sexuality since this is an unobtainable as well as, undesirable, goal. Under the heading of parenting is a section that, "describes the function of the family in the human life cycle."<sup>43</sup> A section should be added to make it clear that no moral obligation to have children attaches to the concept of family and also that the concept of family does not necessarily require a relationship that can result in children. The section on sexually transmitted diseases should be expanded to include a section that deals with the problem of AIDS.

The final part of the sequence pertains to the classes for tenth through twelfth grade. The sequence is designed to finally deal with the issues of homosexuality at this point, but as has

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41 Id. at 58.

42 Id. at 58.

43 Id. at 64.

been made very clear these subjects should be introduced and discussed prior to this level. That is not to say that they do not need to also be dealt with here. In fact, at this point students have presumably added some level of sophistication to their ability to understand and deal with more complicated issues. With this added sophistication in mind the sequence should again cover the issues of homosexuality and its acceptability in society as a whole. Again the main emphasis should be on tolerance and acceptance of differences in individuals.

The education process through the Family Life Education sequence should be cumulative and all issues introduced early on should be built upon in the future lessons. The basic ideas that must be conveyed are both the acceptance of homosexuality in one's self and the acceptance or tolerance of its presence in people around you.

As new generations become more educated and enlightened about the realities of homosexuality the current problems among gay youth will be substantially lightened. With less pressure in terms of harassment and discrimination and with greater self-esteem gay youth suicide rates should drop as well as the rates of dropping out and abuse of substances.

#### IV. A FINAL WORD

An excellent resource for how an actual program dealing with homosexual issues works "in the real world" would be Virginia Uribe the coordinator of a pilot program called Project 10. This was a program that deals with students who are either homosexual or express a conflict over sexual orientation. It was designed to counsel and educate both the gay and non-gay population. This would be an excellent source for information concerning the realities of implementing a plan that deals with these types of issues. One drawback of the plan is that it was just designed for the high school level and the new guidelines are going to deal with Family Life education starting at the kindergarten level. This gives the new guidelines (if amended to introduce the issues of homosexuality earlier) the advantage of bringing students through the whole school system with an attitude of tolerance and understanding.

Report to  
The Task Force on Family Diversity

TEEN PREGNANCY AND TEEN PARENTING IN LOS ANGELES:  
GAPS IN SERVICES

by  
A. L. Movel

presented on  
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to  
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Rights of Domestic Partners  
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### ATTACHMENTS

- A. School-Based Clinic Program Data
- B. Fact Sheet: Teen Pregnancy in California, 1984
- C. Los Angeles County Statistics on Teen-Age Pregnancy
- D. Motion by Supervisor Edmund J. Ldelman

## I. Introduction

Los Angeles has one of the highest adolescent fertility rates among major metropolitan areas in the nation. A comparison of 1978 adolescent fertility rates shows Los Angeles County exceeded both New York and Chicago. Only Houston had a higher rate than Los Angeles.<sup>1</sup> Health Department figures show that one in eight births recorded in Los Angeles County is to a teen-age mother. This equalled 17,604 births in 1984.<sup>2</sup> There are no statistics showing how many births in the City of Los Angeles are to adolescents as the city no longer has its own Health Department. However, one could make an extremely rough estimate that the figure for the city would be 40% of the county's or approximately 7,000 births.<sup>3</sup> To arrive at a more accurate figure, one might expand an approach the School-Based Clinic Program used in assessing health care needs. Researchers for the program correlated census tract data with high school district boundaries for nine high schools. The number of births to adolescents was then reported by high school. In these nine (out of the total 49) districts, 11 to 18 year olds accounted for 1,725 births.<sup>4</sup>

No matter how one eventually demonstrates the city's share of births to teenagers, the number is undoubtedly large. Over 95% of these teens choose to keep their babies rather than give them up for adoption. Thus, along with a high incidence of teen births comes a large number of

teen parents. Most of them face a tremendously bleak future unless city and county administrations, schools, families, and communities all cooperate to increase the resources and support systems these teens need to prevent self-perpetuating cycles of poverty, despair and unrealized potential.

Certainly prevention of the first pregnancy in a teen-ager would be the ideal solution to both the problems of teen pregnancy and teen parenting. As recommended in the Los Angeles County Adolescent Pregnancy ChildWatch report prepared by Tom David, comprehensive family life education, beginning in elementary school, serves as the best means for attaining this goal and would consist of more than just information on human reproduction. Additional topics covered in such a course parenting skills, self-esteem, values, assertiveness and life planning. Teen parents could provide information to peers on what is "really" involved in raising a child. Both abstinence and birth control would receive sensitive, serious presentation. Such a program could have tremendous impact on preventing second or higher order births to teens who are already parents as well as significantly improving their ability to care for their existing infants.

Nevertheless, teens who are currently parents require more than family life education to ensure the brightest possible outlook for themselves and their children. Teen mothers, especially, need encouragement to finish high school. If they graduate they are very likely to earn more than mothers who drop out thereby less likely to be dependent on welfare. But, in order to make

high school graduation a possibility for many teen mothers, they must have access to infant care facilities located on high school campuses. In addition, the health care needs of teen mothers and their infants are not adequately met. Yet, beyond improving the quality of life for both mother and child, preventative and prenatal health care are tremendously cost-effective for the whole of society.

One final area which has been long overlooked is that of teen fathers. Questions about their needs, responsibilities, and overall role in the lives of their infants require answers. Very little information exists as a body from which to formulate these answers. Some ongoing case management projects attempt to include these fathers but have difficulty attracting them as well as keeping them involved in programs essentially designed for teen mothers

## II. Teen Mothers

As Tom David's report on teen-age pregnancy in Los Angeles County discusses the needs in this area, especially with respect to the efforts aimed at prevention, far more comprehensively than possible here, I have not attempted to do more than summarize the general components of such a prevention program. Instead, my efforts were directed toward finding the resources currently available to adolescent mothers, attempting to determine which are most important, or most in demand, as well as suggesting possible improvements in these areas.

