

PREGNANCY PREVALENCE, OUTCOMES, AND KNOWLEDGE OF RIGHTS FOR NCAA
DIVISION I FEMALE STUDENT ATHLETES

Lindsey Lauren Jaco

A thesis submitted to the faculty of the University of North Carolina Chapel Hill in partial fulfillment of the requirements for the degree of Master of Arts in the Department of Exercise and Sports Science (Sport Administration).

Chapel Hill
2009

Approved By:

Barbara Osborne J.D.

Dr. Edgar Shields

Mr. Larry Gallo

Dr. Meredith Petschauer

ABSTRACT

LINDSEY LAUREN JACO: Pregnancy prevalence, outcomes and knowledge of rights for
NCAA Division I female student-athletes
(Under the direction of Barbara Osborne)

No study has ever examined pregnancy in a student-athlete population. The purpose of this study was to determine the prevalence of pregnancy and the relationship of pregnancy outcomes to knowledge of rights in collegiate female athletes enrolled at NCAA DI-A institutions. Paper and pencil surveys were administered at four major DI-A (BCS) institutions. Of the total 897 female student-athletes enrolled at the four institutions, 517 chose to participate in this study. Four percent of the subjects responded that they had been pregnant. Fifty seven percent of those subjects had abortions. Thirty percent of the subjects responded that they were not aware of their pregnancy rights. Results from this study did not illustrate a clear relationship between knowledge of pregnancy rights and hypothetical pregnancy decision. This study concluded that female student athletes and college athletics administrators need to be more educated about student athlete pregnancy rights and best sexual health practices.

ACKNOWLEDGEMENTS

My sincere appreciation and gratitude go to everyone who assisted in this study. Without the guidance, motivation, and affirmation of Barbara Osborne to examine an issue that is very important to me, none of this would have been possible. Moreover, I would like to thank Ms. Osborne for her mentorship throughout my graduate career at UNC. I will never forget your dedication and kindness.

I would like to thank Mr. Larry Gallo who has also been a large motivating and affirming influence in my life at UNC. Mr. Gallo helped me believe that this study was possible, and with his contributions and efforts as an Athletic Director, we were able to make this research project a reality.

Thank you to the remainder of my thesis committee – Dr. Shields for your statistical genius and Dr. Petschauer for your perspectives as an athletic trainer, professor, mother, and friend. With your assistance, the caliber of this study was enhanced.

Thank you to the four participating institutional athletic administrators, as your participation made this study possible. I hope that the results from this study will help you improve your already exemplary athletic programs. I would also like to thank all of the female student-athletes for taking the time and effort to support a cause that is bigger than yourselves.

I would like to thank my friends and family –Mom, Dad, and Razieh. You were always interested in my study and encouraged me to press on during the hard times. Dallas,

thanks for making me get up from the computer and play fetch when I needed a break ☺.

Steven Michael, my wonderful husband, thank for being my inspiration, my strength, and my shoulder to lean on. I could have never achieved this without your tireless and unconditional support.

Finally, I want to thank my Lord and Savior, Jesus Christ. Thank you Father for loving me always – I am forever undeserving. Who I am and what I do means nothing apart from you. It is and will always be ALL about YOU. Peace and Love to the Hill – I'm out.

TABLE OF CONTENTS

	Page
LIST OF FIGURES.....	vi
Chapter	
I. INTRODUCTION.....	1
Introduction.....	1
Statement of purpose.....	3
Research questions.....	3
Definition of terms.....	4
Limitations.....	6
Delimitations.....	6
Assumptions.....	7
Significance of study.....	7
II. REVIEW OF LITERATURE.....	12
Introduction.....	12
College pregnancy.....	12
Pregnant athletes.....	16
College pregnancy outcomes.....	19
History of women's participation in sport.....	21

Legal protection.....	26
NCAA rule protection.....	34
Pregnancy policies.....	36
III. METHODOLOGY.....	38
Methods.....	38
Subjects.....	38
Instrumentation.....	39
Data reduction and analysis.....	39
IV. RESULTS.....	40
Demographics.....	40
Research answers.....	45
V. CONCLUSIONS AND RECOMMENDATIONS.....	69
Summary.....	69
Pregnancy prevalence.....	70
Pregnancy decisions.....	70
Pregnancy knowledge.....	73
Pregnancy knowledge and decisions.....	75
Recommendations.....	76
Further research.....	80
APPENDICES.....	84
REFERENCES.....	95

LIST OF FIGURES

Table	Page
1. Birth control type.....	42
2. Birth control type used most often.....	43
3. Most effective birth control type opinion.....	44
4. Suspect pregnancy actions.....	46
5. Confirm pregnancy confidant.....	47
6. Hypothetical pregnancy decision.....	48
7. Hypothetical reason to keep pregnancy.....	49
8. Hypothetical reason to terminate pregnancy.....	50
9. Reasons to conceal pregnancy.....	51
10. Pregnancy confidant.....	52
11. Pregnancy rights awareness information.....	54
12. Athletic department pregnancy information location.....	56
13. Awareness of NCAA rules and hypothetical pregnancy decision.....	58
14. Released from team and hypothetical pregnancy decision.....	59
15. Athletic scholarship loss and hypothetical pregnancy decision	60
16. School drop-out and hypothetical pregnancy decision.....	61
17. Return to team and hypothetical pregnancy decision.....	62
18. Not treated differently by team and hypothetical pregnancy decision.....	63
19. Loss of athletics eligibility and hypothetical pregnancy decision.....	64
20. Awareness of legal rights and hypothetical pregnancy decision.....	65

21. Ability to explain NCAA rules and hypothetical pregnancy decision.....	66
22. Awareness of laws and hypothetical pregnancy decision.....	67
23. Receipt of information regarding pregnancy and hypothetical pregnancy decision.....	68

ABBREVIATIONS

NCAA	NATIONAL COLLEGIATE ATHLETICS ASSOCIATION
DI-A	NCAA DIVISION ONE A ATHLETICS SUBDIVISION
BCS	BOWL CHAMPIONSHIP SERIES
UNC-CH	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

CHAPTER I

INTRODUCTION

Introduction

Women get pregnant. This is no secret now, it never has been in the past, and it will not be one in the future. Between the approximate ages of 15 to 45, women from all cultures, ethnicities and demographics are (except in cases of infertility) able to bear children. Needless to say, a woman's ability to have children is not always synonymous with her desire for children. This struggle has plagued women for centuries. Good examples are exhausted mothers with four children who receive news of a fifth "surprise" or teenage adolescents who suffer with the life changing consequences of a one-time mistake.

There is no question that giving birth to a child is a huge responsibility; one that should be accompanied by the correct support network to ensure that the child receives the best care possible. But the struggle has not dissipated: mistakes occur and women become pregnant at inopportune times. A young athletic female might feel the worst time to receive a positive pregnancy test is while she attends college on an athletic scholarship. Of course, an athlete would not desire this outcome, but if she did become pregnant, should she be forced to choose between the ability to compete in her sport and, receive a college education or carrying her fetus to term?

Recent media coverage has reported several stories of pregnant female athletes who have failed to give birth during their collegiate athletic careers for fear of losing their athletic

scholarships. This fear is not legally justified as Title IX provides protection to all pregnant students from being discriminated against on the basis of pregnancy. While the issue of pregnant student-athletes has recently made news headlines, it is not a new phenomenon. Young athletic women have been faced with the decision to keep or terminate their pregnancies in addition to decisions of whether to continue to compete and finish their degree since women have had the opportunity to compete in intercollegiate sport. However, despite the recent attention that student-athlete pregnancy has received, no research has ever determined how many female student-athletes actually deal with pregnancy issues in college. Moreover, no research has examined what line of reasoning pregnant student-athletes use in their decision to keep or terminate their pregnancy.

Since January 2007, the media has reported repeatedly on student-athletes who either terminated or concealed their pregnancies because they feared the loss of their athletic scholarships if they didn't conceal their condition (Associated Press, 2007). Before the NCAA amended existing legislation, member institutions varied in how they treated athlete pregnancy. However, according to federal law, this discrepancy should have only existed in *how* and not *if* intercollegiate athletic departments protect pregnant student-athletes' rights. Unfortunately, until the NCAA took action on this issue, many institutions did not abide by the law. It took horrific media coverage, attention from legal authorities, and finally action from NCAA governing authorities to enforce institutions to ensure and protect their pregnant student-athletes' rights.

As just alluded to, the NCAA amended a bylaw in January 2008 which will protect pregnant student-athletes' scholarships when it takes effect in August 2008. Specifically, bylaw 15.3.4.3 was amended so that financial aid based in any degree on athletics ability may

not be increased, decreased, or cancelled during the period of its award because of an illness or medical condition (or injury which previously existed as a exempt condition) that prevents the recipient from participating in athletics (NCAA, 2008). Moreover, bylaw 14.2.1.3 states that a female may receive a sixth year of eligibility (assuming she takes a fifth year) if she becomes pregnant (NCAA, 2007). With the newly amended legislation, NCAA member institutions must now determine what actions they will take to properly deal with pregnant student-athletes.

Purpose

The first purpose of this study is to determine the knowledge of rights provided by Title IX, NCAA legislation, and/or university policies in collegiate female athletes enrolled at NCAA DI-A institutions regarding pregnancy. The researchers seek to determine prevalence of student-athlete pregnancy and gain insight into the student-athlete's decision making process as well as the relationship of pregnancy outcome to knowledge of personal rights.

