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## Introduction

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The study guide provides comprehension, analysis, and discussion questions, as well as class and individual activities and suggested research resources.

### *Objective*

This study guide aims to provide a framework for students to analyze and understand *Bellyfruit* by providing a social context for its story and characters. To that end, this guide will provide a frame of reference for research, writing, and discussion on *Bellyfruit* and related topics.

Background for understanding this film includes statistics of teen births in the United States; the societal effects of teen motherhood (and, by extension, fatherhood); sex education programs in schools; abstinence-only education in schools; the effectiveness of these kinds of education; and the current debates about teen pregnancy, teen birth, and solutions to the problem. These social factors apply to *Bellyfruit*'s characters, since their stories correlate to some of the issues that the data raise.

## About the Film

*Bellyfruit*, 1999

An Independent Women Artists presentation in association with Standard Film Trust.

87 minutes. Seventh Art Releasing [www.7thart.com](http://www.7thart.com)

### *The cast and crew*

Kerri Green	Director
Maria Bernhard, Susannah Blinkoff, Janet Borrus, Kerri Green	Screenwriters
Bonnie Dickenson, Robert Bauer	Producers
Carmel Juneau	Editor
Peter Calvin	Director of Photography
Tamara LaSeon Bass	Shanika
Kelly Vint	Christina
Tonatzin Mondragon	Aracely
T.E. Russell	Damon
Michael Peña	Oscar
Bonnie Dickenson	Diane
James DuMont	Lou
Kimberly Scott	Ms. Duncan

### *The film*

*Bellyfruit* tells three separate stories, interweaving the experiences of the three main characters, Shanika, Christina, and Aracely.



Cover for *Bellyfruit* video

Although the film begins and ends with voice-over narration from the three main characters, the film proceeds as if it were a documentary in

which the camera follows the girls, with only a few scenes that show action that does not include these characters. The camera work is straightforward, eschewing effects and self-consciousness, and the soundtrack includes only dialog and music or ambient sound for the action.

The result is a clear-eyed look at teenage pregnancy, adapted from a play developed in a Los Angeles workshop, based on the stories of teenage mothers. Its three narrative threads all involve young girls facing adult decisions before they've left their own childhoods behind. *Bellyfruit* effectively depicts each would-be mother as a naive girl who is trying to make the best of her situation. Because the source material is actual life stories rather than imagined projections, the film does not sugarcoat what happens to the three girls any more than life itself does. In no way are their lives turned perfect or glamorous as a result of their babies. The film never shies away from the pain of the situations, but it also never wallows in sentimentality or overplays the drama to achieve a calculated reaction from the audience.

### *The stories*

Shanika (Tamara LaSeon Bass) and her younger sister have been taken away from their negligent mother. The sister adapts to the foster system, but Shanika isn't so fortunate. After being bounced around 20 foster homes, 14-year-old Shanika winds up at a group home for troubled teenage girls. She is angry, defiant, and needy, resulting in disrespect for authority and violent outbursts. She meets 28-year-old Damon (T.E. Russell), and he showers her with compliments and smiles in order to get her into bed. Shanika gets further involved with Damon, cutting school to meet him for daytime rendezvous, but her happiness is undercut when she learns that her sister will be moving to San Francisco. Shanika feels satisfaction when she is told she is pregnant, because this can expedite her moving in with Damon—something he has proposed to her many times. Even though Damon abandons her when he finds out Shanika intends to have her baby, she feels she deserves respect—something she has not experienced before—simply because she is going to be a mother.

Christina's (Kelly Vint) situation isn't that much better. Her mother, Diane (Bonnie Dickenson), had her when she was 16, and now that Christina seems old enough to be on her own, Diane uses this time to relive her youth, spending most weekends with a series of boyfriends. Christina, only 13 when she becomes pregnant, projects a tough and self-sufficient exterior. She cannot express her need for a mother as Diane instead treats her like a roommate and confidante. Christina gets pregnant by one of the many boys who have sex with her, turning her 29-year-old mother into a grandmother. By the time Christina has taken a home pregnancy test and considers an abortion, she is already six months along. She has no choice but to have the baby, although neither she nor her mother has the maturity to take on the

responsibility. To Christina, her baby daughter is her first validation that she isn't worthless. But Christina has had no emotional or practical preparation for motherhood, and she leaves her baby at home alone one night to go to a party. She makes the excuse that the baby was sleeping, as her angry mother confronts her, but this gives Diane the reason she needs to force Christina to have the baby adopted.

Aracely (Tonatzin Mondragon) is the third main character, and she has become pregnant by her boyfriend Oscar (Michael Peña). Her father's anger prompts Aracely to move into a small apartment Oscar shares with a gangbanger friend. After Aracely has her baby, Oscar does his best to get money for the family. He's well meaning and sincere, he cannot find steady work to support them. Oscar doesn't want to get involved dealing drugs, which it is implied he did in the past, but he falls back into criminal activities when the money problems continue. Aracely moves back into her parents' home with the baby after Oscar goes to prison, and the little faith she still had in Oscar's promises is gone. Unlike Shanika and Christina, Oscar works to regain Aracely's trust after his release into a work program, and they are determined to remain together and raise their child well, in spite of the difficulties that inevitably face them.

There are no stereotypes in *Bellyfruit*, but simply real, three-dimensional people getting themselves in over their heads. Although this is director Kelli Green's debut as a director, *Bellyfruit* was shown as part of the 1999 Los Angeles Independent Film Festival, a testimony to its truth and its power.

<http://www.tvguide.com/movies/bellyfruit/review/137573>, <http://millvalleylibrary.org/zoe.html#belly>, [http://www.7thart.com/joomla/index.php?option=com\\_content&task=view&id=52](http://www.7thart.com/joomla/index.php?option=com_content&task=view&id=52), [http://www.fandango.com/bellyfruit\\_v180065/summary](http://www.fandango.com/bellyfruit_v180065/summary), <http://www.geocities.com/moviecritic.geo/reviews/b/bellyfruit.html>.

## About the Director

Kerri Green was born in Fort Lee, New Jersey, in 1967. In 1984, she went to New York City to audition for whatever she could. Green came to the attention of Steven Spielberg, who cast her as Andy in Richard Donner's adventure movie *The Goonies* (1985), which was one of the biggest hits of that year. Also in 1985, she played one of John Candy's three children in *Summer Rental* (1985). It was her performance in David Seltzer's *Lucas* (1986) that garnered her respect from movie critics.

Green acted in the TV movie *Young Harry Houdini* and the major release *Three for the Road* with Charlie Sheen in 1987. Following the release of that *Three for the Road*, Green studied art at Vassar College and acted only occasionally while attending college.



*Kerri Lee Green*

In 1996, Green founded Independent Women Artists (IWA) with actor Bonnie Dickenson to encourage women to use their artistic talents to voice serious issues concerning teenagers and advance those women into the arts and film. IWA was the production company for 1999's *Bellyfruit*, which Green co-wrote and directed.

*Bellyfruit* developed first as a play, drawing on Green's experiences working with

homeless youth, especially teenage girls with babies, after she graduated from college, and the writings of young mothers in Los Angeles. While they were establishing IWA, Green and Dickenson met Amy Stuart, who was founding a home for young, single mothers in crisis, called Gramercy Court Housing. Stuart offered parenting classes, job training, onsite social workers, and day care for Gramercy Court's young residents. Green and Dickenson decided to have IWA's first project benefit Gramercy Court, and this became *Bellyfruit* the play.

Maria Bernhard, Susannah Blinkoff, and Janet Borrus took their experience teaching and working with teen mothers, researched the psychological aspects and statistics on teen mothers, and wrote *Bellyfruit*. Green directed the production, which did so well that Green and company were encouraged to bring the story to the big screen. As IWA, they sought funds, grants, and free materials and equipment to film *Bellyfruit*. Green joined Bernhard, Blinkoff, and Borrus, in adapting the play for the screen. Because of the budgetary and time constraints for the shoot, Green storyboarded the entire movie with director of photography Peter Calvin.

Green and producers Dickenson and Robert Bauer sought out actors with realistic styles for the major roles. Green's experience as a teen actor in films benefited the casting and directing processes, because she enjoyed a genuine rapport with the young actors. *Bellyfruit* was the first film for several of the actors, including Tamara LaSeon Bass and Tonatzin Mondragon. It was also Green's film directorial debut.

Green lives in Los Angeles with her husband and children, acts on television occasionally, and writes screenplays. She has used the name Kerry Lee Green since 2000. <http://www.imdb.com/name/nm0338061/bio>, <http://www.d-filed.com/kerrigreen.html>, <http://www.geocities.com/moviecritic.geo/reviews/b/bellyfruit.html>, <http://www.d-filed.com/kerrigreen.html>

## Teen Parenthood

### *The news*

The U.S. Centers for Disease Control and Prevention (CDC) National Center for Health Statistics report on teen births, “Births: Preliminary Data for 2006,” states that the number of teens giving birth increased in the year 2006 for the first time since 1991. The preliminary version of the report was released on December 5, 2007. The years between 1991 and 2005 had seen a decline in teen births that was encouraging to health officials, proponents of birth control, and advocates for abstinence-only education.