Telephone interviews with direct-service providers yielded the bulk of information on the resources presented here. The individuals and agencies they are affiliated with are identified



as appropriate in discussion; a list of principal interviewees can be found at the end of this report. For background and statistics, I relied chiefly on the ChildWatch report and a report of the Los Angeles Regional Family Planning Council, supplemented by newspaper and magazine articles, as well as a KNBC Unit 4 series entitled "Sex Education: What Every Child Needs to Know," which, thanks to producer Rick Marks, I was able to view in its entirety at KNBC.

### Child Care.

The overwhelming majority of people I contacted on the subject of teen parenting stated that access to adequate child care is one of the most important resources for a teen-age mother to have and makes the biggest difference in her ability to graduate from high school. Pregnancy is by far the most common reason adolescent girls leave school and 80% of all teen mothers never graduate from high school. If there were just a 10% increase in the number of mothers who graduated, we could avoid \$53,000,000 in Welfare costs nationally.<sup>6</sup> Moreover, a teen mother who completes high school is likely to earn \$1,706 more per year than a teen who drops out and only half as likely to receive AFDC.<sup>7</sup>

Who provides child care for a teen parent? In most cases, the young woman's family, usually her mother, does. Many times the mother had herself been a teen parent, with the attendant financial hardships that affect both past and present. These families can experience considerable strain as the result of having to provide care for the daughter's child. In families which simply cannot provide such care, or when a teen is estranged from her family, she will often see no alternative but

to drop out of school to be able to care for her child. Sadly, she really does have few other alternatives unless she is fortunate enough to have an infant care facility at her high school. Even then she might not be able to take advantage of such a facility due to the very long waiting lists these child care centers have.

In the Los Angeles Unified School District only four high schools have state-funded on-site child care facilities: Jordan, Locke, Ramona, and Roosevelt. One more high school, San Fernando, has an on-site facility operated by the YWCA. These centers vary in individual capacity from eighteen to thirty enrollment spaces but each is filled to capacity, with waiting lists sometimes twice as long as the number of spaces available. Location of such facilities on school campuses is important for two reasons: 1) Transportation problems are greatly reduced by requiring only a single trip to get the infant to the day care center and the mother to high school and 2) on-site location allows education in parenting skills and infant developmental stages, as well as actual contact with the infants, to be included in the school curriculum, not just for the parents, but for the other high school students as well. The Locke infant center offers an especially complete array of services including counseling groups to help relieve the emotional stress involved in being a teen parent and additional day care spaces, at minimal cost, for students who want to continue education beyond high school.

The Salvation Army's Hope Infant center at Booth Memorial does offer an alternative to on-site facilities, however.

This licensed community day care center is open to the infants and toddlers of teens in high school, junior high or skills training programs. The key to its successful operation lies in the ability to provide transportation. A van pool picks up mothers and infants up in the morning, drops the infant off at the center, the mother off at school, then reverses the process in the afternoon. This has the advantage of serving teen mothers from more than just one school. The center has the added dimension of providing some respite care as well. Other centers provide care only when the teen is in school. But, it has the disadvantage of not being able to include parenting and infant development education within context of direct infant care for all of the mothers.

In speaking with the directors of on-site child care centers, I found all of them mentioned the importance of community involvement in the establishment of such units. Locke was the first facility of its kind established in Los Angeles. It got its start with a proposal concerned parents and teachers sent to the state describing the need for such a place. Other centers were similarly established. If communities without these services were made aware of both the problem and their power to create a solution, additional formation of such centers could prove considerably easier.

One final way families could be involved in providing child care for their teen's infant might be through employment benefits packages which include child care, e.g., the cafeteria plan to be offered to employees of the city. However, it is not clear whether an employee who has this kind

of benefit would have difficulty in applying it to a grand-child instead of a child. Even if this did not prove an obstacle, trying to find a child care center might prove nearly impossible. The Child Care Team's report could provide useful information in this area

In light of the current infant care situation for teen mothers, I feel Task Force recommendation should include:

1) That the city council recognize both the importance and extreme shortage of on-site child care programs for Los-Angeles school students and urge the appropriate state and local offices to create additional facilities of this sort.

2) That the city council urge the Governor to allocate additional state funds for this purpose.

3) That community awareness of such facilities be raised. This includes showing a community what steps they can take in establishing infant care centers in their own neighborhoods e.g., which local offices, state offices, and private organizations to contact for funding or operation; how to arrange for transportation if a center will be serving more than one school; and which additional services, like counseling or respite care, could be included in a complete program.

#### Health Care

Health care, especially prenatal care, is another critical need for teen mothers. The vast majority of pregnant teens receive no prenatal care during the first trimester. The incidence of low birth weight infants can be greatly reduced with adequate prenatal care, nutritional counseling

and avoidance of bad health practices such smoking. 7.9 % of infants born to adolescent mothers were low birthweight (and as high as 12.4% for Black mothers) compared to an average of 6.2% for all births in L. A. County. Two thirds of these infants will require neonatal intensive care (which can cost up to \$5,000 per day) and low birthweight infants are at much greater risk for learning disabilities, cerebral palsy and other handicaps.<sup>8</sup> The cost-effectiveness of adequate prenatal has been proven by numerous studies. To take one example, a Maternal and Child Health pilot program to improve the level of prenatal care found that each \$1.00 spend in this program saved between \$1.70 and \$2.60 in hospital care.<sup>9</sup> Yet, teen mothers' access to prenatal care remains difficult. Medi-Cal eligible teens find few private practitioners willing to offer prenatal care due to reasons of liability; hospitals, too, are reducing the number of Medi-Cal patients they accept. Teens without any health insurance may find it harder still to get care. Moreover, teens are not likely to utilize available facilities if they are made to feel care is being given with an "assembly line" approach to patients.