Research Questions

1. What is the prevalence of pregnancy among current female student-athletes at NCAA DI-A institutions?
2. What choices - actual and hypothetical - do current student-athletes make regarding pregnancy?
3. Do female student-athletes at NCAA DI-A institutions know about their legal rights regarding pregnancy?

4. Is there a relationship between pregnancy outcome and student-athlete knowledge of rights provided to them by Title IX, NCAA legislation, and/or university pregnancy policies?

Definition of Terms

1. **Pregnant**: carrying one or more embryos or fetuses by female humans (US National Library of Medicine, 2008).
2. **Outcome**: the result of pregnancy; in this study, the four possible outcomes are abortion, miscarriage, healthy birth, and non viable birth.
3. **Prevalence**: the total number of current pregnant female student-athletes participating in NCAA DI-A college athletics divided by the number of total female student-athletes participating in NCAA DI-A college athletics.
4. **Viable birth**: when a baby that is delivered alive.
5. **Non viable birth**: a baby that is delivered dead; also referred to as a stillbirth.
6. **Abortion**: the premature induced termination of a pregnancy before the twentieth week of gestation (US National Library of Medicine, 2008).
7. **Miscarriage**: the premature spontaneous termination of a pregnancy before the twentieth week of gestation (US National Library of Medicine, 2008).
8. **NCAA**: the National Collegiate Athletic Association; a voluntary association of approximately 1,200 institutions, conferences, organizations and individuals that organizes the athletic programs of many colleges and universities in the US and potentially beginning in 2008, Canadian universities; the largest collegiate athletic organization in the world (NCAA, 2007).

9. **NCAA DI-A**: now known as the NCAA Football Bowl Subdivision; in which college football is the only NCAA-sponsored sport without an organized tournament to determine its champion; in 2009, will contain 119 full members including schools from 12 different conferences: the ACC, Big East, Big Ten, Big 12, Conference USA, Mid-American, Mountain West, Pac 10, SEC, Sun Belt, WAC, and DI-FBS Independents (NCAA, 2007).
10. **Athletic scholarship**: also known as athletic grant-in-aid; is financial assistance to attend a college or university based predominantly on individual's ability to play a sport; may be awarded in various denominations (ie. full, half, or textbook) depending on the student-athlete's situation.
11. **Knowledge**: a female student-athlete's awareness, understanding, and familiarity of their pregnancy rights.
12. **Title IX**: created in 1972 to ensure gender equality in all collegiate institutions receiving federal funding; explicitly prohibits all educational institutions receiving federal funding from discriminating on the basis of pregnancy specifically.
13. **NCAA legislation**: as of January 2008, the reduction or cancellation of a scholarship is not permitted on the basis of a student's injury, illness, medical condition, ability to perform athletically, or any other athletic reason according to Article 15.3.4.3 (NCAA, 2008).
14. **University pregnancy policy**: a plan of action for female student-athletes that encourages their healthy continued participation as long as possible with medical approval; counsels them to not automatically withdraw from their sport; protects scholarships to allow athletes time to make decisions; provides a neutral party for

information on pregnancy options; plans for continued academic progress; and plans for the athlete's return to her sport after delivery if she desires. In 2004, Dr. Elizabeth Sorensen claimed that 70 schools had student-athlete pregnancy policies. (Sorensen, 2004).

Delimitations, Limitations, and Assumptions

Limitations

The sample is not representative of all female college athletes in America as it does not include female athletes in NCAA DI-AA, DI-AAA, DII, DIII or in other collegiate athletic associations such as the NAIA or NJCAA. Moreover, male student-athletes who impregnate their female partners are not taken into account. In regard to the study itself, female student-athletes may be sensitive to pregnancy issues and thus choose not to participate in the study or fail to answer the questions truthfully on the survey. Moreover, the hypothetical questions included on the survey may not elicit real responses as it is impossible to determine exactly what decision one will make until the situation actually arises. Lastly, coaches and/or athletic directors may not be willing to allow their female athletic teams to participate in the study.

Delimitations

Due to the time and money constraints of the primary investigator being a graduate student, it is virtually impossible to travel to more than four schools to collect data.

Assumptions

It is assumed that female student-athletes do not desire to become pregnant while they compete in intercollegiate athletics. Moreover, it is assumed that DI-A schools provide the

highest level of intercollegiate athletic competition possible in America. It is for this reason that we selected DI-A female student-athletes to examine since their lives are heavily invested in and influenced by their sport.

Significance of Study

Cassandra Harding, a Memphis University sprinter, became pregnant during her sophomore season (Rovegno, 2007). In the spring of 2007, an episode of ESPN's "Outside the Lines" documentary featured Ms. Harding. Because Harding had signed a contract that listed pregnancy as an incident that would result in the loss of her athletic scholarship and other privileges (Rovegno, 2007, para. 8), Memphis revoked her financial aid after her sophomore season. Determined to have her athletic scholarship reinstated, Harding worked a part-time job, went to school full-time, cared for her infant daughter, and voluntarily practiced with the track team during her junior year. Harding earned back 75 percent of her athletic scholarship and competed during her senior year, but she faced many hardships during this time (Rovegno, 2007). According to Harding, giving her daughter to her parents while she completed college was the biggest hurdle (Rovegno, 2007, para. 36).

Former pregnant student-athletes such as Brynn Cameron, Paula Carney-Tellone, Tammy Douglass, and Pam Stuart Fontaine have similar stories (Sorensen, 2007). Brynn Cameron is a current guard on the University of Southern California's (USC) women's basketball team; she gave birth to her son Cole Cameron Leinart (whose father is Matt Leinart, a former USC quarterback) during her junior year and is now finishing her senior season and will graduate in May 2008 with a bachelor's degree in Sociology (Harris, 2007). Ms. Carney-Tellone was a Lehman College track, gymnastics, cross-country, and softball

athlete who was five months pregnant when she competed in the final rounds of her track events at the Colgate Games at Madison Square Garden. She gave birth to her child and graduated with a 3.4 GPA (Sorensen, 2007). Douglass was a University of Cincinnati basketball player who, after becoming pregnant in the middle of her season, withdrew for a year, worked at a grocery store in her hometown, and returned to UC where she excelled in both her athletic and academic endeavors (Sorensen, 2007). Finally, Pam Stuart Fontaine, a Wright State University paralympic athlete, made the US Women's Wheelchair Basketball Team while she was six months pregnant and later won a bronze medal in the 1996 Atlanta Paralympics (Sorensen, 2007).

While some collegiate female student-athletes decide to give birth to their children, many others decide to have abortions or deny their pregnancy while they continue to compete (Associated Press, 2007; Athletic Business, 2007; Prior, 2007; Rainey, 2007). The most recent case involves Katie McCoy, a sophomore golfer at Bellarmine University in Louisville, Kentucky. McCoy, 19, hid her pregnancy from friends and family and denied giving birth even after her roommate found the newborn in a residence hall trash room. McCoy was arrested for the death newborn daughter on October 25, 2007 (Athletic Business, 2007).

Like Ms. McCoy, Teri Rhodes denied her pregnancy to teammates, coaches, and even doctors until she gave birth to and suffocated her baby girl in a dormitory shower after team practice. Ms. Rhodes, a freshman Mercyhurst College volleyball player, was charged with murdering her newborn baby in September 2007 (Associated Press, 2007). The newborn girl was full term and had been alive for about 10 minutes until she placed her in a plastic bag and left her on the floor of her bathroom while she showered. Ms. Rhodes told the police that

she didn't know she was giving birth until she went to the bathroom and saw the baby's leg. She was charged with homicide, abusing a corpse, and concealing the death of a child among other counts (Associated Press, 2007). She was freed on \$25,000 bond and now lives at her parents' house in Commerce, Michigan (Associated Press, 2007).

The list goes on: seven female athletes at Clemson (Rovegno, 2007), a basketball player at Louisville (Rainey, 2007), a soccer player at Wake Forest, and a track athlete at Lafayette College (Sorensen, 2004) are just a few examples of scholarship female student-athletes who denied and/or terminated their pregnancies. A common denominator in these situations is the female student-athlete's fear of losing the ability to compete in intercollegiate athletics and/or the privilege to attend college.

The trend of female student-athletes being indicted for homicide is horrific, but perhaps the most disturbing part is their unawareness of laws that either protect their scholarships or give them practical options other than termination. For example, Katie McCoy's ignorance of a 2002 Kentucky law could have saved the life of her daughter.

According to the *Athletic Business* (2007) report:

A state law that took effect in 2002 generally allows parents or people acting on their behalf to anonymously drop off newborns they cannot care for at selected 'safe' locations, including hospitals or with EMS personnel, police officers or firefighters, without fear of criminal prosecution. The goal of the law was to eliminate incidents of newborns being left in trash cans, public restrooms or other unsafe locations (para.3).

Therefore, even if pregnant athletes are unaware of the protection given to them through *Title IX*, equal protection, and contract law (discussed in detail later), there are other laws which allow unprepared mothers alternatives to abandoning or killing their children.