From the report:

The teen birth rate in the United States rose in 2006 for the first time since 1991, and unmarried childbearing also rose significantly, according to preliminary birth statistics released today by the Centers for Disease Control and Prevention (CDC). ...

The report shows that between 2005 and 2006, the birth rate for teenagers 15-19 years rose 3 percent, from 40.5 live births per 1,000 females aged 15-19 years in 2005 to 41.9 births per 1,000 in 2006. This follows a 14-year downward trend in which the teen birth rate fell by 34 percent from its all-time peak of 61.8 births per 1,000 in 1991.

“It’s way too early to know if this is the start of a new trend,” said Stephanie Ventura, head of the Reproductive Statistics Branch at CDC. “But given the long-term progress we’ve witnessed, this change is notable.”

The largest increases were reported for non-Hispanic black teens, whose overall rate rose 5 percent in 2006. The rate rose 2 percent for Hispanic teens, 3 percent for non-Hispanic white teens, and 4 percent for American Indian or Alaska Native teens.

The birth rate for the youngest teens aged 10-14 declined from 0.7 to 0.6 per 1,000, and the number of births to this age group fell 5 percent to 6,405. The birth rate for older teens aged 18-19 is 73 births per 1,000 population — more than three times higher than the rate for teens aged 15-17 (22 per 1,000). Between 2005

and 2006, the birth rate rose 3 percent for teens aged 15-17 and 4 percent for teens aged 18-19. <http://www.cdc.gov/nchs/pressroom/07newsreleases/teenbirth.htm>

**“McGeown Responds to CDC Report ‘Births: Preliminary Data for 2006,’”** Press Statement by Patricia McGeown, President/CEO of Upper Hudson (New York) Planned Parenthood

As the President/CEO of Upper Hudson Planned Parenthood, I am alarmed but not totally surprised at the new report by the Center for Disease Control announcing the first increase in our national teen birth rate in 14 years. The anecdotal evidence of a decline in pregnancy prevention knowledge and practice among our youth has been accumulating for several years. As a nation we cannot drag our feet any longer. We cannot argue with facts or hide the truth.

This is a preventable public health problem—at last count an estimated 750,000 American teens will become pregnant this year and nearly four million will contract a sexually transmitted infection. Upper Hudson Planned Parenthood has been providing comprehensive, age-appropriate sex education programming to youth for several decades. The body of evidence regarding what methods of sex education and pregnancy prevention are effective or ineffective is significant and growing. The solution to the problem is age-appropriate, comprehensive, medically accurate sex education beginning at an early age and continuing through the school years.

Such sex education must be taught by knowledgeable, skilled educators and reinforced by youth trained as peer educators, by parents and caregivers at home, and through the media. In addition, those youth who are sexually active must have access to the information and services they need to protect themselves against unintended pregnancy and sexually transmitted infections.

We must stop the wasteful expenditure of state and federal funding on ineffective abstinence-only until marriage programming.



We must reinvest in the promotion of condom use to prevent both pregnancy and HIV/AIDS. We must turn away from policies based on fear and ideology and give our full support to those based on science and experience.

New York State has taken an important step in this direction. Governor Spitzer has turned away federal dollars restricted to abstinence-only programming and funneled state matching dollars into comprehensive sex education programs. But the U.S. House of Representatives recently approved increased funding for abstinence-only sex education. And the New York State Senate failed once again to pass The Healthy Teens Act that would help establish a grant program for schools seeking to provide effective sex education.

### *The statistics*

#### **“Births: Preliminary Data for 2006”**

National Vital Statistics Reports, CDC  
December 5, 2007

##### **Births and birth rates**

##### **Results**

The preliminary birth rates for U.S. teenagers aged 15–19 years rose considerably in 2006, the first increase reported since 1991. Rates for teenagers have been declining steadily since the 1991 peak and fell 34 percent between 1991 and 2005, before the trend reversed in 2006. The overall birth rate for teenagers rose 3 percent to 41.9 births per 1,000 females aged 15–19 years.

- The only age group under 20 years of age not experiencing an increase in birth rates was the youngest teenagers, aged 10–14 years. Their rate declined slightly from 0.7 to 0.6 births per 1,000, matching the recent low point reported in 2003.
- The birth rate for teenagers 15–17 years rose 3 percent to 22.0 births per 1,000 in 2006, about the same as reported in 2004. There was a 4 percent increase in the birth rate for older teenagers aged 18–19 years to 73.0 births per 1,000, about the same as reported in 2002.
- Trends in rates by race and Hispanic origin varied somewhat. The largest single-year increase was reported for non-Hispanic black teenagers, whose overall rate rose 5 percent to

It is time to step up to the plate. New York State must pass and fund the Healthy Teens Act. Both federal and state government need to increase funding for financially strapped family planning providers that face great challenges in providing young people with the access they need to affordable services. HIV/AIDS programs need to be free to promote condom use. And schools and communities need to work together to promote knowledge and responsible behavior among our youth.

Until then, we will continue to place the health and lives of our youth at risk and undermine our efforts to build economically and socially strong communities.

<http://readme.readmedia.com/news/show/Teen-Pregnancy-Increase-Not-A-Total-Surprise-Says-Local-Planned-Parenthood-Leader/20585>

63.7 births per 1,000. Increases for other groups were 2 percent for Hispanic teenagers (to 83.0), 3 percent for non-Hispanic white teenagers (to 26.6), and 4 percent for percent [American Indian or Alaskan Native] AIAN teenagers (to 54.7). The birth rate for [Asian or Pacific Islander] API teenagers was essentially unchanged.

[http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_07\\_tables.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_07_tables.pdf)

#### **Social costs**

In 1996, Rebecca A Maynard edited a comprehensive study of the effects of teen births entitled *Kids Having Kids*. It became a benchmark for discussions about the social costs of teen births for years to come.

Maynard, with Saul D. Hoffman followed up her study for the 2007 Association for Public Policy and Management (APPAM) Conference in Washington, D.C., providing updated statistics on the quantifiable effects of teen births. The data tables follow.

#### **“Outcomes for Teenage Parents and Their Children”**

Nearly half of all teenage childbearers never earn a high school diploma and 30 percent do not even earn a General Education Development (GED) certificate; only about 10



percent complete a 2- or 4-year college program by middle adulthood. By the time their oldest child is age 15, they will have had another 1.36 children, on average, despite the fact that they will have spent about 40 percent of these years as a parent single.

On average these young mothers have very low earnings, averaging just under \$6,500 annually over their first 15 years of parenthood. Furthermore, given the limited number of years they are married and their choice of marriage partners, their access to income from spouses is quite modest—averaging just under \$12,000 annually. These factors combined mean that, on average, teenage mothers are dependent on public assistance for about one-third of their parenting years (an average of 4.7 of their first 15 years of parenthood). This includes cash assistance, food stamps, public housing, and (not shown) medical assistance.

One of the greatest sources of concern over teenage childbearing relates to the young mothers' success as parents—a concern supported by the evidence of poor outcomes for children born to teenage mothers. Twenty percent of the children of teenage mothers are reported to have chronic health conditions, 10 percent are obese by their early teen years, and 14 percent of the girls will have a baby by age 18. Furthermore, it is estimated that there will be 56 foster care placements for every 1000 teenage parent and that, on average, children of a

teenage parent spend .93 years in prison.

In nearly all cases, outcomes for teenagers who have their first child before age 18 are considerably worse than are outcomes for those who have their first child at age 18 or 19. Not surprisingly, the most striking difference is in the educational attainment levels of the younger and older teenage parents and in the average number of years they spend as a single parent. Less than 40 percent of the young teenage parents earn a high school diploma as compared with 62 percent of those who have their first child at age 18 or 19, for example, and the younger teenage parents spend an average of 8 of their first 15 years of parenthood single, as compared with only 5 years for the older teenage parents.

Not surprisingly given the differences in single parenthood and in education between the younger and older teenage mothers, the younger teenage mothers are considerably more dependent on public assistance than are the older teenage mothers. And, most striking of all are the large differences in the foster care placement rates and years of incarceration for children born to women who begin childbearing before age 18 as compared with those who have their first child at age 18 or 19. Foster care placement rates are 1.6 times higher and total prison time for children twice as high.