Earlier this year the Los Angeles Board of Education approved the establishment of school-based clinics in Los Angeles high schools. These clinics will be set up early next year at three high schools: Los Angeles, Jordan and San Fernando. Reports from other cities indicate such clinics could play an important role in both preventing teen pregnancies and curbing the adolescent mother drop-out

rates. For example, in St. Paul, Schools with clinics experienced a 40% drop in birth rates and virtually eliminated repeat pregnancies. Additionally, 80% of the adolescent mothers using clinic services remained in school.<sup>10</sup>

Pam Wagner, Nurse Advisor to the School-Based Clinic program explains that the Los Angeles clinics are intended to be primary health care facilities, meeting a broad range of adolescent medical needs. They would include contraceptive and pregnancy related care because these are important health issues for teens. These clinics are especially designed for teens and have an additional advantage in familiarity of environment. They provide an element missing from the care in many other health clinics: recognition of a teen's importance and uniqueness. Reports throughout the country indicate school-based clinics are well utilized by both males and females due, perhaps, in large part to this added dimension.

County health centers also provide prenatal, and infant, care but the seemingly omnipresent problem of waiting lists arises again. These lists vary in length from area to area, but a woman must go to the health center in her district to receive prenatal care. Thus, regions with the greatest need for prenatal care, areas with the highest birth rates, can easily have the most limited access to such. One service provider told me that a teen can typically hide or deny her pregnancy for up to five months then have to wait so long after she does seek care that she might see a doctor only once before she gives birth. Additionally, all county facilities charge a twenty dollar fee

for prenatal care visits. This is certainly discouraging to a teen whose limited financial resources brought her to the county facility in the first place.

Finally, there are some health care clinics which provide special care for teens. These include the well-baby clinic at Los Angeles County/ USC Medical Center; the teen prenatal clinics at Martin Luther King Hospital and Watts Health Foundation; and the teen health center at Children's Hospital. Nevertheless, overall demand remains high for health care centers designed for teens. Therefore, I believe that the Task Force should recommend:

- 1) That the city council urge the County Department of Health services and other major health care providers in the city to set up additional clinics designed to meet teen health needs, especially in the area of prenatal care.

- 2) That the city council support the Board of Education's decision to establish school-based clinics at Los Angeles high schools and to encourage the expansion of these clinics to eventually reach junior high schools.

### III. Teen Fathers

Beyond the question of existing services for teen mothers, my research was to include examination of both the needs and services for teen fathers in Los Angeles. One of the largest problems with attempting this sort of research is that exceedingly little information exists as a body on the topic. No organizations have conducted longterm studies or prepared useful statistics concerning these teens. One might be able to guess at the number of teen fathers in Los Angeles from the number of teen mothers. However, some teens will have inevitably fathered

More than one child and the fathers of some children born to adolescent mothers will be twenty years old or older. Thus, the actual number of teen fathers may be somewhat smaller than that of teen mothers but, in all probability, numbers well in the thousands.

There are very few programs designed just for teen fathers. Ron Johnson of the Lawndale Youth and Family Center estimated funding for teen mother programs is nine to twenty times greater than teen father programs. Booth Memorial recently received a United Way grant to begin a program and the Adolescent Family Life Projects in the county attempt to follow teen fathers separately in their ongoing case managements. The Lawndale program is funded through an Adolescent Family Life Grant and is by far the most visible teen father project in the area and possibly even the nation. Director of that program, Mr. Johnson, in telephone interview, provided most of the following information on these teens from his personal experiences at the center. In his words, the subject of teen fathers needs "a long-term study funded through an actual working agency" to uncover the truth underneath stereotypes and assumptions.

In Mr. Johnson's experience, the majority of teen fathers do want to be involved in the lives of their children. They have no legal right to such involvement as one must be of the age of majority to establish paternity in California. But, by the same token, they cannot be sued for child support while still a minor. For many of these young men, their child is an expression of love and joy against an otherwise emotionally barren backdrop. Yet, almost every agency serving teen mothers reports



difficulty in attracting fathers. Why? Well, in part, because these programs are designed to meet the needs of teen mothers. Teen fathers are at a loss to establish a role for themselves. They do not know where they fit in and neither do the programs.

A different approach to involving teen fathers begins well before the birth of the child, ideally when the pregnancy is first confirmed. The Lawndale program includes going into high schools, enlisting the aid of athletic coaches--often the only adult male role model such teens have or respect--and searching out the soon-to-be fathers. In this way, teen fathers can establish a relationship with the child; the earlier such involvement begins the better the father-child bonding. Teen fathers can also reinforce good health practices in their pregnant girlfriends if they get education in fetal development, nutrition, and the like.

Perhaps the single most important element of a teen father program, in Mr. Johnson's opinion, is realization of the need to address this area from a male perspective. As women comprise the majority of staff in organizations providing service to pregnant teens this could be a very ticklish area. It does not mean that only men can work with teen fathers. It means that all staff members, male and female, need to see this as a kind of "male liberation" issue. Teen fathers need encouragement to move past stereotypical notions which measure male worth by income or sexual prowess. Self-esteem issues are at the heart of this like so many other teen problems.

As most teen fathers who choose to become involved in teen parent programs feel their chief role is one of financial

support, teen father projects should have extensive vocational training and job placement components. Failure in being able to provide financial support drives most fathers out of their children's lives. Teen fathers also need encouragement to stay in school to improve their long-term employment prospects. Vocational training and job placement opportunities vary tremendously from area to area in Los Angeles. However, pay-as-you-learn, the most need, is in shortest supply in every area. The Job Training Placement Act offers some of these jobs but most are in the Summer Youth Training Programs, not full-year, and very strict poverty requirements prevent most teens from qualifying for the program. The Lawndale Center has attempted creation of some opportunities of its own by organizing newspaper sales option for teen fathers

Overall, business community and professional society involvement in this area has gone largely untapped. As teen mothers also have a great need in this area, it is especially important to make full use of all possible resources. Ruth Bell, also of the Lawndale Youth and Family Center, suggested one means of establishing initial ties to the business community which would have the additional bonus of creating greater teen motivation to stay in school as well as encouraging visualization of greater, more diverse, future opportunities in teens. She asked students in a class to write out a description of their "dream jobs," no matter how impossible obtaining such a job seems. For the students who did this she arranged a meeting with a member of the community currently does that job, e.g., for a teen who wanted to be a pilot she arranged a meeting with a

pilot. The teen could then ask questions about what the job is actually like and the professional could offer first-hand information on the path he or she took to get to this point, discuss the aptitudes and education required, suggest related positions in the field the teen might not have been aware of, and serve as a future contact for the teen. Ms. Bell reports both sides have been delighted with the results and such a program could be managed at almost no cost. The city council could easily encourage business and professional community involvement by offering some sort of official recognition to the volunteers participating. Recognition could be as simple as giving a plaque to hang on an office wall. In light of this the Task Force should recommend:

- 1) That the city council develop a means for official recognition for participants in a teen-professional matching program, notify schools and vocational placement centers of its existence, and encourage their involvement with such a plan.