Until recently, most intercollegiate athletic departments, the NCAA, and coaches everywhere neglected the issue of pregnant student-athletes (Sorensen, 2007). It appears that

a lack of knowledge pertaining to pregnancy rights may have affected the athletes from Clemson and Memphis who chose to terminate their pregnancies. This study will measure whether student-athletes are familiar with the various laws and NCAA rules that protect them from potential adverse actions related to their pregnancy. It will also attempt to quantify how many student-athletes have had to make decisions regarding pregnancy and participation, and identify the decision making process that these young women experience.

Pregnancy is central to the discourse regarding gender equality. While being pregnant is an undeniable biological difference for females, the heart of the matter is not a women's issue but rather a social one. For centuries, female athletes everywhere have become pregnant. These women fear what will happen to them if they decide to give birth and many either receive abortions or compete while they are pregnant and become emotionally and psychologically scarred as a result. In 2002, the highest rate of abortion (45 percent) belonged to women of college age (Prior, 2007). In 2005, it was found that abortions among such women were largely not desired, but rather driven by the lack of resources and support necessary to carry a pregnancy to term (Prior, 2007). Furthermore, the foremost environment lacking resources and support for pregnant women today is the college campus (Prior, 2007).

While Finer et. al. (2005) did not examine collegiate student-athletes, the top reasons they found for why women have abortions are applicable to student-athletes, namely interference with education, unaffordability, the fear of being a single mother, and relationship problems. Moreover, the sample that Finer et. al. examined contained women who were in college, which makes the results even more applicable to student-athletes. Nevertheless, pressures and circumstances which are unique to student-athletes such as the pressure to perform on the field and in the classroom, fear of losing an athletic scholarship,

and the stigma of going from fit to pregnant are all additional possibilities for why pregnant female student-athletes decide not to give birth to their children. For this reason, research is needed to determine if in fact female student-athletes become pregnant and, if they do, why they might not decide to carry their pregnancy to term. If the reason is for the fear of losing an athletic scholarship, this research may prove to be extremely valuable in educating female student-athletes about their rights provided by the law.

To summarize, the significance of this study may be tremendous. If accurate and representative data is collected, the results may prove to be extremely valuable to athletic administrators and coaches everywhere. First, if the prevalence of pregnancy among female student-athletes is found to be significant, it will make the situation “real” to many who were blind to the issue before the study. Secondly, factors that influence the pregnant-athlete’s decision making process regarding outcomes will be revealed, allowing athletics administrators to better inform female student-athletes about their rights and assist these women. The largest potential impact of this study will be a guide for athletic administrators, team coaches, and female student-athletes providing education on federal law requirements with regard to pregnancy.

CHAPTER II

REVIEW OF LITERATURE

Introduction

No study has ever examined pregnancy in a collegiate student-athlete population. There is a significant body of research on the physiological aspects of female athlete pregnancy. Research has also been conducted on college students related to pregnancy and its outcomes, providing a good starting point for studying the same topics in student-athletes. Moreover, much literature exists on the legislation that protects the rights of pregnant students. This chapter examines research related to college student pregnancy and its outcomes, the physiological aspects of female athlete pregnancy, the history of women's participation in sport, the legal protection of pregnant student-athletes, and pregnancy policies in college athletics. When combined, this literature paints a background scene to the main portrait of student-athlete pregnancy.

College Pregnancy

In 2005, approximately 3.5% of college students had an unintended pregnancy (Nguyen et. al., 2005). In a study performed at a university student health center from 1999 to 2001, 117 pregnant women were evaluated by a Pregnancy Education Program to determine the demographic information of pregnant college-aged women. The study found that the average age of pregnant women was 24.7 years. Moreover, the study discovered that

37% of pregnant students were international while out of the domestic students, most were Asian American (38%) followed by white (35%), Hispanic (17%), and African American (10%). Most of the women were not married (73%) and over 75% of all the women reported that their pregnancy was unintended (Nguyen et. al., 2005).

Nguyen's study (2005) also detailed what methods of contraception the pregnant women did or did not use and what they decided to do when they became pregnant. In terms of contraception use, 36% of the women indicated that they had not used any method of contraception at the time of risk; 6% reported that they relied on the withdrawal/rhythm method; 51% reported that they had used condoms; 5% reported using oral contraceptives; and less than 1% reported using other forms of contraception (Nguyen et. al., 2005). Of the study group of pregnant women, most stated that they wished to terminate the pregnancy (43%) followed by those who wished to continue the pregnancy to term (36%). A very small percentage of the women opted for adoption (1%) and a larger percentage were undecided (21%). A significant result ($p < .05$) from the study was that unintended pregnancies were much higher among domestic students (83%) than international students (64%) (Nguyen et. al., 2005).

The Nguyen et. al. (2005) study concluded that pregnancy education programs should target international and Asian-American students due to their high numbers in the sample compared to their respective proportions in the student body. This conclusion is valuable in treating the student-athlete population since at many schools, a large number of the student-athletes are from other countries.

According to the 2008 NCAA participation report, the percentage of total international student-athletes grew approximately 3% from 1999 (when the total percentage

of male and female international student-athletes in the NCAA was 3%) to 2006 (when the total percentage of male and female international student-athletes in the NCAA was 6%) (DeHass, 2008). For Division I specifically, the rates of participation for international student-athletes are much higher than the participation rates for the other Divisions as approximately 5.5% more international student-athletes participated in DI sports in 2006 (10.2%) than in 1999 (4.8%) (DeHass, 2008). Finally, the report showed that in 2006, more NCAA international student-athletes were female (3.2% versus 3.0% for males), and the same was true for DI athletes (4.6% male versus 5.6% female) (NCAA, 2008). Overall, the percentage of female international student-athletes has grown for all Divisions (1.7%) and Division I (3.2%) (DeHass, 2008). The percentage of international student-athletes (based on numbers from 2006) at American universities is over two times that of international students; in 2008, international students only comprised 2.7% of all bachelor's degree students (Princeton Review, 2008). Therefore, the recommendation from the Nguyen et. al. study to target the international student population is highly applicable to student-athletes since their population contains more international students than the normal student body.

The final significant conclusion that Nguyen et. al. (2005) found was that “the high percent of unintended pregnancies and high percent of women either undecided or choosing termination, emphasizes the need for pregnancy counseling to assist young women in coping and resolving their difficult situations”. This finding is the most applicable to student-athlete pregnancy since they, like many other college women, do not know what to do or chose to terminate their pregnancies which, as Nguyen et. al. states, warrants counseling and support.

The most comprehensive data on American pregnancies is reported by the Centers for Disease Control and Prevention (CDC) through their National Vital Statistics Report

(Ventura et. al., 2008). The 2008 report, which details pregnancy rates for 1990-2004, provides valuable information on pregnancy data for college-aged women. However, it is important to note that this report does not specify whether or not the women of college age that were examined in the study actually attended college. Results showed that, for women overall, pregnancy rates declined from 1990-2004 (Ventura et. al., 2008). In 2004, women aged 24-29 became pregnant most frequently (169 pregnancies per 1,000 women), followed closely by college-aged women (164 pregnancies per 1,000 women ages 20-24). This result is opposite of the pregnancy rates reported in 1990 when college-aged women became pregnant more frequently than any other female age group. Moreover, for college-aged women, the CDC reports that non-Hispanic Black women became pregnant most frequently followed by Hispanic and non-Hispanic White women in 2004. The study also found that unmarried women experienced substantially fewer pregnancies than married women; of the 6.4 million pregnancies that ended in 2004, 3.5 million were among married women and 2.9 million were among unmarried women (a difference of approximately 82%). Finally, for women entering their college years (15-19 years of age), pregnancy rates dropped dramatically from 1990-2004 as it reached a historic low of 72.2 pregnancies per 1,000 women in 2004 (Ventura et. al., 2008).

While the 2008 National Vital Statistics report provides comprehensive pregnancy data, a more current source on American pregnancy which also provides information on the education level of the mother is available through the CDC's Vital Stats interactive database (CDC, 2008). According to this database which provides pregnancy data as recent as 2005, 14% of all women who became pregnant were between the ages of 17 and 24 and had received between 13 and 15 years of education. Moreover, 28% of those women were

between the ages of 20 and 24. 62% of the pregnant women who had attended some years of college were married while 38% were not. Finally, of the 600,663 pregnant women who had received some college education, 69% were white, 23% were of some Hispanic descent, 16% were black, 5% were Asian or Pacific Islander, and .1% were American Indian (CDC, 2008). This data reveals the disparity that lies between the rates of college-aged women who became pregnant and women who attended college that became pregnant. While out of college-aged women, non-Hispanic black became pregnant most often; out of women who actually attended college, non-Hispanic white women became pregnant most often. This disparity may be explained by the demographic differences of women who attend college. A comprehensive look at all of this data reveals the fact that women in college become pregnant, however, it is still unknown what percentage of those women are student-athletes.

Pregnant Athletes

While there has been no research done on pregnancy in the collegiate student-athlete population, there has been much research done on the physiologic concerns of pregnant female athletes of all ages. Dr. James F. Clapp has researched the physiologic consequences of being a pregnant athlete and his results are published annually for the NCAA in their Sports Medicine Handbook which is available to all NCAA student-athletes, athletic trainers, coaches, administrators, and the general public. Dr. Clapp's studies show that, with proper hydration and the practice of sensible training methods, pregnant women may participate in athletic activity for up to 14 weeks of gestation before the fetus may be at risk (Clapp, 2007). After the 14th week, it is advised that pregnant women avoid training and competition in the supine position, avoid Valsalva training (where participants hold their breath while

performing strenuous maneuvers), and avoid activities with a high risk of falling (Clapp, 2007). The main physiologic concerns that must be assessed in pregnant athletes include overheating, level of exertion, health status, and stage of pregnancy (Clapp, 2007).