<http://www.appam.org/conferences/fall/dc2007/sessions/panelinfo.asp?id=SOC-02>

Table 10.5 Estimated Annual Costs (or Benefits) to Society of Teenage Childbearing, by Age at First Birth (\$ Billions, 2004 Dollars)

Age at First Birth	(1) Under Age 18	(2) Age 18-19	(3) Total
<b>1. Productivity (Total Annual Value)</b>			
Mother's earnings	\$3.56	(\$2.10)	\$1.47
Father's earnings	\$6.60	\$4.65	\$11.25
Earnings of adult children	\$8.69	\$2.02	\$10.71
<b>2. Public Assistance (Total Annual Value)</b>			
Employment and support services	\$0.05	\$0.05	\$0.10
Medical assistance for children	\$0.85	\$0.73	\$1.58
Administrative costs of public assistance programs	(\$0.11)	(\$0.19)	(\$0.30)
<b>3. Other consequences (Total Annual Value)</b>			
Out-of-pocket cost of children's health care	(\$0.03)	(\$0.82)	(\$0.86)
Foster care of minor children	\$1.65	\$0.34	\$2.00
Incarceration of adolescent and adult children	\$1.71	\$0.13	\$1.84
<b>4. Total (Billions)</b>	<b>\$22.98</b>	<b>\$4.82</b>	<b>\$27.79</b>
Average per Teenage Parent Per Year	\$12,112	\$1,527	\$5,502

Note: Costs are expressed in 2004 dollars. Positive values denote net costs associated with teenage childbearing; negative values, which are in parentheses, denote net benefits associated with teenage childbearing.

<http://www.appam.org/conferences/fall/dc2007/sessions/panelinfo.asp?id=SOC-02>

Appendix Table 10A.2: Average undiscounted annual economic outcomes for teenage mothers and predicted outcomes had teenage mothers delayed childbearing until age 20 - 21 (2004 dollars)

	First Birth Before Age 18			First Birth Age 18 - 19			Total		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Mean Outcome	Predicted Mean if Delayed	Difference (2)-(1)	Mean Outcome	Predicted Mean if Delayed	Difference (5)-(4)	Mean Outcome	Predicted Mean if Delayed	Difference (8)-(7)
<b>Earnings-Related Outcomes (Average Annual Value)</b>									
Mother's earnings	\$5,884	\$7,762	\$1,878	\$6,773	\$6,109	(\$665)	\$6,439	\$6,729	\$290
Spouse's earnings	\$9,070	\$8,536	(\$534)	\$13,653	\$16,022	\$2,369	\$11,932	\$13,211	\$1,279
Father's earnings	\$21,513	\$24,991	\$3,479	\$24,098	\$25,573	\$1,475	\$23,127	\$25,355	\$2,228
Productivity of adult children	\$167,072	\$171,654	\$4,582	\$216,707	\$217,348	\$641	\$198,068	\$200,189	\$2,121
<b>Private Transfers and Taxes (Average Annual Value)</b>									
Child support	\$305	\$318	\$14	\$455	\$1,106	\$651	\$398	\$810	\$412
Mother's income and consumption taxes	\$1,372	\$1,809	\$438	\$1,579	\$1,424	(\$155)	\$1,501	\$1,569	\$68
Spouse's income and consumption taxes	\$2,114	\$1,990	(\$124)	\$3,183	\$3,735	\$552	\$2,782	\$3,080	\$298
Father's income and consumption taxes	\$5,015	\$5,826	\$811	\$5,618	\$5,962	\$344	\$5,391	\$5,911	\$519
Income and consumption taxes of adult children	\$38,948	\$40,016	\$1,068	\$50,519	\$50,668	\$149	\$46,174	\$46,668	\$494
<b>Public Assistance (Average Annual Value)</b>									
Cash assistance	\$2,076	\$2,418	\$342	\$1,310	\$1,609	\$299	\$1,598	\$1,913	\$315
Employment and support services	\$175	\$203	\$29	\$110	\$135	\$25	\$134	\$161	\$26
Food stamp benefits	\$743	\$919	\$176	\$533	\$712	\$179	\$612	\$790	\$178
Rent Subsidies	\$868	\$763	(\$105)	\$575	\$682	\$106	\$685	\$712	\$27
Medical assistance for parents	\$1,495	\$1,520	\$26	\$867	\$1,016	\$149	\$1,103	\$1,205	\$102
Medical assistance for children	\$1,391	\$942	(\$449)	\$1,402	\$1,171	(\$231)	\$1,398	\$1,085	(\$313)
Administrative costs of public assistance	\$389	\$448	\$59	\$249	\$310	\$61	\$301	\$362	\$60
<b>Other Consequences (Average Annual Value)</b>									
Out-of-pocket cost of children's health care	\$756	\$773	\$17	\$974	\$1,235	\$261	\$892	\$1,062	\$169
Foster care of minor children	\$1,939	\$1,068	(\$871)	\$1,177	\$1,068	(\$109)	\$1,463	\$1,068	(\$395)
Incarceration of adolescent and adult children	\$3,235	\$2,335	(\$900)	\$1,609	\$1,567	(\$41)	\$2,219	\$1,856	(\$364)

Note: These estimates are used in calculating the net benefits and costs to teens themselves over 15 years of teen childbearing. Negative consequences of delaying childbearing are denoted by parentheses.

<http://www.appam.org/conferences/fall/dc2007/sessions/panelinfo.asp?id=SOC-02>

## Teen Parents

### *Becoming pregnant*

*Bellyfruit* presents three different stories about girls who became pregnant under three different circumstances.

### *Aracely and Oscar*

Although we do not know how long Aracely and Oscar have been together, when we learn that she is pregnant, it is clear that they are an exclusive couple. Aracely does not reveal her pregnancy to her parents until she is forced to admit it to her mother when she guesses the truth.

Based on her behavior, it is likely that Aracely knew she was pregnant fairly early, and she may even have told Oscar about it then. We do not know if Oscar and Aracely used contraception that failed or if they used no contraception. There is no indication that either Oscar or Aracely was ignorant about how a girl becomes pregnant.

Aracely is the only girl in a real relationship (dating for some time with Oscar known to her parents) with the father of her child, and it is possible that they might have stayed together until Aracely graduated from high school and even married if she had not become pregnant. Although her parents did not like her being with Oscar initially, it seems that Aracely has at least grudging support for her relationship with him by the time she reunites with Oscar.

Their situation is unique in the film, because Oscar not only is in a relationship with the teenage mother, he also accepts his responsibilities as a father to Angel and a partner to Aracely. Oscar is unwaveringly committed to Aracely, and he is willing to do what he needs to do, both to take care of her and Angel and to prove his commitment to her, even if it means ending up in prison.

We do not know what level of education Oscar has completed by the time he becomes a father, but he knows a trade and pursues it diligently. We do know that Aracely has not completed high school, and it is uncommon for a

mother to return to finish her education, especially if she has more than one child.

Aracely's narration at the end of *Bellyfruit* indicates that she has a realistic view of her current situation and of what faces her in the future. She knows that she and Oscar want to be with one another and they want to do the best for their child—to “raise Angel right”—but she has also acknowledged that she does not feel like a teenager. She and Oscar have a difficult time ahead of them.

### *Christina*

When Christina seeks out abortion assistance after she learns she is pregnant, she is shocked to realize that she has been pregnant for six months. While seemingly the most sexually sophisticated of the three girls, she is in fact the most ignorant about pregnancy prevention.

Christina steals some of her mother's birth control pills and reads the instructions and warnings on the package insert, but she demonstrates both ignorance of how to protect herself and denial of the risks she has already taken.

She understands the consequences of teen pregnancy, since her mother Diane had her when she was 16, but she has been sexually active without taking precautions. Even though Diane has admonished her to be careful with boys, neither of them has taken action to protect Christina from either pregnancy or disease.

We don't see Christina attending classes; we only see her in halls and walkways with other students and, especially, in the girls' restroom, where she sees graffiti about herself. We can surmise that she likely is not a good student from her mother's cavalier attitude toward her missing school, simply to spend time with her because she was away for the weekend.

Christina is the youngest of the girls, but she has had the least adult concern and supervision. Even when Diane is home with Christina, she seems reluctant to be a parent to Christina, preferring to use her as a confidant for her own boyfriend problems or to treat her like a roommate with whom she shares a residence.

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\* Take a look at the section on pages 7-9 for economic and social projections for mothers under the age of 18.

This situation has exposed Christina to “adult” relationships, but only on the idealized level that Diane views her boyfriends. Even when Christina was molested by her mother’s boyfriends, she could not tell her mother, because of Diane’s negative reaction to her.

Unlike Aracely, Christina can only make a guess as to who her baby’s father is, and this is consistent with her confusion about the meaning of sex. From the extremes of her molestation experiences and her mother’s immersion in love affairs, Christina’s exposure to sex is in the context of powerlessness. She compromises the connection she craves with a boy for fleeting sexual encounters, and can likely not reconcile her experiences with her mother’s fairy-tale recounting of the good times with her boyfriends.

Having a baby gives Christina validation she has never experienced. Because she has been able to bring a life into the world—even though she needed to be in an incubator due to her small birth weight and attendant health problems—her life has value. She believes without irony that Marla is “the best thing” that’s happened to her.

Christina has gone to extreme lengths to try to keep Marla with her, and it is an indication that she has begun to have a realistic grasp on her situation when she gives her daughter up for adoption. Previously, Christina rejected her friends’ opinions that she had ruined her life, but at the time the criteria for a good life was the freedom to party. Although she has taken a step toward helping her future through giving her daughter away, Christina is likely to have to advocate for herself, as she always has. We have no assurances that Diane will offer any more support than she showed in the film.