- 2) That further studies be done on the subject of teen fathers to counter stereotypes and incorrect assumptions and to produce a true, statistically accurate and useful report.

#### IV. Conclusion.

On-site infant care centers play a key role in allowing teen mothers to complete high school, and possibly more, education. Increasing the number of teen mothers who graduate from high school can mean tremendous benefits to both these individuals and the whole of society by decreasing the need for welfare expenditure. Not enough on-site infant care facilities exist

to meet the demand for these centers in Los Angeles. Community involvement has been important to the establishment of on-site units in the past. Increasing community awareness of the power to make a difference in this area and encouraging additional governmental allocations could expand the number of on-site infant care facilities in the city.

Medical care, especially prenatal care, is also important for improving individual and societal prospects. Prenatal care is the most efficient means of preventing low birthweight infants and attendant medical expenses. However, health care providers must be sensitive to the particular needs of adolescent clients or teens will be disinclined to avail themselves of medical services. School-based clinics, both geographically and attitudinally, are in an especially good position to increase teen use of health care resources. These clinics should be expanded and supplemented by increased establishment of teen clinics in public and private health care organizations.

Additionally, the subject of teen fathers needs further study to develop an accurate profile of these individuals, target their needs and improve the programs serving teen parents. At the present, one of the most identifiable needs for teen fathers and mothers is job placement. Business and professional community involvement with teens should be increased and official recognition of volunteer participants could do much to increase their involvement.

Finally, my experiences in researching this report made clear to me the need for a centralized information center to match teen parents with available resources. If I faced difficulty and frustration in attempting to locate services,

this can only be magnified in adolescents, many of whom must overcome language and educational barriers. Thus, I would like to make a personal recommendation to the Task Force. We can help with the initial steps in establishing a clearing-house of this type, most obviously through a strong liaison with the Los Angeles County Task Force on Teen Pregnancy. This team, the Family Life Education team, the Immigrant Family team (every team, really) would have an interest in the issues surrounding teen pregnancy and parenting. Coordinate efforts and everyone benefits.

## ENDNOTES

<sup>1</sup>Los Angeles Regional Family Planning Council, Inc., Los Angeles County: Recent Population Trends that Impact Family Planning Lead (Los Angeles: Author, 1986), p. 43. Hereafter cited as LARF.

<sup>2</sup>Thomas G. David, Children Having Children: Two Generations at Risk, report of the Los Angeles County Adolescent Pregnancy Child-Watch (Los Angeles: UCLA School of Social Welfare, 1986), p. 2.

<sup>3</sup>As of January 1, 1986, population of Los Angeles County was 7,952,700. City population figures were approximately 40% of that at 3,144,800. Assuming births were evenly distributed throughout the county (which they are not), 40% of 17,004 is about 7,000.

<sup>4</sup>See Attachment A.

<sup>5</sup>David, p. 5.

<sup>6</sup>See Attachment E.

<sup>7</sup>Ibid.

<sup>8</sup>LARF, pp 62-67.

<sup>9</sup>LARF, p. 68.

<sup>10</sup>John Leo, "Sex and Schools," Time, 128 (1986), 58.

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Also, two interviewees provided information from as-yet unpublished reports:

- 1) The Lawndale Youth And Family Center plans to publish a report on teen pregnancy and parenting January, 1987.
- 2) Margery Estelle of the Hope Infant Center plans to publish a thesis which includes follow up reports on teen mothers who have been served by the program

## PRINCIPAL AGENCIES AND INDIVIDUALS INTERVIEWED

Booth Memorial Center	Lill Craven
Children's Hospital Division of Adolescent Medicine Project MATEEN	Susan Rabinovitz
El Nido Family Services	Dana Vogler
Hope Infant Center	Marlene Estelle
Jordan High School Infant Center	Pat Cannon
Lawdale Youth and Family Center	Ruth Bell Ron Johnson Gayle Mathanson
Locke High School Infant/Toddler Center	Linnie Dushy
Los Angeles Regional Family Planning Center	Beth Cohen Laurie Goodman
St. Anne's Maternity Home	Peggy Cobb Rick Coleman
San Fernando High School Infant Center	Margaret Galloway
School-Based Clinic Program	Pam Wagner



STUDENT HEALTH SERVICES DIVISION  
SCHOOL-BASED CLINIC PROGRAM

Los Angeles County Department of Public Health;  
Selected Data Reported by Census Tracts Within High School Boundaries

High School	INFANT DEATHS		NEONATAL DEATHS		FETAL DEATHS		DEATHS 11-14 YEARS OLD		DEATHS 15-18 YEARS OLD		DEATHS 11-14 YEARS OLD		DEATHS 15-18 YEARS OLD		GONORRHEA 11-14 YEARS OLD		GONORRHEA 15-18 YEARS OLD	
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
Crenshaw	18	26	12	21	16	19	1	2	7 (1A) (1B) (4H)	6 (1A) (3H)	4		110		4		177	
Dorsey	17	21	11	16	15	17	0	0	4 (1H) (1H)	3 (2H)	2		98		4		147	
Fremont	47	53	29	30	35	41	6 (2A) (2H)	3 (1H)	12 (12H)	12 (11H)	11		346		10		280	
Hollywood	18	35	15	19	12	17	1 (1A)	1	4 (3A) (1H)	3 (1H)	0		93		3		86	
Jordan	28	29	15	14	4	18	2 (2H)	1 (3H)	2 (2H)	5 (3H)	12		237		15		191	
Leeco	22	30	11	18	19	15	0	0	6 (2A) (3H)	7 (4H)	8		183		9		213	
Los Angeles	32	26	23	17	28	21	1	1	9 (7H)	8 (3A) (2H)	2		169		2		104	
San Fernando	17	20	11	11	8	11	0	2	12 (1H)	0	4		187		0		23	
Roosevelt	20	19	14	11	13	11	1	2 (1H)	9 (3A) (3H)	5 (1A) (1H) (1H)	8		243		2		18	