Studies vary on the effect that high fevers have on the fetus, but it has been shown that fit women have improved body temperature regulation and a decreased core body temperature during pregnancy which may protect the fetus from risks posed by an increase in the mother's core body temperature during exercise (Clapp, 2007). Moreover, higher heart rates during exercise have no detrimental effect on the fetus (Clapp, 2007). Additionally, fitter pregnant women have a slower maternal resting heart rate which give them a "greater beginning cardiac economy and greater tolerance overall" (Clapp, 2007, p.72).

However, studies show that fitness level has no effect on the risk of miscarriage or birth complications (Clapp, 2007). Risk of injury depends upon the sport that the pregnant athlete participates in. For example, a pregnant swimmer or runner might be able to compete longer than a pregnant athlete who participates in contact sports such as soccer, rugby, or field hockey. If an athlete is allowed to compete while she is pregnant, an obstetrician must monitor her in the same schedule as a non-athlete which is every 4 weeks until 28 weeks, every 2 weeks until 36 weeks, then weekly until delivery (Clapp, 2007). Likewise, the coach's assessment of the pregnant athlete's ability to meet training and performance standards must also determine how long she competes. According to Clapp (2007):

The point of cessation of athletic training and competition will become the intersection of a line depicting athletic performance as determined by the coach (which will decline over time) and a line depicting risk to the mother and fetus of continued competition as determined by the athlete and her obstetrician (which will increase over the pregnancy). This will vary by individual. (pg. 72)

Combined with the physiological consequences of athlete pregnancy are psychosocial consequences. It is arguable that the mental stress in early pregnancy overshadows the physical stress even though the former is often underemphasized (Clapp, 2007). Among these consequences are the pressure to decide what to do about the pregnancy (which is often unexpected), how to meet the needs that pregnancy demands (such as medical bills, living expenses, and communication to friends and family), fear of abandonment, role changes (such as from student-athlete to parent, physically fit to overweight, and high to low level of athletic performance) (Clapp, 2007). Moreover, female student-athletes may feel that their years of training and sacrifice are wasted in pregnancy, that they have failed their moral and religious beliefs, or that they have lost control in situations of rape (Clapp, 2007).

Accessibility to birth control may be an issue for female athletes, as it is the female that physically deals with the consequences of an unplanned pregnancy. At some DI-A institutions, female student-athletes have access to free birth control. However, each institution has a different protocol regarding such medication. An interview with a team physician at a NCAA Division I institution indicated that as long as the team doctor approves birth control for purposes of health related reasons such as managing cramps or other menstrual symptoms that would negatively impact the student-athlete's performance, they will pay for it. However, if the female student-athlete simply asks her athletic trainer or team doctor for birth control in order to prevent pregnancy, the athletic department may not cover the cost (Personal interview, July 2008). The explanation is that this informal rule has existed for decades and is applied to all prescriptions for student-athletes. Philosophically, the athletics department is justified and feels responsible for providing medicine or equipment that is needed for performance purposes. From a gender equity perspective, if

male student-athletes are freely given condoms whenever they desire, female student-athletes should receive an equitable benefit. While there is no published research on this issue, it is undoubtedly an area for future research regarding the timely topic of student-athlete pregnancy.

College Pregnancy Outcomes

For all women, abortion rates declined by 22% between 1987 and 2002, but 1.3 million American women still receive abortions each year (Finer et. al, 2000). A study performed in 2004 examined reasons why women have abortions through surveys completed by 1,209 abortion patients and interviews conducted with another 38 women (Finer et. al, 2000). Twenty percent of the women in the study were of college age (20-29), and 53% had at least some college education. Results showed that most women said that they had an abortion because having a baby would dramatically change their life (74%). Of those women who responded as such, most said that having a child would interfere with their education (38%) or their job/employment/career (38%). They next highest category of women who had abortions were those who said that they could not afford a baby (73%), followed by those who did not want to be a single mothers or were having relationship problems (48%) (Finer et. al., 2005).

A more recent study completed in 2006 by Finer et al. used data from the 2002 National Survey of Family Growth combined with birth, abortion, and population data from federal, state, and nongovernmental sources to determine the reasons for disparities between the unintended pregnancy rates of different subgroups of women. Results from the study showed that 49% of all American pregnancies in 2001 were unintended. Moreover, the rate

of unintended pregnancy was the highest for women of college-age (18-24 years) as one unintended pregnancy occurred for every 10 women- a rate twice that for women overall (Finer et. al, 2006). However, between 1994 and 2001, the rate of unintended pregnancy declined among college graduates and the wealthiest women but increased among poor and less educated women. Finer et. al. also found that among women of all ages, the abortion rate and the proportion of unintended pregnancies ending in abortion declined between 1994 and 2001, while the unintended birth rate increased. For college-aged women specifically, the study found that 60% of all pregnancies were unintended while 49% ended in abortion. For women who reported that they had some college education (and had not yet graduated), the study found that 52% of the pregnancies were unintended while 60% ended in abortion (Finer et. al, 2006).

The final and most authoritative source on American pregnancy outcomes comes from the CDC's 2008 National Vital Statistics Reports (the same document that was cited to describe college pregnancy rates) (Ventura et. al., 2008). Results from this report show that in 2004, pregnancies among women aged 15–19 years and women in their early twenties were more than twice as likely to end in live birth (57–62%) as in abortion (24–27%). However, pregnancies among women who were 25 years and older were more than four times as likely to have a live birth (67%) than abortion (15%). The report states that overall, 64% of all American pregnancies in 2004 ended in live birth, 19% in induced abortion, and 17% in fetal loss (Ventura et. al., 2008). However, like all of the aforementioned sources, this report did not specify rates or data for women who were currently attending college during the study not did it mention any pregnancy outcome data for specific subgroups of college women such as student-athletes.

History of women's participation in sport and NCAA sport

According to an article published by the Women's Sports Foundation, female participation in sport in America evolved through three major periods before Title IX was created. The first of these periods was the colonial area when women participated in traditional sports and games and when women's lifestyles demanded physical vigor and athleticism (Women's Sports Foundation, 2001). In 1600, before Europeans colonized the United States, the earliest American sportswomen were Native Americans whose ordinary life included athleticism and "physical prowess" (Women's Sports Foundation, 2001). For example, women danced for hours at religious ceremonies and underwent rites of passage from maidenhood to womanhood which required various physical tests. Moreover, these women participated in ball games of which the outcomes affected their place in the family or village.

Initially, women were sparse among the European and African colonists, but that changed by the middle of the century. It was common for upper-class husbands and wives to fish and sail on the numerous waterways around the populated cities of Boston, Providence, and Hartford in New England. By the early 1700s, these cities hosted sites of physical displays such as tightrope dancing by both men and women. By the middle of the eighteenth century, the sporting experiences for all women became more varied. African and African American women competed in foot races at agricultural fairs that white farmers hosted and middle- to upper- class white women had access to a broad number of physical activities such as horse racing and fox hunting (Women's Sports Foundation, 2001).

The trend of women competing in sport did not continue to grow, however. During the nineteenth century, female roles gradually moved toward tending to the primary duties of

house chores and raising children. This shift was due in part to “enlightenment ideology and the emergent capitalist economy” which emphasized men’s physical superiority over women and this, in turn, kept women away from most public activities (Women’s Sports Foundation, 2001). However, slave and free women who continued to live and work on farms and plantations did not experience the same role changes as most middle- and upper-class women. By the middle of the century, the health of house wives was apparently declining and doctors, educators, and writers of popular magazines called for exercise as a cure: “the logic of the health literature was simple and straightforward: if women were to fulfill their roles as caretakers of families and national virtue, they needed to maintain their physical and mental health” (Women’s Sports Foundation, 2001, para.10). In response, women began to receive physical education, participated in callisthenic and domestic exercises, and also started to participate in traditional activities such as walking and riding again. Still, this change did not occur quickly and women were continually valued for their “moral superiority” and ability to ensure “social order” (Women’s Sports Foundation, 2001, para.11).

However, this all changed in 1868 with the Seneca Falls feminist movement and abolitionism when women decided that they were not content to sit at home any longer. Moreover, the Civil War “challenged gender boundaries and expectations that had confined women to the domestic sphere for more than three generations” (Women’s Sports Foundation, 2001. para.12). Women gained more and more credibility as they began to take over the professions of teaching and nursing and as they began to infiltrate colleges, especially in the Northeast. In and outside of the colleges, women took advantage of the increasing assortment of modern sports such as skating, rowing, trap shooting, and tennis.

Finally, the invention of the bicycle at the end of this period propelled physical activity opportunities for women as they embraced the new form of exercise. As a result of this new movement, women were forced to take off their “corsets” and put on their “knickerbockers” (Women’s Sports Foundation, 2001, para.15).