### *Shanika*

Although Shanika effectively has no parents in *Bellyfruit*, she is a ward of the foster system until she turns 18, when on that day she will take on all adult responsibilities for herself. In theory, the foster system gives Shanika a place to live, nourishment, an education, and medical care in lieu of her parents. For Shanika’s younger sister, the foster system has provided those things as well as the possibility

of a home with a family that will consider her their child.

Shanika’s behavioral problems seem to preclude that possibility for her, but we cannot know if her problems with anger and violent outbursts predated her mother’s abandonment or are a result of it. She receives medication for her emotional/psychological problems, but we do not know if their source is biological or situational.

Because the only constant in Shanika’s life has been her sister, it is a devastating loss when her sister moves to San Francisco. Shanika has made no emotional connection in her many foster homes. Her alienation might have been caused by bad experiences in them, or her bad experiences might have been the result of her anger and hostility. In either case, Shanika is emotionally isolated and in desperate need of love.

For another girl, the discipline and structure imposed at the group foster home could have provided a sense of security and eventual belonging. Although Ms Duncan, who runs the home, is stern, she is not cruel, and she is capable of flexibility when Shanika tells her that she needs to contact her caseworker in order to see her sister. Even faced with Shanika’s violent episode in the kitchen, she holds her temper and stays within the rules.

Shanika is beyond the ability to respond to structure and calm. Her early experiences with her mother’s sexual encounters and the suspicion she expresses with new people show that Shanika has no emotional foundation that would let her react “normally” to people and situations.

Additionally, Shanika has had little stability in school, because she has transferred each time she changed foster homes. We see Shanika on her first day in a new school, and her face tells us this is a rerun of a well-worn tape for her. It would be difficult enough for a girl with Shanika’s problems to learn in the classroom, but add in all the changes she’s endured, and it’s unlikely that she has taken in much information at school.

Damon encounters Shanika when she is extremely vulnerable. Though she has not yet learned her sister will be leaving, she is having trouble reconciling herself to the restrictions in

her group home and is the new girl in school. We cannot know if 28-year-old Damon intuitively knows 14-year-old Shanika is susceptible to his attentions, since we don't see him with other girls. But his approach belies his predatory aims and is effective at breaking down her protective barrier by implicitly promising her an emotional connection simply by being kind and complimentary.

Shanika's experience in first day of class has prepared the way for her not only to give herself to Damon to please him, but also to make her eager to become his in the most complete way she knows—by having his baby. Moments after Shanika has found her seat in class, a very pregnant student walks in the door. The other students greet her so warmly that it is impossible for Shanika to get any impression but that this girl is important because she is pregnant.

This is by no means a hypothetical presentation. The World Almanac 2005 noted that 70 percent of Black children at that time were born to single mothers. In 2006, the percentage of teen pregnancies for Black girls increased by 5%, from a significant decline between 1991 and 2005. In 2006, the pregnancy rate among Black teens was 134 in 1,000, the highest of any racial group in the U.S.

When this film was made in 1999, the decline in birth rates among Black teens was steady, but they were at their highest levels in California and other southwestern and southern states. An attitude has grown out of these numbers. *American Idol* winner Fantasia Barrino, a single mother at 17, performs a song called "Baby Mama," referring to single motherhood with the lyrics "now-a-days it like a badge of honor."

It is this perception that influences Shanika's involvement with Damon. Rather than being concerned that she will become pregnant—like Christina—or fearing she will suffer harsh judgment—like Aracely—Shanika is pleased when she learns she is pregnant. In her mind—and because of what she has seen in her world—being pregnant opens doors of opportunity and solves her problems.

We come to wonder if Shanika may have intended to become pregnant all along, although she does not say this explicitly. We see

that she expects that having Damon's baby will accelerate their relationship, so she can move in with him immediately. Being pregnant means that she can no longer stay in her current group home, because it is not licensed for pregnant girls. Having a baby, to Shanika, will set her up for life, or at least for a while.

The major value in having a baby for Shanika, though, is in the status it bestows on her. As in Fantasia's song, Shanika sees her pregnancy as a badge of honor. Even when she realizes that Damon has lied to her about living together, she tells the audience she deserves respect because she is going to be a mother.

It is impossible for us to know if Shanika might have felt differently if she had received comprehensive sex education, because we are not told that she has or has not. Unlike Christina, Shanika has no doubts about how or by whom she became pregnant, and she is so far from denial about her pregnancy that she proclaims it to Damon proudly. It is not ignorance that gets Shanika pregnant; it is the desperation to be connected to another person. When this desperation is magnified by glorified social status, it is not only predictable for Shanika to become pregnant, it is inevitable.

### *Why girls get pregnant*

*Bellyfruit* presents the three common scenarios of teen pregnancy: error, denial, and romanticism. This is no melodrama aimed at scaring girls out of pregnancy, however. By depicting these three girls realistically and uncompromisingly, *Bellyfruit* instead makes no judgments on Aracely, Christina, and Shanika and has no expectations of us except to watch the film with the preconceptions, prejudices, and ignorance we bring to it.

It is for us to decide for ourselves what judgments—if any—can and should be made about these girls. Each girl makes choices within the restrictions of her living situation, her social network, and her age. Each girl has life circumstances that constrain her because they are out of her control. We may relate to these girls or we may feel certain we could never fall into their predicaments, but *Bellyfruit* does not allow its audience to leave without compassion and doubts.

## Teens tell teens

A group of teens sponsored by Smith College and the YWCA of Western Massachusetts created a Website called Our Health, Our Futures. Two of these teens used statistical data, health and social references, and interviews to compile the section on sexual issues (written in 1999 but updated through 2007). Excerpts from the site follow.

### Statistics

- 18% of U.S teens have had sex prior to the age of 15
- 66% of unmarried teens have sex by the age of 19 years
- By age 20 75% of American females and 86% of American males are sexually active
- United States has the highest rates of pregnancy in the developed world
- By age 20 40% of white women and 64% of black women will have experienced at least one pregnancy
- 80% of teen women who get married get divorced
- About 1 million teenagers become pregnant each year, and more than 530,000 give birth
- 3 million out of 12 million teens are affected by sexually transmitted diseases, and these diseases can cause complications with the baby
- 9% of teenage girls have low birth-weight babies
- 50% of adolescents who have a baby become pregnant again within two years of the first birth
- The second baby born to an adolescent mother is at greater risk than the first baby to have low birth weight
- The children of adolescent mothers are at risk for becoming teen parents themselves
- Every 26 seconds another adolescent becomes pregnant
- Every 56 seconds another adolescent gives birth
- 85% of all teenage pregnancies are unplanned
- 13% of all U.S. births are to teenagers
- 80% of teenage pregnancies occur outside of marriage
- 9 million children are living in families on Welfare
- The fathers of children born to teenage mothers are likely to be older than the mothers

- Teenagers account for 31% of all births outside of marriage
- The younger the mother the greater the risk of complications for both mother and child
- 2/3 of never-married mothers raise their children in poverty
- Children of teen mothers are far more likely than the children of older, two-parent families to fall behind and drop out of school. They are also at risk of getting into trouble with the law, to abuse drugs and join gangs, to have children of their own out of wedlock, and to become dependant on Welfare.
- The majority of all teens in the U.S. have sexual intercourse by the time they reach 12th grade
- 1/4 of all unintended teen pregnancies occur to adolescents using no birth control
- Approximately 70% of all pregnant adolescents do not receive adequate prenatal care, when, in reality, they are the group that needs care the most
- Recent studies reveal that up to 2/3 of teen mothers have a history of sexual abuse
- School failure (not in all cases) often follows early childbearing, pregnancy, and sexual intercourse
- Teens often have poor eating habits and may smoke, drink alcohol, and take drugs, increasing the risk that their babies will be born with health problems
- Pregnant teens are least likely of all maternal are groups to get early and regular parental care
- 1/3 of teen moms drop out of school

### Why do teenage girls get pregnant?

- Some girls have not been educated on right and wrong birth control methods
- Some girls are missing love and other emotional feelings because they are not getting it at home, so they look for those feelings elsewhere in order to fulfill their needs
- Often, mistakes do happen (the condom is broken, she forgot to take her pill one day etc.)
- Some girls feel the need to have control when they lose control everywhere else
- Some girls feel that if they have a baby, her boyfriend will love her and stay
- Some girls get pregnant because becoming pregnant is very important in their culture

## What kind of help does a teenage mother need?

- Teenagers that become pregnant need the same help that an adult woman would need. Teenage girls have the same symptoms that adult women have like nausea, vomiting, fatigue, and breast tenderness.
- Even though pregnant teenagers are treated the same way as adults, teenage girls need more emotional and psychological support
- Teenage girls need extra help, encouragement, and guidance as they make the transition from pregnancy to parenthood
- Teenage girls need loved ones such as friends and family to help her set realistic goals for her future and the future of her child as well as her job and school opportunities

## Health risks to the baby

A baby inside of a woman's womb depends on its carrier greatly. A baby born to a teenage mother is more at risk than a baby born to a grown woman.