H - Homicide  
S - Suicide  
A - Accident & Adverse Effects

1. "Infant Death" is defined as death under 1 year of age  
2. "Neonatal Death" is defined as infant death under 28 days of age.  
3. "Fetal Death" is defined as stillbirth over 20 weeks of gestation

# FACT SHEET

## TEEN PREGNANCY IN CALIFORNIA 1984

### MEDICAL ISSUES

1. More than 55,000 California Teen Aged gave birth in 1981.
2. Medi-Cal funds approximately one out of three Births to Teens.
3. 11% of teenagers First pregnancies are Low Birth Weight Infants. Minority groups have a higher incidence of Low Birth Weights (up to 17%).
4. The lower the birth weight, the higher the cost to the public.
5. Over 5% of low birth weight infants become developmentally disabled.
6. Annual Medi-Cal costs for delivering teen pregnancies, neonatal intensive care, rehospitalization, cost the State in excess of \$105,000,000 each year.

### SCHOOL ISSUES

7. Pregnancy is the most common reason teen age girls leave school. 80% of Teen Mothers never graduate from High School.
8. A 10% increase of Teen Mothers completing High School would avoid 53 million dollars in Welfare costs.
9. A Teen graduating High School is likely to earn \$1,706 more per year (1983 dollars) than a Teen with 1-3 years of High School.
10. The greater the educational attainment the lower the cost to the public.

### AFDC ISSUES

11. Teen mothers without a High School diploma are twice as likely to receive AFDC.
12. Nearly 60% of the total Welfare Budget is provided to women who first gave birth as a teen.
13. If AFDC Teen Mothers were one year older at the time of the first pregnancy, 150 million dollars would be saved in avoided welfare costs.

Source: These facts are abstracted from an unpublished by Claire Brindis DPH. Center for Population and Reproduction Health Policy, Institute for Health Policy Studies, University of California, San Francisco.

## LOS ANGELES COUNTY STATISTICS ON TEENAGE PREGNANCY

- Since 1970, fertility rates among teenage girls under 18 have been higher in this county than in California or the United States. Between 1978-1980, fertility rates for teenage girls were highest among Blacks and Hispanics.
- In 1983, nearly one out of eight live births in Los Angeles County was to a teenage mother. In that year, over 12% of all live births were to mothers 19 years of age and under: 16,777 babies were born to girls aged 15 to 19; 310 to girls under 15 years of age.
- The percent of low birthweight births in Los Angeles County has shown only a slight decline since 1972 (1972, 6.8%; 1982, 6.3%). In recent years (1978-1982), the percent of low birthweight infants in the county was highest among Blacks and among teenage mothers under 20 years of age.

Teenage pregnancy is a significant problem in our community. One in eight live births in Los Angeles County is to a teenage mother. Two thirds of these young mothers will raise their children alone. Eighty percent will never graduate from high school.

The economic cost to our nation of supporting teenage mothers and their children has been estimated at \$8.6 billion per year.

Beyond the economic cost is the harsh reality that many of these young mothers will never reach their full potential as citizens and will be dependent on public support throughout their lives. The cycle continues with the children of these teenage mothers who are frequently Low Birth Weight Infants and more likely to become developmentally disabled.

A number of public and private agencies in our community are providing needed services in an attempt to deal with this serious problem.

It is now time for this Board to take a close look at how effectively County government is working with private sector organizations and our schools. We need to ensure that this County has a coordinated and effective program to educate teenagers to avoid pregnancy and to mitigate the impact on their lives when pregnancy occurs.

-MORE-

APPROVED

SEP 10 1980

**MOTION**

Schabarum	_____
Bahn	_____
Edelman	_____
Antonovich	_____
Dana	_____

MOTION BY SUPERVISOR EDMUND D. EDELMAN

PAGE TWO

I, THEREFORE, MOVE THAT:

- 1) Instruct the Chief Administrative Office to establish a task force staffed by the CAO and consisting of members from public and private sector organizations dealing with the problem of teen pregnancy and appropriate County departments, including Children's Services, DPSS, Health Services, and Mental Health.
- 2) Instruct the Task Force to report back to the Board within six months with their recommendations.

\* \* \*

RC

MOTION

Hahn	_____
Edelman	_____
Dana	_____
Antonovich	_____
Schabarum	_____

STUDENT REPORT: TASK FORCE TEAM ON IMMIGRANT FAMILIES

by John Opel

1 December 1986

Professor Coleman

The focus of Terry Gock and Mario Perez's team is immigrant families and the way in which the City of Los Angeles can facilitate their integration into the larger community while at the same time recognizing the contributions that immigrants have made and will continue to make. Initially, Terry and Mario identified the general issues related to immigrant families. This list included housing (restrictive zoning, discriminatory regulation), cultural pluralism (English only legislation), human services, voter registration, and education. In addition to this general list they developed group specific issues. For Asian immigrants this included underemployment, interracial tension and violence, inter-generational conflict, and households without parents. The list for Latinos included unemployment, seasonal worker problems, child-care, family member abuse, and gang violence.