From the 1890s to World War I, the period which traditional historians labeled as the “progressive era”, women from all classes began to participate more in organized sports (Women’s Sports Foundation, 2001). This era, according to female sport historians, is labeled as the “age of modern sports” as working women were provided with opportunities to participate in team sports such as basketball, bowling, tennis, baseball, and eventually softball (Women’s Sports Foundation, 2001). Upper-class women began to join sport-specific clubs just like their husbands and brothers did. They also competed in sports at college and in Europe during their vacations. By 1900, seven of these women competed in their first Olympics in Paris. From then on, women competed in the Games, primarily in the sports of tennis, archery, and figure skating (Women’s Sports Foundation, 2001). For middle-class women, the process was a bit more complicated. However, they found their niche by forming their own sport clubs and organizing their own competitions. It is to these women that females today owe the ability to participate in the sports of basketball, volleyball, field hockey, and cycling (Women’s Sports Foundation, 2001).

However, to follow the rollercoaster trends of history, another obstacle came to face women’s participation in sport when female sport administrators bought into warnings from medical practitioners who claimed that female participation in sport would harm the participants, physically and psychologically, and perhaps “detract from or even diminish their femininity” (Women’s Sports Foundation, 2001, para. 19). Surprisingly, the attitude of

female sport administrators was quite opposite of the raging American sporting consumer economy that existed throughout the 1920s.

While the Great Depression disrupted the sporting boom somewhat, it did not totally end it. Contrarily, sports such as softball and bowling became increasingly popular among women and the female Olympic movement only gained more momentum. The All-American Girls Baseball League began play in 1943. However, the women who competed in this league, which was made famous by the movie *A League of Their Own* were not the only female professional athletes competing (Women's Sports Foundation, 2001). As early as the 1870s, female distance runners competed professionally and later in the early 1900s, professional female rodeo competitors traveled around the country making a living by competing in their sport. After 1949, the Ladies Professional Golf Association (LPGA) was formed which paid female athletes the most that they had ever been previously compensated. Apart from female professional athletes, the 1940s also marked the emergence of collegiate female African American track athletes. From such colleges such as the Tuskegee Institute and Tennessee State, US Olympic female track athletes (such as Wilma Rudolph, Jackie Joyner-Kersey, and Florence Griffith Joyner) were produced who "revolutionized the contests and the records" (Women's Sports Foundation, 2001, para.23).

The final pre- Title IX modern era during which women made significant strides in sport was during the 1960s. The most prominent figure during this time was Billie Jean King, a dominant tennis player and spokesperson for athletic integrity (who demanded an end to under-the-table payments). King also helped organize the Virginia Slims tennis tour, the first of several early 1970s professional women's tennis leagues (Women's Sports Foundation, 2001). Many believe that King sparked the wave that gave birth to today's highly successful

female athletes and teams as she “symbolized the commencement of contemporary women's revolution in sports, the realization of the image projected in the 1890s of the “new woman”” (Women’s Sports Foundation, 2001, para.25). After King left her legacy, legislation (especially Title IX) and the litigation that followed, continued her purpose and has had a strong effect on women’s sport in America. Since the 1960s, women’s sports have only grown as females have made their mark in the sports of triathlon, marathon, soccer, aerobics, weightlifting, rugby, skiing, basketball, and cheerleading – along with the more traditional sports of golf and tennis (Women’s Sports Foundation, 2001).

While the National Collegiate Athletic Association (NCAA) was formed in 1905 (then called the Intercollegiate Athletic Association of the United States or the IAAUS) in response to President Theodore Roosevelt’s summoning to reform then lax football rules, the NCAA did not add women’s programs until 1980 when Divisions II and III established 10 championships for the 1981-82 seasons (NCAA, 2008). The following year, an extensive governance plan which included women’s athletic programs, services, and representation was adopted by the “historic” 75th Convention (NCAA, 2008). As a result, the delegates expanded the women’s championships program with the addition of 19 events (NCAA, 2008).

The NCAA currently awards 87 national championships yearly among its three divisions: 44 to women, and 40 to men. However, male participation still exceeds female participation in NCAA member institutions. The most recent data shows that, in 2007, a total of 174,534 female athletes competed in NCAA sponsored sports compared to 233,830 males – a difference of about 25% (DeHass, 2008).

Legal Protection

Just as no study examining pregnancy in a collegiate student-athlete population exists, no precedent concerning the protection of pregnant student-athletes' rights exists due to lack of litigation. The only case regarding the issue was settled in March of 2003 between Tara Brady and Sacred Heart University (*Brady v. Sacred Heart University Complaint*, 2003). Ms. Brady, a former Sacred Heart basketball player, was forced to leave the school because she became pregnant. In her complaint, Ms. Brady accused Sacred Heart of sex discrimination under *Title IX*. She also brought state common law claims of "breach of contract against Sacred Heart and tortious interference with contractual or beneficial relations and negligent infliction of emotional distress" (*Brady v. Sacred Heart University Complaint*, 2003, p.1) against her former coach, Edward Swanson.

Ms. Brady's story is similar to that of many female student-athletes who have suffered unequal treatment on the basis of pregnancy. Brady chose to attend Sacred Heart, a small Catholic university in Connecticut, because she had the opportunity to excel on the basketball team and because the school gave her the best athletic scholarship package available. During her freshman year, the university awarded Ms. Brady a full scholarship valued at \$25,710 for her participation on the basketball team (*Brady v. Sacred Heart University Complaint*, 2003, p.3). During the summer after her freshman year, Ms. Brady discovered that she was pregnant and immediately informed her coach, Edward Swanson, of her decision to continue the pregnancy to term. After speaking to the school administration, Swanson informed Ms. Brady that because she would be a distraction to the team, she must withdraw from school during her sophomore year and that she would not receive her scholarship.

After many discussions between the Brady family and Coach Swanson, Swanson stood by his decision not to grant Brady a medical redshirt because he claimed that she would be an “insurance liability to the university, a health risk to herself, a distraction to the team, and a risk to Swanson’s job” (*Brady v. Sacred Heart University Complaint*, 2003, p.3-4). During the next year while Ms. Brady lived at home in Pennsylvania, her family learned through an HBO documentary that Coach Swanson had treated Ms. Brady unfairly and contacted the Sacred Heart athletic director and compliance officer. As a result, the university readmitted Ms. Brady and re-awarded her full athletic scholarship which took effect in the spring semester of her sophomore year.

Upon the athletic director’s directions, Ms. Brady waited until after basketball season and after delivering her baby boy to contact Coach Swanson about playing on the team again. In March of her sophomore year, Coach Swanson responded that they did not need her on the team and that she would not receive a scholarship for the next academic year. Ms. Brady won the appeal she brought before the Ad Hoc Financial Aid Review Committee and was reinstated to the basketball team with a renewed athletic scholarship during her junior year (*Brady v. Sacred Heart University Complaint*, 2003, p.8). However, after her reinstatement, the coach excluded Ms. Brady from team events and forced her to communicate with him through an intermediary. Ms. Brady became so emotionally distressed and frustrated that she finally withdrew from Sacred Heart. She could not transfer to another Division I university without losing a year of eligibility, so she enrolled at Division II West Chester University where she played center on the women’s basketball team and received a partial athletic scholarship for two years (*Brady v. Sacred Heart University Complaint*, 2003, p.9). Ms. Brady and her family brought charges against Sacred Heart University in 2003, but the case

was never tried as Sacred Heart University settled with Brady in March of 2003. While the amount of the settlement is unknown, Brady would have had a valid argument against her Alma mater based on what Title IX requires in regards to student pregnancy.

Title IX

Title IX of the Education Amendments of 1972 states:

No person in the United States shall, on the basis of gender, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance (20 U.S.C. §1681 (1972)).

Despite the media's portrayal of *Title IX* as applying just to student-athletes, the statute actually addresses the administrators and students of all educational institutions that receive funding from the United States Government. For athletics specifically, the 1975 Regulations (34 C.F.R., (1975)) requires that the department provide scholarships in proportion to the student-athlete population; that the benefits, opportunities, and treatment be equivalent for both genders; and that the interest and abilities of both genders be effectively accommodated to the extent necessary to provide equal opportunities. The three prong test that is used in determining whether or not a school is in compliance is actually a way of proving the third aforementioned requirement of the 1975 Regulations and was developed by the Office of Civil Rights (OCR) as an additional policy interpretation in 1979

Although the Title IX focus in the media and in athletics departments largely centers on participation opportunities, the 1975 Title IX Regulations also include a provision that expressly prohibits discrimination against students on the basis of pregnancy (34 C.F.R. §106.40(b)(1)). Unfortunately, very few athletics administrators apparently were aware of the pregnancy protection afforded by Title IX. In response to the media reports of pregnant

athletes that were forced to terminate their pregnancies or forfeit their scholarships (discussed in Chapter 1), the Office for Civil Rights (OCR), the enforcement arm of the U.S.

Department of Education, sent a “Dear Colleague” Letter to all educational institutions receiving federal funding which clarified exactly what Title IX requires in regard to the nondiscriminatory treatment of pregnant student-athletes (citation for the letter, 2007). Title IX explicitly prohibits all educational institutions receiving federal funding from discriminating on the basis of pregnancy specifically as 34 C.F.R. §106.40(b)(1) states:

[a] recipient shall not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such student’s pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, unless the student requests voluntarily to participate in a separate portion of the program or activity of the recipient

The regulations also specify that schools not alter their students’ financial assistance on the basis of sex:

Recipients shall not apply any rule or assist in application of any rule concerning eligibility for such assistance which treats persons of one sex differently from persons of the other sex with regard to marital or parental status. (34 C.F.R. §106.37(a)(3)).