- 9% of teen girls have low-birth-weight babies (under 5.5 pounds)
- Low birth-weight babies may have organs that are not fully developed. This can lead to lung problems such as respiratory distress syndrome, or bleeding in the brain
- Low birth-weight babies are 40x more likely to die in their first month of life than normal weight babies
- Low birth-weight babies may have, immature organ systems (brain, lungs, and heart), difficulty controlling body temperature and blood sugar levels, and mental retardation. Low birth-weight babies have a higher risk of dying in early infancy than among normal weight babies
- Low birth-weight babies are exposed to mental retardation, brain damage, and injury at birth

## Consequences of teenage pregnancy

The future of teenage girls who are pregnant often don't hold great promises for the baby and teenager due to the amount of dedication involved with raising a child.

- 2/3 of pregnant teenagers drop out of school

- The demands of education are high in order to find a good job, therefore leaving a problem for a teenage mother who has dropped out; leading her to go on welfare because of her deep financial problem
- If a teenage couple gets married after they have a baby, it will most likely end in divorce
- A teenager can't go out with friends as much as they used to, their social life is put on hold for quite a while
- Teenage girls who are pregnant can't party (drink, smoke, and use drugs)
- Teenage girls miss out on their own childhood because they are busy taking care of another child
- Teenage girls put pressure on their parents for help on raising the child
- Children miss out on many things an older mother can give to her child
- Due to a teenagers' young age, they do not have the proper parenting skills that are needed in order to raise a child well
- Staying in school can be harder due to the schools attitude, peer attitudes, and lack of day care for the baby

## Self-quiz: Choose True or False<sup>2</sup>

1. Girls can get pregnant if the penis doesn't actually enter the vagina: T F
2. Girls can get pregnant if they have sex during their period: T F
3. Girls are protected the day they start the pill: T F
4. If a guy pulls out his penis from the vagina before he ejaculates, he can prevent pregnancy: T F
5. Pregnant girls with HIV can pass it on to the baby before it's born: T F
6. If a teen has a baby, it usually leads to a stronger, healthier, and happier relationship with her boyfriend: T F
7. Raising a child is like a day at the beach: T F
8. Teen pregnancy ensures a great financial state and good job opportunities: T F
9. Giving birth to a child is completely painless: T F
10. Generally society supports teen pregnancy: T F

<http://www.smith.edu/ourhealthourfutures/teenpreg.html>,

<http://www.capmag.com/article.asp?ID=4069>,

<http://www.guttmacher.org/pubs/journals/3227200.html#20>



## Sex Education

As soon as the U.S. Centers for Disease Control and Prevention (CDC) National Center for Health Statistics report on teen births, “Births: Preliminary Data for 2006” was released, concerns about sex education in schools ramped up what has already been a heated debate between religious conservatives and right-to-life groups, which advocate for and favor sex education that provides only information that encourages abstinence, and pro-choice supporters, such as Planned Parenthood and NARAL, which are proponents of comprehensive sex education that includes information about sexuality, contraception, disease prevention, and abortion within the curriculum.

### “Teen Birth Rate Rises in U.S., Reversing a 14-Year Decline”

*The Washington Post*, December 6, 2007

After falling steadily for more than a decade, the birth rate for American teenagers jumped last year, federal health officials reported yesterday, a sharp reversal in what has been one of the nation’s most celebrated social and public health successes.

The birth rate rose by 3 percent between 2005 and 2006 among 15-to-19-year-old girls, after plummeting 34 percent between 1991 and 2005, the National Center for Health Statistics reported.

“This is concerning,” said Stephanie J. Ventura, who heads the center’s reproductive statistics branch. “It represents an interruption of 14 years of steady decline. Now unexpectedly we have an increase of 3 percent, which is a significant increase. ... This early warning should put people on alert to look at the programs that are being used to see what works.”

While experts said it was unclear what may be causing the reversal, the new data reignited debate about abstinence-only sex-education programs, which receive about \$176 million a year in federal funding. Congress is currently debating whether to increase that by \$28 million.

“The United States is facing a teen-pregnancy health-care crisis, and the national policy of abstinence-only programs just isn’t working,” said Cecile Richard, president of the Planned Parenthood Federation of America. “It is time for everyone who cares about teenagers to start focusing on the common-sense solutions that will help solve this problem.”

But proponents of abstinence education defended the programs, blaming the rise on the ineffectiveness of conventional sex-education programs that focus on condom use and other contraceptives, as well as the pervasive depiction of sexuality in the culture.

“This shows that the contraceptive message that kids are getting is failing,” said Leslee Unruh of the Abstinence Clearinghouse<sup>1</sup>. “The contraceptive-only message is treating the symptom, not the cause. You need to teach about relationships. If you look at what kids have to digest on a daily basis, you have adults teaching kids about the pleasures of sex but not about the responsibilities that go with it.” ...

“It’s a pretty astounding increase,” John Santelli, who studies teen health issues at Columbia University. “It’s really a sea change, since it’s been going down and getting better for so long.”

Advocates noted that despite the 14-year decline, U.S. teens are still far more likely to get pregnant and have children than those in other developed countries, and teenage mothers and their children are far more likely to live in poverty.

“The vast majority of teenage mothers never finish high school,” said Sarah Brown of the National Campaign to Prevent Teen and Unplanned Pregnancy. “Teen pregnancy and child care is directly related to poverty, both for the mother and the child. This should be a wake-up call for a renewed focus on preventing teen pregnancy.”

The increase was greatest among black teens, whose birth rate rose 5 percent between 2005 and 2006, reaching 63.7 per 1,000 teens. That was particularly disappointing because black teens had previously made the greatest gains, with the rate among 15-to-17-year-olds dropping by more than half.

“There had been dramatic, dramatic improvement in that community,” Brown said.

“All of us had hoped it would continue to decline.”

The rate rose 2 percent, to 83 births per 1,000, for Hispanic teens, and 3 percent, to 26.6 per 1,000, for white teens.

Federal officials also reported other disturbing trends, including a continued increase in the rate of babies being born preterm and underweight, as well as another increase in the rate at which babies were born by Caesarean section, which reached an all-time high.

“These are all trends we’d like to reverse,” Ventura said.

<http://www.washingtonpost.com/wp-dyn/content/article/2007/12/05/AR2007120501208.html?hpid=sec-nation>

Only days before the preliminary report was released, advocates of abstinence-only education were protesting states’ decisions to cut funding for the programs in favor of comprehensive sex education. One such protest took place in Columbus, Ohio.

### **“Several hundred rally for abstinence-only program: Protesters urging governor to change stand on sex education”**

*Dayton Daily News*, November 30, 2007

COLUMBUS—Preble County high school student Kristin Fannin risked an unexcused absence from school Thursday to join several hundred people at a Statehouse rally aimed at changing Gov. Ted Strickland’s mind on abstinence-only sex education.

“It gives you self worth and helps you appreciate yourself,” said Fannin, 18, a senior at Tri-County North High School in Lewisburg.

She and others want Strickland to apply to the federal government for \$1.6 million for abstinence-only sex education, to be matched with state funds.

### *The politics and debate*

#### **The Waxman report**

There are three principal federal programs that support abstinence-only education:

The money would go to groups such as REACH—Responsibility, Education for Abstinence and Character—located in Greenville in Darke County. REACH develops abstinence-only programs for schools and without the money faces a loss of funding, said Janis Seibel, executive director.

Strickland vetoed provisions in the current two-year state budget that would have provided the money for abstinence-only programs. Instead, the state has applied for federal funds to support a comprehensive approach to sex education, including abstinence.

Valerie Huber, executive director of the National Abstinence Education Association, called that a “tragic decision” that would put students’ health at risk.

Strickland is sticking to his position.

He said abstinence-only “seems to show a lack of concern for those young people who are sexually active or who may become sexually active.” They need information to protect themselves, he said.

“The safest thing to do is to avoid sexual activity outside of marriage and I support that being taught, but I think it’s unfortunate that information will be withheld that could protect a young person’s health and even their lives,” he said.

Huber and others also accused Strickland of flip-flopping, based on a 2002 letter he wrote as a U.S. House member in support of a federal grant for REACH.

Strickland said he thought he was being consistent but said that as governor he has a “perfect right to respond to circumstances and conditions as the best I can at the moment.” He said research he has seen shows that abstinence only is not as effective as a comprehensive approach to sex education.

<http://www.daytondailynews.com/n/content/oh/story/news/local/2007/11/29/ddn113007abstinence.html>

- Special Programs of Regional and National Significance—Community-Based Abstinence Education (SPRANS). SPRANS, which is the largest and fastest growing source of abstinence-only education, provides federal grants to community-based organizations that teach abstinence until marriage to youth. In its first

year of funding in fiscal year 2001, 33 SPRANS recipients received \$20 million in grants. By fiscal year 2004, the program had over 100 grantees and a budget of \$75 million. For fiscal year 2005, \$104 million has been appropriated, an increase of more than 30%.