My goal has been to seek out community leaders and solicit their opinions on what the primary issues in their respective communities are. This will help corroborate the thinking behind Terry and Mario's lists and also provide the task force with some possible solutions now in effect or in the minds of community leaders. Dr. Gock provided me with a list of ten leaders in the Asian community. Due to the diversity of the Asian communities it seemed best to cover as broad a spectrum as possible in this way. Mario Perez recommended contacting several people listed in the report L.A. 2000, put out by the City of Los Angeles Human Relations Commission. In addition to these people, I contacted several attorneys at the Mexican American Legal Defense and Education Fund (MALDEF) who have campaigned against the English-only initiative

## STUDENT REPORT

and worked on the lawsuit challenging the HUD regulation that seeks to cut off federal housing aid to any household with an undocumented person in it. These two issues affect that Asian immigrant community, but are the primary concern of the larger Latino immigrants.

My report will consist of four parts. First, there is a brief summary of my general knowledge on immigration gathered from several major reports. Second, I will give a summary of the Asian groups I contacted and the problems they identified. Third, there is a list of a few possible solutions, some of which are currently being implemented on a small scale. Finally, there are the issues and possible action related to English-only and the status of the HUD regulation.

I would like to set my concerns out first in order to make this report more coherent. The scope of this team's area is enormous; the scope of the task force exponentially more so. The result is that a law student working part-time on the project cannot be thorough enough. But this only points out that the city must go further for recent immigrants who are hobbled by the shock and unfamiliarity of a new country. If I had a hard time figuring out where to go and then finding a way to get there and the time to make the meeting, consider the hurdles facing a person who has difficulty speaking the language and must work very long hours to feed and house a family. On the positive side, there is a wealth of talent already available for use by the city. Community centers are staffed with intelligent and concerned people, although



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several of them are reticent when it comes to discussing the efficacy of the political system as a tool for change.

### I. General Information

There are five reports I read to gain familiarity. They are:

SOUTHERN CALIFORNIA: A REGION IN TRANSITION (1984), Southern California Association of Governments, 600 South Commonwealth Ave., Suite 1000, L.A., CA 90005.

THE FOURTH WAVE: CALIFORNIA'S NEWEST IMMIGRANTS (1984), Thomas Muller, The Urban Institute Press, Washington, D.C.

LOS ANGELES AT THE TURN OF THE CENTURY (L.A. 2000) (1985 Conference Report), The Human Relations Commission of the City of Los Angeles.

THE NEW ASIAN PERIL (Report of a Hearing on Rising Anti-Asian Bigotry by the Los Angeles County Commission on Human Relations, 1984), The Human Relations Commission of the City of Los Angeles.

PLIGHT OF THE NEW AMERICANS: DISCRIMINATION AGAINST IMMIGRANTS AND REFUGEES (1985 Public Hearing Report), The Human Relations Commission of the City of Los Angeles.

The reports are generally very informative. L.A. county receives one half of all of California's immigrants, due primarily to the concentration of manufacturing industry here. The demand for unskilled labor has grown at a such a rate that the immigrants have not affected the rate of employment among the already present minorities. The popular belief is to the contrary, however.

One conception that is not incorrect, however, is that immigrants are a drain on public services. As a whole, immigrants will use public services at a rate higher than their tax

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contributions. Also, many employers prefer undocumented workers because unemployment and social security contributions are not required. Start up and fixed costs of hiring undocumented workers are lower because these taxes are not collected. This does not mean that in the long run immigrants are a drain. The influx of unskilled Mexican labor, along with more educated Asian labor, has provided a balanced labor source allowing even economic growth, rather than distorted growth.

The economic focus of several of these reports is important. Employer perceptions of immigrants highlight many of the problems and advantages of immigrant labor. Levels of education are low in some immigrant groups, making their income potential limited. With limited income, the children are under pressure to drop out of school and work to help support the family. The tendency of immigrant groups to live in neighborhoods is part cultural and part economic: the least expensive housing is usually in those neighborhoods. This tendency, however, slows the process by which English is learned. Also, as economic necessity forces both parents into the work place, and ethnically concentrated neighborhoods foster rivalry and inter-group tensions, children with free time and little pressure to remain in school drop out, have problems with drugs, and possibly end up involved with gangs, and all the violence associated with them, or other criminal activity. This progression sounds cliché, but it is noted several times.

The economics of employment and housing apparently conspire to force youth into dead-end situations and to make adults unable to help their children. Statistically this problem is significant

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because of the number current immigrants and the motivation behind the most recent wave of immigrants. During the first three eras of immigration in California, in the 1840's, 1860's, and in the 1940's, there was a force "pulling" immigrants into California, namely a boom economy. Now, however, many immigrants, especially the two out of every five that are from the American continent, are "pushed" into coming to the United States and California. That means that the rate of immigration is not as sensitive to the labor market in California, and more sensitive to the political and economic conditions in the immigrants countries of birth. I have not read a forecast of conditions in Central or South America that is optimistic, except for a Control Risks International report on Argentina. The group most likely to be affected by the newest immigrants will most likely be those who immediately preceded them, which should emphasize the need for attention in the immigrant communities, and the anticipated needs of future immigrants.

In sum, the general reports provide information on the rate, composition, as well as motivating factors behind immigration. Since immigration policy is federal there is little for the City of Los Angeles to do in regulating the flow of immigrants. The economic reality of life in Los Angeles, however, produces several recognizable problems for immigrants, and the city can definitely help. My conversations with several of the community leaders helped to identify the priority issues, their causes, and a few possible solutions. Due to limits on my time I was unable to cover all the groups, but by looking at several representative samples I

## STUDENT REPORT

can point to a few common problems that will corroborate the ideas expressed in the general reports, and therefore justify spending some money to try and solve them.

### II. Asian Groups

I used a list of leaders that Dr. Gock provided to send letters to people. Dr. Gock identified five ethnic groups, Korean, Japanese, Indochinese, Chinese, and Philipino. The most interesting thing about the Asian community is the fact that each group sees itself at a different stage of development as an ethnic group.

#### A. Korean

I sent a letter to and met with Reverend Peter Kwon, who is a chaplain at L.A. County General Hospital. His other credentials are very impressive and would run the rest of this page to list, but his expertise is on matters affecting aging. Our discussion focused on the breakdown of the Korean family unit upon immigration to the United States, and the problems this breakdown caused.