Another defense for pregnant athletes is contained in 34 C.F.R. §106.40(b)(4) which instructs recipients to “treat pregnancy or childbirth in the same manner and under the same policies as any temporary disability” (as cited in Monroe, 2007). Finally, in the Dear Colleague letter, Monroe (the assistant secretary of the OCR), gives a practical application of what not to do with pregnant student-athletes in order to abide by *Title IX*:

Subjecting only students of one sex to additional or different requirements, such as requiring female athletes to sign athletic contracts listing pregnancy as an infraction, or excluding students from participating in a recipient’s program or activity, including extracurricular activities and athletics, on the basis of the student’s pregnancy or a related condition is also prohibited under *Title IX* (Monroe, 2007, p.1).

Essentially, this letter emphasizes that *Title IX* provides a strong legal guarantee to all pregnant student-athletes. According to the statute, pregnant females should *never* lose the privilege of participating in intercollegiate sports, nor should athletics related grant in aid be taken away, reduced, or not renewed (Monroe, 2007).

Equal Protection

Title IX prohibits intercollegiate institutions from revoking an athlete's scholarship during the current year. However, because scholarships are renewed on a yearly basis under NCAA legislation (NCAA, 2007, Article 15.3.2.), the protection provided by *Title IX* loses power when the year ends. Typically, this is when institutions attempt to dispose of pregnant athletes' scholarships. However, where *Title IX* ends, the Equal Protection Clause of the Fourteenth Amendment may provide some protection. Because a violation of the Equal Protection Clause requires state action and purposeful discrimination (Claussen, 2003), female student-athletes are protected if an institution that receives federal funding purposefully discriminates against them.

The Equal Protection Clause states that "No state shall...deny to any person within its jurisdiction the equal protection of the laws" (United States Constitution, 1868, Amendment XIV). When one class of individuals is granted an opportunity that is denied to another class, the equal protection clause might be violated. The Supreme Court has developed a three-tiered standard of review to determine when a classification is unconstitutional (Claussen, 2003). In classifications based on gender, the courts apply intermediate--and not strict--scrutiny because they have found that it is "justifiable to differentiate on the basis of sex more frequently than on the basis of race, for example" (Claussen, 2003, p.457). In applying

intermediate scrutiny, courts ask whether the challenged law is “substantially related to an important governmental interest” (Claussen, 2003, p.457).

As mentioned previously, the courts have not yet had to determine whether excluding pregnant student-athletes from athletic participation is substantially related to an important governmental interest. But they have determined that a male’s request to earn an extra year of eligibility due the birth of his child was not “related to the achievement of important government objectives” (*Butler v. NCAA and KU*, 2006). In this case, Eric Butler petitioned the NCAA for an extra year of eligibility after he transferred in and out of three different colleges, mainly because he had to attend to his new baby who was born before his freshman year began at Northwestern Missouri State University. During his final fifth year of eligibility, Butler walked on to the KU football team and contributed substantial minutes as a middle linebacker for the majority of the season. However, after his fifth year, the NCAA denied his request for an additional year and Butler, after appealing the decision and being denied again, filed for a temporary restraining order, preliminary injunction, and permanent injunction on subsequent Title IX and Equal Protection claims.

The court concluded that Butler did not satisfy the criteria to demonstrate a substantial likelihood of success on the merits of his Title IX or equal protection claims because he was not excluded from playing football on the “basis of sex” because the pregnancy exception allows a waiver “for reasons of pregnancy”- not for reasons of maternity or paternity. This ruling was consistent with *Johnson v. University of IA*, where the court held that a policy affording biological mothers six weeks of paid leave following the birth of a child and not allowing the same leave to biological fathers did not violate Title IX. Furthermore, the court determined that Butler would not suffer irreparable injury if he

did not receive the temporary restraining order because his financial aid package was not an athletic grant-in-aid and he could continue to attend KU. Butler's claim that he would lose the opportunity for a professional football career was speculative as shown by both *Colorado Seminary v. NCAA* where the courts concluded that the interest in future professional careers is speculative and not of constitutional dimension and *Bowers v. NCAA*, where the courts concluded that the damages for loss of potential future athletic career was too speculative to support a damages claim. Also, the balance of hardships weighed in the NCAA and KU's favor as a temporary restraining order could subject KU to sanctions under the restitution rule if the temporary restraining order was later vacated or reversed, competitive equity on the football field may have been adversely affected, an injunction could require KU to displace another football player to make room for Butler on the 105-member roster, and any harm to Butler could be rectified through money damages if he prevailed. Finally, the public interest would not be served by enjoining the NCAA and KU from infringing on plaintiff's right to equal protection as the low likelihood of success on Butler's constitutional claim greatly diminished any public interest in such an injunction, a temporary restraining order would harm the NCAA's ability to enforce its rules, allowing KU to have a player who exceeded his eligibility would harm the goal of ensuring a level playing field against schools which did not field such athletes, and it was in the public's interest to allow voluntary athletic associations to determine and enforce their rules without judicial interference as shown in *Shelton v. NCAA* when the courts found that it was not "judicial business" to tell NCAA how to formulate or enforce its rules (*Butler v. NCAA and KU*, 2006). Therefore, Butler's motion for a temporary restraining order and a preliminary injunction and a permanent injunction was overruled.

On the other hand, perhaps the decision in *Haffner v. Temple University* (1987) which held that spending less money on female sports was not an acceptable way of accomplishing the important governmental interest of using intercollegiate athletics to “secure favorable publicity and revenue” (as cited in Claussen, 2007, p.457) would relate. In this way, the courts must ask if 1) if protecting pregnant athletes’ health is an important government objective and 2) if denying participation to pregnant student-athletes versus medically disabled male athletes (whose scholarships are usually renewed) is an effective means of protecting their health. Therefore, if the courts held that the equal protection clause mandates that male and female athletes receive equal protection of Title IX as it applies to athletic participation, the scholarships of pregnant student-athletes should be renewed.

Contract Law

In 2005, Clemson female track athletes were forced to sign contracts (Appendix B) which ordered that they be dismissed from the team and that their scholarships not be renewed if they became pregnant (Rovegno, 2007). In the *Restatement (Second) of Contracts* (1981), legal scholars show that contract law is a matter of common law and that there are fundamental principles that should guide formulating, interpreting, and remedying contracts (Sharp, 2003). The staple of this document is the definition of a contract: “A promise, or set of promises, for breach of which the law gives a remedy, or the performance of which the law in some way recognizes a duty” (as cited in Sharp, 2003).

Intercollegiate athletic departments that make female athletes waive their athletic scholarships if they become pregnant through signing a contract break the law. In these situations, the definition of a contract must be applied: does the law provide the remedy of

nonparticipation for student-athletes who “breach” their contracts by becoming pregnant? No. Contracts like these lack legality because the “underlying transaction is not legal” (Sharp, 2003, p.386) based on the requirements of *Title IX* and equal protection in the treatment of pregnant student-athletes. Therefore, such contracts are “unenforceable” (Sharp, 2003, p.386) in all jurisdictions since it is illegal to make “female athletes to sign athletic contracts listing pregnancy as an infraction” (Monroe, 2007, p.1).

NCAA Rule Protection

Before the recent financial aid amendment, NCAA legislation only provided protection for student-athletes who sustained an injury. According to Article 15.3.2, institutions may only award scholarships on a one-year basis beginning July 1 which may be renewed in writing. Article 15.3.3.1.1 mandates that while an athletics department representative is able to recommend that the athlete’s financial aid be renewed for four years, no guarantee is available. Article 15.3.2.2 says that athletic scholarships cannot depend on a student-athlete’s physical condition, even if that condition prevents him or her from competing in intercollegiate athletics. Now, the reduction or cancellation of a scholarship is not permitted on the basis of a student’s: injury, illness, medical condition, ability to perform athletically, or any other athletic reason according to Article 15.3.4.3 (NCAA, 2008). However, based on Article 15.3.4, a student-athlete’s scholarship may be reduced or cancelled before July 1 if they: render himself/herself ineligible for competition; fraudulently represent any information on an application, letter of intent, or financial aid application; engage in serious misconduct warranting substantial disciplinary action; or voluntarily withdraw from a sport at any time for personal reasons. To do this, Article 15.3.2.4

mandates that the institution must notify the student-athlete in writing of an opportunity of a hearing to appeal the decision and the institution must not delegate the responsibility to anyone else. Finally, Article 14.2.1.3 allows for a sixth year of eligibility for female athletes who become pregnant. While NCAA legislation seems to protect student-athletes from losing their scholarships due to medical hardship, numerous institutions do not renew scholarships for student-athletes who become pregnant.