- Section 510 of the 1996 Welfare Reform Act. This 1996 law provided \$250 million for over five years for programs with the “exclusive purpose” of promoting abstinence, requiring a state match of \$3 for every \$4 from the federal government. The law has since been extended, most recently in June 2004, at a level of \$50 million per year.
- The Adolescent Family Life Act. This legislation was passed in 1981 to promote “prudent approaches” and self-discipline to adolescents. It provided \$13 million in fiscal year 2004 for abstinence-only education programs, and the same amount was appropriated again for fiscal year 2005.  
[www.democrats.reform.house.gov](http://www.democrats.reform.house.gov)

Abstinence-only programs have been being funded by federal programs since 1996. However, when Pres. George Bush took office in 2001, his administration gave priority to abstinence-only education over other sex education programs. In 2004, *The News Hour with Jim Lehrer* on PBS devoted a series to the controversy surrounding abstinence-only sex education, including a curriculum for schools to use for classroom study of the subject.

The debate was fueled by a report compiled for Rep. Henry Waxman (D-CA) and the House Oversight Committee on federally funded abstinence education programs, which determined that the programs developed for use by teachers are flawed. *The News Hour*’s report from December 12, 2004 follows.

### “Sex Education Report Stirs Abstinence-Only Debate”

A report out this month by Democratic Rep. Henry Waxman of California found that many teachers who use abstinence-only education are giving false information about student’s sexual health. This report and the reaction to it continue the debate over the best way to teach about sex.

Abstinence education teaches that abstaining from sex outside a monogamous, life-long relationship is the expected standard. The only discussion of contraceptives is about failure rates.

There are currently three main federal programs that support abstinence-only education. Since 1996, these programs have received \$900 million in federal funding and will be receiving approximately \$170 million in 2005.

In contrast, comprehensive sexuality education teaches kids that abstaining from sex is the safest way to avoid pregnancy and sexually transmitted diseases, but also discusses where to get contraceptives and how to use them. Right now, the federal government does not give any money to these teaching methods.

#### ***The Waxman Report***

The Waxman study found that many of the sex education curricula use outdated studies and/or medically inaccurate information.



One curriculum said that condoms are only 69 percent effective in preventing HIV transmission. According to the Centers for Disease Control, when used correctly, “latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.”

The report found that the materials took stands on controversial issues and taught one perspective as fact.

“Many of the curricula present as scientific fact the religious view that life begins at conception,” Waxman said. One program calls a “43-day-old fetus a thinking person,” he added.

Some curricula also rely on what Waxman called damaging stereotypes about

boys and girls, including that girls care less about achievement and their futures.

The Why kNow curriculum teaches: “Women gauge their happiness and judge their success by their relationships. Men’s happiness and success hinge on their accomplishments.”

Critics of the report say that Waxman used outdated teacher’s manuals and took religious references out of context. They claim the report was a political tool to discredit abstinence education.

“Unfortunately what they continue to do for purely political reasons is to take issues and information out of context to try and discredit abstinence education, which is a disservice to our children,” said Alma Golden of the Office of Public Health and Science.

#### ***Abstinence-only supporters***

Many supporters of the abstinence-only education believe that teaching contraceptive use promotes sexual activity.

“You’ve got two days of abstinence and then, wink, wink, we know you can’t do that, so here’s all this other information. In Texas, the buckle of the Bible Belt, that would be considered extremely offensive to the vast majority of parents,” says Kyleen Wright, president of Texans for Life.

President Bush and his administration are also strong supporters of the abstinence-only education program as well as many religious groups such as Focus on the Family, a group based in Colorado Springs, Colo.

#### ***Abstinence-only critics***

Critics of the abstinence-only education, such as Terry Bergeson, the superintendent of Washington state schools, counter this argument saying that “although in a perfect world, teens would not be having sexual relations; the reality is that a vast majority do and they need good, honest information about their sexuality and health.”

A Columbia University study found that although teenagers who take “virginity pledges” -- pledges to remain abstinent until marriage -- may wait longer to initiate sexual activity, 88 percent eventually have premarital sex.

Others in the debate say that research really shows that abstinence and comprehensive sex education work best when taught together.

“We don’t have to choose one or the other,” Dr. Douglas Kirby, senior research scientist with ETR Associates, a nonprofit health-education organization, told MTV News. He said that emphasizing abstinence but encouraging contraception “is not inconsistent for young people.” It is possible to decrease sexual activity overall while increasing proper condom use, he said.

#### ***Who controls sex-ed?***

At this time, the federal government does not mandate sexuality education. An estimated 22 states mandate some form of sex-ed, but the responsibility of choosing what to teach is often left up to local school districts or school boards.

[http://www.pbs.org/newshour/extra/features/july-dec04/abstinence\\_12-13.html](http://www.pbs.org/newshour/extra/features/july-dec04/abstinence_12-13.html)

#### ***One program***

An installment of *The News Hour*’s 2004 series included a visit to Minnesota school by reporter Fred de Sam Lazaro to get a first-hand report on the implementation of an abstinence-only sex education program. Excerpts from that report follow.

*FRED DE SAM LAZARO: In the Staples Motley Middle School in rural Minnesota, sex education classes are often led by high school students, instead of teacher Bruce Onischuk. They’re called PSI leaders, or postponed sexual involvement. The program is called ENABL.*

STUDENT LEADER: Does anybody know what ENABL stands for? Yeah.

STUDENT: “Education Now And Babies Later.”

STUDENT LEADER: Yes, that’s exactly right. Education Now and Babies Later.

*FRED DE SAM LAZARO: ENABL has an abstinence-only curriculum. It’s one that’s been tried here and in a few other Minnesota districts for about five years.*

*The abstinence-only approach is being strongly promoted by the Bush administration.*

STUDENT: It’s better for teens to wait to have sex. Often people really don’t want to have a sexual relationship, but feel pressured.

*FRED DE SAM LAZARO: Over several weeks these 13- and 14-year-olds will discuss situations where they are pressured to have sex.*

STUDENT: You see a lot of stuff on TV and then their parents.

STUDENT: That's a huge one. Yeah, media influence.

*FRED DE SAM LAZARO: The reasons to say, "no."*

STUDENT LEADER: How about pregnancy? How about STDS?

STUDENT: Yeah.

BRUCE ONISCHUK: Who knows what a myth is?

*FRED DE SAM LAZARO: And myths are about the only context in which there's any mention of contraception.*

BRUCE ONISCHUK: Another myth might be that some of the contraceptions that are out there, condoms, aren't 100 percent foolproof. And they are not. The only thing that's 100 percent foolproof regarding pregnancy and STDS is abstinence.

STUDENT LEADER: You all know what abstinence is, right? Abstinence is not having sex.

*FRED DE SAM LAZARO: The student leaders have pledged to remain abstinent until marriage, and a random group of eighth-graders we talked to seemed ready to sign on.*

STUDENT: Just so you can have a good relationship like, like what they said, with your husband. You don't have that awkwardness of like not being a virgin when you get married.

FRED DE SAM LAZARO: Is this a goal that you think is realistic for kids at your age?

STUDENT: Yeah. It should be. Because I'm not going to do it until I'm married, I know that.

*FRED DE SAM LAZARO: But surveys show half of American high schoolers and about one-quarter of junior high students are sexually active. And a recent report card on Minnesota's ENABL program found it didn't seem to change those trends. The evaluation was done in three junior high schools that used the program. It found that over the course of a year, the number of kids who became, or said they intended to become, sexually active about doubled—a pattern quite similar to the general adolescent population.*

*Critics of the ENABL program come from left and right of the political spectrum. Nancy Nelson heads a group that advocated a more comprehensive sex education, one which also*

*teaches about contraceptives and how to use them.*

NANCY NELSON: We've now spent \$5 million of state and federal funds, and these kids don't have the information they need to protect themselves whenever they become sexually active, even if they wait until they're married.

*FRED DE SAM LAZARO: Nelson says a particular concern is that the ENABL program was found ineffective in some communities of color, where teen pregnancy rates remain high. She says information about contraceptives is critical for all adolescents.*

NANCY NELSON: There was a recent study that showed that in this group of kids who had pledged virginity, 60 percent of them broke their pledges and didn't use protection. That's a big concern. These kids aren't ready, and they're not protected. And we're setting them up for potentially fatal diseases.

*FRED DE SAM LAZARO: But proponents of abstinence-only sex education say condoms provide a false sense of protection.*

TIM PRICHARD: We're saying you can have safe sex, when in fact there's no such thing as safe sex. It reduces the risk of getting AIDS by 85 percent. But that's still a one in seven chance that you're still going to contract a deadly disease. I don't think those are very good odds.

*FRED DE SAM LAZARO: Tom Prichard, with the group called the Minnesota Family Council, says contraceptives undermine a strong message to abstain from any sexually arousing behavior. He says one reason for ENABL's poor showing is that it dilutes the abstinence message with discussions about just such behaviors.*

TIM PRICHARD: Here's a sheet that says "showing feelings in physical ways." This is from the ENABL program. And they list a number of categories: "Giving friendly looks and smiles," "holding hands," "put arms around," "hold close and kiss," "explore above the waist," "explore below the waist," and "have sex."