Rev. Kwon said that Korean families are the central social unit, and that families are traditionally centered on the father and eldest son. American life poses several problems. First, apartments are not large enough for three generation families. Elder parents may then become burdensome to working their working children. Second, since there are opportunities and the economic expectation is that women will work, a tension develops between spouses because the wife traditionally would stay at home. Third,

## STUDENT REPORT

children adapt more quickly to the American lifestyle, and the parents have a hard time understanding them. The pressures of visits, care, and guilt associated with elder parents, plus work and changing to fit the work place, adds up to a higher divorce rate. Rev Kwon said that it is not common to have a cooperative atmosphere after a divorce. Rather, the two people fight constantly. The end result: children with problems. Drugs, mental health problems, and youth gangs were the top three he listed.

Other problems, not having to do with the breakdown of the family, involve health care issues. Language problems, difficult before the English-only initiative, are going to become unmanageable, especially for the elderly who have more difficulties with English. The solutions that the hospital had been working out may or may not go by the wayside, but without direct attention the problem will continue to grow.

Rev. Kwon mentioned that the United Way had done extensive work in Koreatown. The youth center in Koreatown was one of their projects. Ms. Yeun Hee Kim, a woman I contacted but was never able to meet, works as a director there. Both Rev. Kwon and Dr. Gock mentioned her specifically, and since she works at a youth center she would be an excellent person to present the problems of the younger Korean immigrants in more detail.

### B. Japanese

The two people I contacted were Ms. Yasuko Sakamoto and Mr. Bill Watanabe. They both work at the Little Tokyo Services Center (LTSC). They sent me a report which gave the general priorities for

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immigrants. In addition to this, Mr. Watanabe enclosed a letter with his opinions regarding several issues. They were:

1) Translation: essential documents, both consumer and human services documents need to be translated for the non-English speaking population. LTSC currently provides seminars on topics of importance, such as social security, medicare, medical, health issues, aging, and legal matters.

2) Homemaker Services: care for the elderly by individuals that are ethnically sensitive is, or would be, in great demand.

3) Ethnic Special Services: many families with disabled or handicapped members require special services due to cultural or language barriers. Support and outreach groups are needed. LTSC currently is helping stroke victims and parents of developmentally disabled children, but there are other conditions, such as cancer or Alzheimers, that also require attention.

4) Emergency Services: in emergency situations it is important to have ethnic resources available to destitute families.

The report has been included in my research materials as background.

### C. Indochinese

I had scheduled an interview with Ms. Due Le, at the Indochinese Counseling & Treatment Center, but due to our problems

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she was unable to keep the appointment. She did, however, provide me with some reading material, the relevant parts of which I will summarize.

A CROSS-CULTURAL GLIMPSE OF THE VIETNAMESE PEOPLE, 1976-77, gives general background on Vietnamese culture which helps to distinguish and understand their immigrant experience. According to the report Vietnamese perceive themselves as possessing a uniquely dedicated and industrious spirit. Education is important, but heart is important as well. Their culture is formal, but eclectic and imitative.

A 1980 survey, ADJUSTMENT OF THE VIETNAMESE REFUGEES TO THE NEW ENVIRONMENT, from the Vietnamese American Association, presents some observations and statistics on refugees in Oklahoma. The majority of households were nuclear family, and more members of the households were working after several years than when the refugees arrived. 28% were using financial assistance of some kind, but only 9.5% were using cash assistance. One of the major problems was mental health, a condition that another report, THE VIETNAMESE REFUGEES AND THEIR MENTAL HEALTH PROBLEMS, by Tran Minh Tung, M.D., stressed. Refugees enter into a state of sustained grief which is exacerbated by their refugee status. Unlike genuine immigrants, refugees are not here by choice and options available to immigrants, such as return or support from friends in their native country, do not exist for refugees.

This problem is compounded further by several factors. First, it is often inconvenient for people to get to the counseling that is available. Second, there is a tradition in Indochinese culture

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to view doctors as only treating somatic illnesses. Convincing some of these people that grief or depression is not a natural or healthy reaction can be very difficult. And finally, many Indochinese are unwilling to admit the possibility of mistake. For many of these people the bridges are burnt, and friends and family have been left on the other side. In the case where counseling begins, the most distressing prospect is not being able to cross cultural barriers at a time when communication is most important.

Dr. Tung suggests education and informational services as a possible solution for the refugees experiencing sustained grief. If they are aware that what they have is a disorder that is treatable, then they may seek treatment if it is available.

### D. Chinese

Letters were sent to Ms. Irene Kwan Chu at the Chinatown Services Center and Mr. Paul Louie at the Asian/Pacific American Legal Center of Southern California. Unfortunately, the Chinatown Services Center had changed their address and it didn't work out so I could get back to her. Mr. Louie had been out of town until November 3, and I didn't pursue him actively enough when I was told he would get to his mail. The result is that I have no group specific information on the Chinese.

### E. Filipino

I contacted three people. Mr. Royal Morales at the Asian Pacific Alcoholism Council, Ms. Carol Danao at the Child Abuse Prevention Assistance Project, and Ms. Connie Guerrero at the Filipino American Service Group (FASG). I had a telephone conversation with Mr. Morales who said that youth gangs, drugs and



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alcohol, and mental health were the priority issues. The drop out rate for high school age students is apparently very high. The Filipino community is growing quickly, Mr. Morales said, and so are the problems among high school students. Senior citizens' problems are also very important, he said.

Ms. Danao, whose office is at FASG, had developed two lists. The first was of the needs of immigrant families. It included orientation to Western culture (such as community resources, family relations and lifestyles, and Western values of individualism). Information on housing and self-help remedies is also needed. Immigrants have little knowledge of their rights regarding discrimination and other unfair housing practices.

Language, again, is a big problem, making use of existing services difficult. Health care costs are prohibitive for small fixed-income families. Exploitive employment practices and over-qualification for jobs available are problems. Philippine immigrants are often well educated and experienced, but end up with low or unskilled jobs. Education on child abuse and senior abuse laws is also needed.