In response to media attention regarding the controversy surrounding pregnant student-athletes, the NCAA considered creating a policy that protected pregnant student-athletes' rights (Hosick, 2007). In September 2007, the Division I Academics/Eligibility/Compliance cabinet sponsored emergency legislation to amend the bylaws regarding financial aid for student-athletes diagnosed with a medical condition, illness, or injury (Hosick, 2007). However, the Division I Management Council defeated the motion to consider the proposal as an emergency (Athletic Business, 2007), but requested that the Board of Directors sponsor the legislation. Finally, at the 2008 NCAA Convention, the Board of Directors sponsored and passed the aforementioned amendment which prohibits student-athletes who become pregnant from losing their scholarship because of their condition. Moreover, in November 2008, the NCAA Committee on Women's Athletics (CWA) developed an educational "toolkit" that will help institutions protect and support its pregnant student-athletes (NCAA, 2008). This toolkit will be referred to further in chapter five.

Pregnancy policies

Elizabeth Sorensen, the Faculty Athletics Representative and professor of nursing at Wright State University, has made substantial progress in promoting a pregnancy policy for intercollegiate athletic departments. Dr. Sorensen created a policy (Appendix A) for Wright State which other schools such as Ohio University, SUNY at Birmingham, Sacred Heart University, University of Detroit Mercy, and University of Illinois at Chicago have mirrored in establishing policies of their own (Rainey, 2006). To date, Sorensen claims that 70 schools have student-athlete pregnancy policies (Athletic Business, 2007). Most of these pregnancy policies delineate a plan of action for female student-athletes that: encourages their healthy continued participation as long as possible with medical approval; counsels them to not automatically withdraw from their sport; protects scholarships to allow athletes time to make decisions; provides a neutral party for information on pregnancy options; plans for continued academic progress; and plans for the athlete's return to her sport after delivery if she desires (Sorensen, 2004).

Currently, a toolkit addressing NCAA pregnant and parenting student-athletes is being developed in response to an initiative spearheaded by the NCAA Committee on Women's Athletics in the summer of 2007. The toolkit, co-authored by Nancy Hogshead-Makar (a professor at the Florida Coastal School of Law and Title IX expert) and Dr. Elizabeth Sorensen is expected to be released in the spring of 2008 (Sweet, 2008). This toolkit will be distributed to all NCAA members and will address what the law and the NCAA requires in regard to student-athlete pregnancy and will provide "model policies" for institutions to adopt in order to remain compliant. The sections of the toolkit will: address why student-athlete pregnancy is an important issue; provide models and templates for

institutions to follow; identify the best person at institutions to develop and implement the toolkit; teach how to inform stakeholders about student-athlete pregnancy; answer frequently asked questions; and provide credible and informative references for institutions to investigate. All in all, the toolkit will be designed to “explain federal law, NCAA regulations, medical recommendations, and best policy practices” to institutions in regard to student-athlete pregnancy (Sweet, 2008).

While the NCAA did not adopt a specific “pregnancy policy” per se, the amended legislation protects pregnant student-athletes. This legislation will bring several benefits for member institutions and their female athletes. First and foremost, the amended legislation will protect institutions from violating *Title IX* by encouraging schools to create a set procedure to deal with pregnant athletes. While it is obvious that pregnant women have a physical limitation which prohibits them from competing after 14 weeks of gestation (Sorensen, 2004), this is a moot point according to *Title IX* which exists to ensure that male and female students are treated equally. This argument may be settled and *Title IX* may be enforced through the new legislation which ensures that pregnant female student-athletes, like male student-athletes, will not receive punishment for their “medical disability”.

CHAPTER III

METHODOLOGY

Methods

The institutional review board at University of North Carolina Chapel Hill reviewed and approved the proposal prior to the start of the study. The student-athlete rights survey was created by the research team and approved by athletic administrators and college professors at UNC-CH. All female student-athletes at four major DI-A (BCS) schools were invited to participate in the study. Paper and pencil surveys were administered at the four schools at the beginning of the 2008-09 athletic season immediately following student-athlete development meetings at each school. Only the primary investigator and the co-investigator were present to administer the surveys.

After the survey was administered at each study site, student-athlete participants were provided an informational resource sheet that informed them of student-athlete pregnancy rights according to Title IX and NCAA legislation. The handout also provided them with school-specific resources to use in the situation of unplanned pregnancy. The surveys were kept in a secure, locked location and only the primary and co-investigator had access to the completed surveys. Survey data was entered into the SPSS software.

Subjects

Female student-athletes between the ages of 18 and 24 at four DI-A college universities were the participants in this study.

Instrumentation

Surveys were the primary method of data collection for this study. The survey contained 20 questions and took approximately 10 minutes to complete (Appendix D). The questions ranged from gathering descriptive information (age, year in college, year of eligibility, grant-in-aid status) to personal information regarding the subject's sexual history (sexual orientation, sexual activity status, choice of birth control, pregnancy history and status) to questions asking about the subject's knowledge of her rights regarding pregnancy.

Data Reduction and Analysis

The data collected was analyzed utilizing Chi-square goodness of fit and crosstab procedures to determine if relationships existed between the participants' pregnancy decisions and outcomes to their knowledge of sexual health principles and pregnancy rights, respectively. Descriptive statistics were used to determine the demographic characteristics of the participants.

CHAPTER IV

RESULTS

Demographic Characteristics

Of the total 897 female student-athletes at the four NCAA DI-A institutions, 517 chose to participate in this study, giving a response rate of 57.6%. The greatest female student-athlete participation rate was from school 2 (40%), followed by school 1 (34%), school 4 (16%) and school 3 (10%). Thirty-six percent of the subjects were 18 years of age, 28% were 19 years, 18% were 20 years, 15% were 21 years, and 2% were 22 years of age. Subject participation was greatest among freshman (39%), followed by sophomores (27%), juniors (20%), and seniors (15%). The same trend followed for subject participation based on year of eligibility as the greatest percentage of first year female student-athletes participated in the study (43%), followed by second years (25%), third years (19%), fourth years (11%), and fifth years (2%).

More subjects received athletic grant-in-aid (66%) than those who did not (34%). Most of the study participants were on full (100%) athletic grant-in-aid (46%), followed by those on less than 25% athletic grant-in-aid (17%), those on between 25 and 49% athletic grant-in-aid (14%), those on between 50 and 74% athletic grant-in-aid (12%), and those on between 75 and 99% athletic grant-in-aid (12%). The majority of the subjects claimed heterosexual as their sexual orientation (96%) followed by those who reported that they were lesbian (2.2%), bisexual (1.6%), and other (.2%).

CHAPTER V

CONCLUSIONS & RECOMMENDATIONS

Summary

The purpose of this study was three-fold. The first purpose was to determine prevalence of student-athlete pregnancy among NCAA DI-A institutions. The second purpose was to determine knowledge of rights provided by Title IX, NCAA legislation, and/or university policies in collegiate female athletes enrolled at NCAA DI-A institutions regarding pregnancy. The third purpose of this study was to gain insight into the student-athlete's decision making process as well as the relationship of pregnancy outcome to knowledge of personal rights. To date, no other studies have examined pregnancy amongst collegiate athletes. Using a pilot survey created by the researchers, this study successfully fulfilled the three aforementioned purposes.

The study sample was representative of female college athletes competing at the NCAA DI-A level. There was a variety of age, year of eligibility, athletic grant-in-aid status, level of sexual activity, and birth control usage amongst study participants. One statistic that was not varied among study participants was sexual orientation. When analyzing the results of this study, it is important to remember that a major limitation was the sensitivity of the subject matter and thus so was the study participants' willingness to answer sensitive questions truthfully (or at all). However, even with this limitation, the study produced

reliable, valid, and informative results that may assist athletic administrators better serve their female student-athletes.

Pregnancy Prevalence

It was determined that 7 out of 517 (1.4%) possible female student athletes had been pregnant prior to or during the course of this study. This statistic is not significant; however, it is unknown whether the remaining 13 subjects (2.5%) had been pregnant since they did not answer the question. Moreover, statistical significance in this situation may not be equivalent to practical significance in the eyes of college athletics administrators. For example, when four athletic directors agreed to participate in this study, each made the comment that having just one pregnant student athlete at their institution automatically made pregnancy an issue that needed to be addressed. It is interesting to note that of the 295 female student-athletes (58% of all study participants) who reported that they were sexually active, 31% responded that they did not use birth control to prevent pregnancy. This is a relatively large amount of female student athletes who reported that they had and/or were having unprotected sex and may be an issue that needs attention to ensure that student-athlete pregnancy prevalence does not increase.

Pregnancy Decisions

While a small percentage of the study sample had to make actual pregnancy decisions, the hypothetical questions on the survey made it possible to determine what choices the majority of the study participants would make regarding pregnancy. For the actual pregnancy outcomes, 4 out of the 7 subjects (57%) reported that they had abortions,

while the remaining 3 subjects (43%) did not respond to the question. This result leads one to wonder if any one of the three remaining subjects actually gave birth to their children and returned to collegiate competition. While the hypothetical pregnancy decisions were fairly evenly distributed, more female student-athletes responded that they would rather keep their pregnancies (53%) than terminate their pregnancies (47%). Naturally, these responses can not be treated as actual decisions due to the inability of knowing what the study participants would actually do if they became pregnant. This point was alluded to when 6% of the study sample responded that because they had never been pregnant, they had no idea what they would do in a pregnancy situation. Moreover, it is important to note that 36% of the study participants did not respond to the question (nor did they give a rationale) which leaves one to wonder which decision the majority would choose if all of the study participants responded.