FRED DE SAM LAZARO: That handout, in your mind, is clearly a slippery slope.

TIM PRICHARD: Oh, I think it clearly is. It's encouraging sexual exploration. And once you start down that slope, it's hard for kids to stop.



*FRED DE SAM LAZARO: Teacher Bruce Onischuk says the handout is part of learning to set limits.*

BRUCE ONISCHUK: In some of our discussions in class, I've talked to the kids that if you reach a certain point in your physical contact, whether it's hand holding, kissing, petting, heavy petting and, you know, the list goes on, there comes a point in time where it's really tough, or it's very difficult to all of a sudden say, "whoa, no, we're stopping," and "we shouldn't go any further than that."

FRED DE SAM LAZARO: Do you kids are able to stop, have the tools to be able, you know, to know where their limits are?

BRUCE ONISCHUK: Part of what we ... part of what's discussed in ENABL are refusal skills in how to handle situations.

*FRED DE SAM LAZARO: At the heart of this debate and teachers' dilemma is how adolescents handle information. For example, does teaching about how to use condoms lead to more sexual activity?*

BRUCE ONISCHUK: I believe there will be more activity, I really do. I think it's human nature. But then again, I see the other side of the argument, too: If these kids are sexually active, shouldn't we provide some protection for them?

*FRED DE SAM LAZARO: The Staples Motley District does offer a so-called "Values and Choices" course. ... The curriculum does press abstinence, but also provides basic information on how to use contraceptives. District Superintendent Kenneth Scarborough says he'd prefer to stick with abstinence, but wants to be realistic.*

KENNETH SCARBOROUGH: We hope, and we present tools for them to discuss these issues with their parents. But we have to be real about the choices that our students are making, and we have to give them information to be safe.

*FRED DE SAM LAZARO: One thing the schools do not offer are contraceptives in the nurse's office. It's prohibited at schools receiving certain federal grants. But it's not difficult to get condoms here. And that's common knowledge to eighth graders.*

STUDENT: Gas stations.

STUDENT: Bathrooms.

*FRED DE SAM LAZARO: Amid the heated debate and conflicting research on what works*

*with sex-ed, parents we talked to said they were satisfied with the approach taken in Staples Motley. Despite poor marks so far, Mary Freeman says the abstinence-only message seems right in middle school.*

MARY FREEMAN: I think that this target audience of twelve to fourteen, they don't need that information yet. They need to hear that abstinence-only information. And I think if you start from there and then you give them more information later, then they have choices, then they have decisions to make. And usually what kids bite on first is what they'll chew on the longest. And I think if you give them this abstinence-only message, I think it will stick.

*FRED DE SAM LAZARO: Meanwhile, Minnesota state health officials say they're not ready to dismiss the ENABL program. They say a couple more years of research is needed to assess whether its message does stick. One trend no one questions is the growth of the abstinence-only approach. It's now the only sex education curriculum offered in about one-third of all U.S. public schools.*

[http://www.pbs.org/newshour/extra/features/july-dec04/abstinence\\_12-13.html#](http://www.pbs.org/newshour/extra/features/july-dec04/abstinence_12-13.html#)

## *Medical conclusions*

### **"Abstinence-only education policies and programs: A position paper of the Society for Adolescent Medicine"**

Journal of Adolescent Health 38 (2006) 83–87  
**Positions of the Society for Adolescent Medicine (SAM)**

- Abstinence is a healthy choice for adolescents. The choice for abstinence should not be coerced. SAM supports a comprehensive approach to sexual risk reduction including abstinence as well as correct and consistent use of condoms and contraception among teens who choose to be sexually active.
- Efforts to promote abstinence should be provided within health education programs that provide adolescents with complete and accurate information about sexual health, including information about concepts of healthy sexuality, sexual orientation and tolerance, personal responsibility, risks of HIV and other STIs and unwanted pregnancy, access to reproductive

health care, and benefits and risks of condoms and other contraceptive methods.

- Individualized counseling about abstinence and sexual risk reduction are important components of clinical care for teenagers.
- Health educators and clinicians caring for adolescents should promote social and cultural sensitivity to sexually active youth and gay, lesbian, bisexual, transgendered and questioning youth. Health education curricula should also reflect such sensitivity.
- Governments and schools should eliminate censorship of information related to human sexual health.
- Government policy regarding sexual and reproductive health education should be science-based. Governments should increase support for evaluation of programs to promote abstinence

and reduce sexual risk, including school-based interventions, media efforts and clinic-based interventions. Such evaluations should utilize rigorous research methods and should assess the behavioral impact as well as STIs and pregnancy outcomes. The results of such evaluations should be made available to the public in an expeditious manner.

- Current U.S. federal law and guidelines regarding abstinence-only funding are ethically flawed and interfere with fundamental human rights. Current federal funding requirements as outlined in Subsections A–H of Section 510 of the Social Security Act should be repealed. Current funding for abstinence-only programs should be replaced with funding for programs that offer comprehensive, medically accurate sexuality education.



### *Objectivity and subjectivity*

Access to birth control for teens has been a subject of controversy for decades. Many groups object to allowing teens to get prescriptions for birth control without parental permission, in addition to opposition to abortion and comprehensive sex education.

What follows is a news article about the contraceptive referred to as the morning-after pill or Plan B becoming available for women over 18 in the U.S. Following that is an abstract of the Reuters article (which credits Reuters and provides a Web link to it) by Abstinence Clearinghouse, provided to its readers as part of a summary of news on contraception and abstinence-only sex education.

### **“Morning-after pill sales jump as U.S. access eases”**

Reuters, August 24, 2007

Sales of the Plan B “morning-after pill” nearly doubled in the past year, exceeding expectations after the U.S. government allowed adults to buy the emergency contraceptive without a prescription.

A three-year battle ended last August when the Food and Drug Administration decided that women and men 18 and older could buy the Barr Pharmaceuticals Inc product without a doctor’s order if they showed proof of age at a pharmacy.

“More women know about it, and it’s just becoming much more part of their mainstream reproductive health care,” Planned Parenthood President Cecile Richards said.



Plan B pills contain higher doses of progestin, a hormone used in prescription birth-control pills for 35 years. Two Plan B pills reduce odds of pregnancy by 89 percent if taken within 72 hours of sexual intercourse, studies show.

Plan B sales hit about \$40 million a year when the product required a prescription for all women. Industry analysts and Barr projected nonprescription access for adults, approved in August 2006, could boost sales to about \$60 million in 2007.

The popularity of Plan B has exceeded those estimates.

Barr launched the nonprescription version last November, and the company predicts 2007 sales will reach about \$80 million.

"We believe (sales) will continue to grow," Barr spokeswoman Carol Cox said.

Opponents of wider access say that is exactly what they had feared. Conservative and religious groups argued that easy availability would promote promiscuity and sexually transmitted diseases among teens and others.

Wendy Wright, president of Concerned Women for America, a group that opposed Plan B sales without a doctor's order, said minors may be obtaining it without a prescription or some women may be using it more than once.

"The high sales may indicate that our concerns are occurring," Wright said.

Some organizations want states to effectively limit Plan B access, but those efforts largely have failed to advance.

Family-planning groups say some women have reported trouble getting Plan B, with some pharmacists declining to dispense it or stores refusing to carry it.

Genevieve DeLucchi, 26, of North Carolina, said the first two pharmacies she visited last year did not have it in stock. She was able to buy it at a third.

After that, DeLucchi became a volunteer shopper for Planned Parenthood to gauge availability at stores. At some pharmacies she

found "a lot of them had it, but they didn't know what to tell" customers about how to use it, or seemed reluctant to discuss it.

Barr and other backers want the age limit for non-prescription sales removed. Legal challenges on both sides are pending.

The Center for Reproductive Rights said a judge in New York may rule anytime on its argument that the FDA's decision-making was flawed and Plan B should be available without a prescription to women of all ages.

Concerned Women for America and other groups challenged the FDA decision last April in federal court in the District of Columbia. They want a doctor's order for all sales.

<http://www.reuters.com/article/healthNews/idUSN1527542420070824?pageNumber=1>

### **"Condoms/Contraception: Plan B: Flying off the Shelves"**

Plan B, a high-dose birth control pill formerly available only by prescription, has doubled in sales since its approval last year on a non-prescription basis for older teens and adults. The pill is designed for use within 72 hours of sexual contact to prevent or end a pregnancy.