The second list was of issues of significance to Philippine families. First was child-rearing priorities. Parents expectations are traditional: respect for authority and age, suppressed emotion, and discipline are required. Male and females have different traditional roles as well. The concept of child abuse is not a real part of the traditional culture and parents have a hard time adjusting when they get reported. Second, elder abuse becomes a problem when the younger generation becomes acculturated and the

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traditional expectations of the elderly are defeated. This results in tensions that can lead to real abuse. Third, there is a general lack of cohesiveness among the Filipino community organizations so that a general plan and administration of family services is difficult.

My conversation with Ms. Guerrero while Ms. Danao was preparing some materials was also informative. She said she had been working for a number of years (at least ten, I believe) in the Filipino community and was currently working as a volunteer at the FASG. She focused on the political workings of immigration. The area where most of the Filipino immigrants live is economically depressed and the residents do not have the financial clout or voter turn out to have any real political effect. Her experience has been unpleasant at times, and frustrating, but she felt that with a few changes things might go a lot easier for Filipino immigrants. The priority system of the block grants is very difficult to understand and is generally used for pork barrelling, according to Ms. Guerrero. More direct input and more responsiveness to actual needs in determining the block grant priorities would at least help relieve some of the frustration, if not provide actual resources to community centers such as FASG, which is currently run on donations.

### III. Some Solutions

#### A. Centralization

The benefits of consolidating data and routing requests to that data base will provide one of the most commonly requested services. An inter-agency, or inter-community center council that

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would allow each center to put in requests or offer services and opportunities would share the burdens and benefits among the ethnic communities, allowing for an efficient distribution of resources and reducing the impact of political advantage. Various problems of immigrant families could be more quickly solved this way. There are several specific problems I have in mind that could be solved by a higher level of centralization at which the city could mediate between its agencies and the inter-community center council. Examples of such services are:

1. Employment referral that is centralized and supervised by the city could speed up employment and control discrimination. Existing employment services could upgrade and enter into an outreach program to qualified community centers.
2. Housing availability and match-ups could benefit from the same service. Control over discriminatory practices could be enhanced, as well as violations of health and housing codes.
3. General health and mental health services could share the load with each other. Various ethnic community centers have varying qualities and capacities. Since the immigrant experience is partially a common one, sharing and shifting the load is not out of the question. This also contributes to the overall goal of effective integration.

### B. Direct Input

The current community development block grant application is, based on my limited understanding, a very complex and difficult procedure that has frustrated determined individuals. Some of the frustration may be part of a greater political reality, but if the city could provide assistance, or enhance what assistance is available, it might raise the level of interest in the different

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communities. Whatever office provides this service should be immune from political capture. The process might involve:

1. recognition and contact through outreach to community centers, regardless of whether the city helps to fund them now or not;
2. involvement in any currently available referral programs for employment, housing, and health services;
3. guidance in evaluating any projects that might be successful as community development block grants;

### C. Education

So much of the problems of integration involve a general lack of knowledge about what is expected generally by other Americans. Unfamiliarity with custom, legal rights, the expectations of employers, or the inner-workings of the cities human services can cause enormous confusion, needless waste, and frustration. Several avenues are available.

1. The centralization and outreach outlined above could easily add an educational component, killing several birds with one stone.
2. A cooperative effort with the L.A. Unified School District could begin the educational process with children of sufficient age to understand the problems.

The fiscal impact of these programs could be minimized by directing the currently existing agencies in these area to begin by simply making contact with community centers on a regular basis. Even if these programs are instituted on a limited basis they would serve to alleviate enormous frustration among those already working in the community centers.

### IV. English-only and the HUD regulation.

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### A. John Trasvina

Mr. Trasvina is an attorney at MALDEF who has campaigned against the English-only amendment. I had a phone conversation with him in which we discussed the potential impact of the English-only amendment to the State Constitution. He cited a case, McKelvie, 262 U.S. 404, and the three following it which he feels are controlling on the English-only amendment. If we assume that the amendment will be struck down, however, that still leaves the interim period to protect immigrants from. The most damage will be in emergency services. 911, data processing at public hospitals, and other translation services may be lost or suffer set backs. The result may also be unavoidable. In Dade County, Florida, the first official action to enforce a similar proposition was to remove the latin names from the animal cages at the zoo.

Municipal action is key in minimizing damage according to Mr. Trasvina. If the city attorney's office could circulate an interpretation of subsection (d) of the amendment, clarifying what the scope of private enforcement will be for city employees on the job, a lot of confusion would be avoided. The hypothetical is that when city employee A overhears city employee B speaking in the workplace in a language other than English, what will happen if A submits B's name to supervisor Q? What are each parties responsibilities? What is the potential for punishment?

The general impression I received is that English-only is an innocent looking time bomb, waiting to disturb the lives of an enormous segment of the population of Los Angeles.

### B. Linda Wong

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Linda Wong is also an attorney at MALDEF. She worked on the case challenging 51 Fed. Reg. 11198, that allows HUD to cut off federal housing funding to households with any illegal aliens. The named plaintiffs in the suit received a preliminary injunction, and the attorneys's moved to certify a class action suit, defining the class so as to contain all those affected by the regulation. The motion was heard on November 14, and I have not spoken to Ms. Wong in the interim. HUD, however, voluntarily suspended the regulation until December 31, 1986, and so notified the court and all its field offices. Judith Nishimoto, at East Los Angeles Legal Services is still working on the case and could provide an update.

### V. Conclusion

My conclusions are brief. My research was incomplete. The two issues I thought would provide input from the Hispanic community did not do so significantly. My report, therefore, focuses on the Asian immigrants. This doesn't mean that more ground work needs to be done, but rather that some solutions implemented and then adjusted as new information comes to light. The problems associated with being an immigrant recur in different groups, and should be dealt with in a manner that avoids group conflict to the fullest extent possible. Allowing common access to the available resources is not only fair but in keeping with the policy of integration and peace among ethnic groups.