Planned Parenthood, while still pushing for availability for females of any age, expressed pleasure that women are making the drug "part of their mainstream reproductive health care." Others, more concerned with adolescents and young women's total health—physical, mental, and emotional—than merely adding another contraceptive to their handbags, worry that their fears of abuse are coming true. No figures are available, for example, concerning purchasing by adults for minors or frequent repeated use, both of which pose serious medical risks. (Source: "Morning-after pill sales jump as U.S. access eases," Reuters, 08-24-07)

<http://www.abstinence.net/library/index.php?entryid=3355>



<http://www.1teenpregnancy.com/>

*straight talk about teen pregnancy*

## Questions for Discussion and Research

1. *Bellyfruit* draws on the actual experiences of teen mothers. While you were watching the film, did you think that the characters and stories were realistic, or did you think that they were exaggerated for the purpose of showing the difficulties teens face with pregnancy and parenthood? Why or why not, for each possibility?
2. Because *Bellyfruit* gives little background on the girls' lives before the episodes in the film, were you surprised at any turn of events or plot developments? Which ones and why? Were there indications before the revelations?
3. Parenthood is a difficult situation for any teen. Why would Aracely, who is already pregnant when we meet her, not consider an alternative of either abortion or adoption?
4. Christina's living situation is a complicated one, no doubt influenced by her being the child of a teen (see "**Outcomes for Teenage Parents and Their Children**" on pages 7-9). While she seems to have complete freedom to come, go, and do as she pleases, the cost of that freedom is having no reliable parent. Do you know teens who are the children of teens? If so, do you see any comparisons in their lives and Christina's?
5. Oscar stands out among males in *Bellyfruit*. He has a past as a "gangbanger," which is a main reason for Aracely's parents' disapproval, but he is trying to go straight. We find that he made the choice to go back into criminal activities to get money, and he goes to prison for it. Although he faces a very hard future as an ex-convict with limited skills, he never seems to waver in his desire to be a partner to Aracely and a father to Angel. Why would Oscar choose to fulfill his responsibilities to his child, when the other males we've seen or heard of, or that are completely absent—Damon, Christina's father, Shanika's father, Christina's boyfriends—do not?
6. It is possible to speculate with some confidence about what the future will be like for Aracely and Christina, based on their narration as the film ends. If you feel that the future for Shanika is left more in question, are there any clues in the film that could lead to educated guesses? If you feel that her future is as clear to predict as Aracely and Christina's, what do you see in her future?
7. Look at the reasons on page 13 in **Why do teenage girls get pregnant?** Do any of the reasons surprise you? Do you agree with the reasons? Why or why not? If you know a teen mother, do any of these reasons apply to her? Are there other reasons you know about or believe?
8. Why do you think that sex education is so controversial? Do you have a sex education course in your school? Based on the material above that describes the kinds of sex education curricula, how would you describe your sex education course?
9. Read through *The News Hour* report on the abstinence-only program in Minnesota on pages 18-20. What are your reactions to the information given by the teacher and in the class discussion? Do you believe that this course would give you the information you need to make decisions about sex? Why or why not?
10. Look at the two articles on pages 21-22 in the section **Objectivity and subjectivity**. Compare the content in the articles. What is the same? What is different? If you believe that there is a subjective interpretation in the second article, is this appropriate for the forum in which it appears? Would it be appropriate for other forums?

## References for Discussion and Research

### *Sex education and teen pregnancy/parenthood information*

- National Campaign to Prevent Teen and Unplanned Pregnancy: <http://www.teenpregnancy.org/>
- Planned Parenthood: <http://www.plannedparenthood.org/>
- Preventing teenage pregnancy:  
[http://www.policyalmanac.org/health/archive/hhs\\_teenage\\_pregnancy.shtml](http://www.policyalmanac.org/health/archive/hhs_teenage_pregnancy.shtml)
- Facts on American teens' sexual and reproductive health:  
[http://www.guttmacher.org/pubs/fb\\_ATSRH.html](http://www.guttmacher.org/pubs/fb_ATSRH.html)
- National Institutes of Health: teenage pregnancy:  
<http://www.nlm.nih.gov/medlineplus/teenagepregnancy.html>
- Our health, our futures: <http://www.smith.edu/ourhealthourfutures/teenpreg.html>
- ChildTrends data bank: <http://www.childtrends.databank.org/indicators/14TeenPregnancy.cfm>
- When children have children:  
[http://www.aacap.org/cs/root/facts\\_for\\_families/when\\_children\\_have\\_children](http://www.aacap.org/cs/root/facts_for_families/when_children_have_children)
- Preventing pregnancy:  
[http://www.policyalmanac.org/health/archive/hhs\\_teenage\\_pregnancy.shtml](http://www.policyalmanac.org/health/archive/hhs_teenage_pregnancy.shtml)
- Sex education: NARAL: <http://www.prochoiceamerica.org/issues/sex-education/>
- NARAL California: <http://www.prochoicecalifornia.org/>
- Comprehensive sex education: <http://www.advocatesforyouth.org/sexeducation.htm>
- Comprehensive sex education: <http://www.siecus.org/>
- Kids having kids: <http://www.nncc.org/Release/kidswkids.html>
- Impacts of four abstinence-based programs: <http://www.mathematica-mpr.com/abstinencereport.asp>
- Debating abstinence:  
<http://www.pbs.org/newshour/extra/teachers/lessonplans/health/abstinence.html>

### *Teen-oriented/managed Websites:*

- Real sex education facts for teens: <http://www.realsexedfacts.com/>
- Teen Life Q&A: FAQ on teen pregnancy:  
<http://teenadvice.about.com/library/weekly/aa060502h.htm>
- Teen dads: <http://www.teenwire.com/infocus/2001/if-20011206p124.php>
- True tales of a teen mom: <http://www.teenwire.com/infocus/2004/if-20040518p290-mom.php>
- Ask the experts: <http://www.teenwire.com/ask/2004/as-20040407p767-baby.php>
- The truth about virginity pledges: <http://www.teenwire.com/infocus/2004/if-20040511p288-virginity.php>
- Abortion: what if your girlfriend is pregnant? <http://www.teenwire.com/infocus/2001/if-20011213p126.php>
- Ask the experts: archives: <http://www.teenwire.com/ask/as-archive-pregnancy.php>
- Raising a baby: <http://www.teenwire.com/ask/2001/as-20010608p232.php>
- Most frequently asked questions about teen pregnancy:  
<http://teenadvice.about.com/library/weekly/aa060502h.htm>
- Teen pregnancy, marriage, and parenthood:  
[http://teenadvice.about.com/od/teenpregnancy/Teen\\_Pregnancy\\_Marriage\\_Parenthood.htm](http://teenadvice.about.com/od/teenpregnancy/Teen_Pregnancy_Marriage_Parenthood.htm)
- Teen sex education and info: <http://www.teensource.org/>
- Teen pregnancy: <http://www.womenshealthchannel.com/teenpregnancy/index.shtml>
- Our health, our futures: <http://www.smith.edu/ourhealthourfutures/teenpreg.html>

- Adolescent pregnancy: [http://www.healthline.com/adamcontent/adolescent-pregnancy?utm\\_medium=ask&utm\\_source=smart&utm\\_campaign=article&utm\\_term=Teenage+Pregnancy&ask\\_return=Adolescent+Pregnancy](http://www.healthline.com/adamcontent/adolescent-pregnancy?utm_medium=ask&utm_source=smart&utm_campaign=article&utm_term=Teenage+Pregnancy&ask_return=Adolescent+Pregnancy)
- Comprehensive sex education: <http://www.advocatesforyouth.org/sexeducation.htm>
- National Campaign to Prevent and Unplanned Pregnancy: <http://www.stayteen.org/home.htm>
- Young men and teen fathers: <http://www.pprsr.org/incontrol/youngmenteenfathers.cfm>
- Teen fathers study: <http://www.fatherandchild.net.nz/Papers/teendads.htm>
- Kids having kids: <http://www.nncc.org/Release/kidswkids.html>

### *Abstinence-only advocacy*

- Effectiveness of abstinence education: <http://www.heritage.org/Research/Abstinence/BG1533.cfm>
- Teenage pregnancy: <http://www.allaboutlifechallenges.org/teen-pregnancy.htm>
- Abstinence education: <http://www.days.org/abstinence2.html>
- Why kNOw abstinence education: <http://whyknow.org/>
- Abstinence and safe sex: <http://64.177.211.175/#secret>
- Commercial abstinence programs: <http://www.choosingthebest.org/>
- Abstinence education: <http://www.avert.org/sexedu.htm>
- Sex respect: <http://www.sexrespect.com/>
- Restore funding to abstinence-only programs: <http://kilosparksitup.blogspot.com/2007/11/bolling-to-kaine-restore-funding-for.html>
- Rally for abstinence-only funding: <http://www.daytondailynews.com/n/content/oh/story/news/local/2007/11/29/ddn113007abstinence.html>
- Abstinence education is here to stay: <http://www.abstinence.net/media/index.php?entryid=3259>

## Notes

<sup>1</sup> Leslee J. Unruh is the Founder and President of the Abstinence Clearinghouse, a nonprofit educational organization that promotes the appreciation for and practice of sexual abstinence through distribution of age-appropriate, factual and medically accurate materials. The Clearinghouse was founded to provide a central location where character, relationship and abstinence programs, curricula, speakers, and materials could be accessed. <http://www.abstinence.net/about/>

<sup>2</sup> Answers

1. T
2. T
3. F
4. F
5. T
6. F
7. F
8. F
9. F
10. F