Study participants' rationales for their respective pregnancy decisions provides insight into what female student-athletes believe about pregnancy and their rights as NCAA DI-A student-athletes. For those participants who hypothetically chose to keep their pregnancies, the top three rationales (personal belief, religion, and responsibility) were self-sufficient (and in many cases, enthusiastic) responses which suggested that they were prepared to give birth to their children no matter the circumstances. For the student-athletes who responded that they would likely terminate their pregnancies, many of the rationales were situations that could change with time, even while still being a student-athlete (eg. too young or not ready yet, not able to support a child, and not wanting a baby). This point is further illustrated by responses from older study participants who responded that they would

keep their pregnancies because they were nearing their end of their athletic career and were in a better position to raise children.

Several troubling responses from study participants who said that they would terminate their pregnancies were that they could not have a baby because they were concerned about ending their college athletics career, did not want to hinder future goals and aspirations, and did not want to interfere with their college education. These responses may be unjustified and perhaps reversed if such female student-athletes are educated about their rights and ability to return to college sports without losing athletic grant-in-aid (as many female student-athletes have done in the past) if they become pregnant.

Finally, pregnancy decision rationales were sparse for the seven female student-athletes who disclosed their past pregnancies. However, the fact that the top two reasons for concealing their pregnancies were because they were afraid to both lose their scholarship and be suspended from the team is unfounded. It is expected that pregnant student athletes will have fears, but being afraid of unlawful discrimination should not be one of them. This apprehension may be remedied by the efforts of athletic administrators to properly educate their female student-athletes about Title IX and NCAA legislation that protects pregnant student athletes.

When asked what they would do if they suspected if they were pregnant, going to a resource provided by the athletic department was ranked sixth, seventh, and eighth among eight possible choices. Study participants even chose going to a doctor outside of the athletic department (46%) more often than choosing to see the team doctor (14%). This statistic suggests that female student athletes may sacrifice money and convenience in exchange for what they believe will be greater confidentiality. This same trend was found for choice of

pregnancy confidants (in actual and hypothetical situations), as study participants chose resources outside of the athletic department more often than team resources when asked who they would turn to for help if they became pregnant. Athletic administrators may want to become aware of this fear and thus take action to assure their athletes that one, team doctors are bound by the same doctor-patient confidentiality laws as doctors who are not affiliated with the athletic department and two, that pregnant student athletes cannot and will not be discriminated against on the basis of a medical condition.

Pregnancy Knowledge

The third purpose of this study was to determine what female-student athletes know regarding their pregnancy rights. Overall, it is determined that female student-athletes need more education about what the law and NCAA legislation requires in regard to student-athlete pregnancy. More study participants believed that they would be released from the team, lose their eligibility to compete, and be treated differently by their coaches and teammates if they became pregnant than those who believed the opposite. These three responses are unwarranted based on current NCAA legislation and Title IX requirements. To reiterate, Title IX explicitly prohibits all educational institutions receiving federal funding from discriminating on the basis of pregnancy specifically as 34 C.F.R. §106.40(b)(1) states:

[a] recipient shall not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such student's pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, unless the student requests voluntarily to participate in a separate portion of the program or activity of the recipient.

Moreover, study participants also responded that they would expect to lose their

athletic scholarships (49.5%) and not return to their teams (27%) if they became pregnant.

While a larger percentage of student-athletes responded correctly to these two questions than the three aforementioned questions, the fact that any of the study participants responded this way might necessitate further education on these points. Specifically, female student-athletes need to be informed that Title IX regulations specify that schools cannot alter their financial assistance on the basis of pregnancy:

Recipients shall not apply any rule or assist in application of any rule concerning eligibility for such assistance which treats persons of one sex differently from persons of the other sex with regard to marital or parental status. (34 C.F.R. §106.37(a)(3)).

A fair majority of the study participants (82%) responded that they would expect to remain in school if they became pregnant. This was a positive result from the study; however, this response does not provide much insight into what the study participant believes about their pregnancy rights as a student-*athlete*.

When asked directly if they were aware of their pregnancy rights as NCAA female student-athletes, the majority responded that they were not aware of any legal rights. However, for those who were aware of their rights, most participants responded that they had received such information from their athletic department. This is a positive result; however, more needs to be done on the part of athletics administrators to ensure that the majority of female student-athletes *are* aware of their rights regarding pregnancy. While it is not as important that female student-athletes know where their rights come from versus what their rights are, only 3% of the study participants knew that Title IX provided protection to pregnant student-athletes. Title IX not only has implications for female student-athletes regarding pregnancy, it covers over all sexual discrimination in collegiate institutions. Athletic administrators might want to educate all of their student athletes (male and female)

about Title IX as it has had such a huge impact on college athletics and on the history of women's participation in sport as a whole.

The same trend followed for questions about NCAA rights as legal rights. A large majority (84%) of study participants responded that they were not aware of any NCAA rules regarding pregnancy. However, those who were aware of such rules knew exactly what the rules mandated – namely, that female student-athlete cannot be discriminated against on the basis of pregnancy. The study participants who were aware of NCAA rules knew that their athletic scholarship could not be revoked and that they would gain an extra year of eligibility if they became pregnant. This result shows that when educated, female student-athletes remember what NCAA legislation requires and it is important to them. As it is with numerous other NCAA requirements that affect student-athletes on a daily basis (thus necessitating that they are educated about such rules), female student-athletes must be educated about NCAA legislation that prevents them from being discriminated against on the basis of pregnancy.

Relationship of Pregnancy Outcome to Knowledge of Rights

Results from this study did not support a clear relationship between female student-athlete pregnancy knowledge and hypothetical pregnancy decision. In other words, even if a female student athlete was well aware of their protection under Title IX and NCAA pregnancy legislation from losing their athletic scholarship or being discriminated against by her coach, she still may decide to terminate her pregnancy. Confounding variables such as personal beliefs, other fears unrelated to athletics, culture, background, and other unknown

factors must also play a role in the female student athlete's decision making process regarding pregnancy.

While chi square tests found some relationships between student athlete knowledge variables and hypothetical pregnancy decision to be significant, these findings were not consistent across the board. Significant results were produced when there was a large difference between the number of study participants who chose to terminate or continue their pregnancies, combined with a large difference between the number of study participants who did or did not know about their pregnancy rights respectively (eg. NCAA rule awareness, athletic scholarship loss, return to team without being treated differently, legal rights and law awareness). In each of these cases, the significant findings highlighted an illogical relationship – namely, that the less a student athlete knew, the more likely they were to continue their pregnancies. These results were affected by a low response rate to many of the knowledge-based questions, the hypothetical nature of the pregnancy decision question (as no study participant could really say what they would do until faced with a real pregnancy), and the fact that just a larger percentage of study participants chose to continue their pregnancies (see Figure 6). Therefore, no concrete conclusions can be made about the relationship between student-athlete knowledge of rights and hypothetical pregnancy decision.

Recommendations

1. Educate athletic administrators and coaches about student-athlete pregnancy.

This study identified clear gaps in student-athletes' knowledge of their pregnancy rights. To be precise, the largest gaps in knowledge were found in study participants' beliefs that

they would be released from the team, lose their eligibility to compete, and be treated differently by their coaches and teammates if they became pregnant. Moreover, the majority of study participants were not aware of Title IX or NCAA legislation that addresses pregnancy.

In order for student-athletes to become educated about pregnancy legislation, their mentors and authority figures must first be educated. Therefore, a suggestion would be to set up a short student-athlete pregnancy workshop for collegiate athletic administrators and coaches to attend either at the national (NCAA convention), conference (biannual conferences), or institutional (monthly coaches meetings) level. This workshop could be orchestrated in a precise and non time consuming fashion so that the leaders in college athletics are well informed of what Title IX and NCAA legislation requires in regard to student-athlete pregnancy.

After athletic administrators and coaches are educated, however, a system of accountability and transparency must be implemented to insure that everyone is abiding by the law. In some aforementioned cases, coaches were fully aware that they were discriminating against their female student-athletes on the basis of pregnancy, yet they continued to treat them poorly and even cut them from their respective teams. While it may be frustrating to have a star athlete sit out a year because they become pregnant, this frustration should not and cannot merit the maltreatment of student-athletes. Therefore, athletic directors should ensure the protection of their student-athletes by monitoring and holding coaches accountable for their actions.

2. Educate male and female student-athletes about student-athlete pregnancy.

After educating collegiate athletics administrators and coaches about student-athlete pregnancy, student-athletes must be educated. A positive result from this study was that the study participants who were aware of NCAA rules regarding pregnancy knew that their athletic scholarships could not be revoked and that they would gain an extra year of eligibility if they became pregnant. This result shows that when educated, female student-athletes remember what NCAA legislation requires and it is important to them. Student-athletes are apt to remember the laws and rules that directly affect them. Just as they remember the “20-hour rule” which mandates that they cannot practice for more than 20 hours per week, female student athletes will remember a rule that can directly affect them and their teammates. Therefore, a suggestion would be to hold short team meetings which clearly identify that a female student-athlete cannot be cut from her team, lose her athletic scholarship, or be treated differently by her coaches if she becomes pregnant. Moreover, it should be emphasized that if she does become pregnant, a female-student athlete will gain an extra year of eligibility to compete for her institution. The language in these meetings should be kept plain and simple and any legal and/or NCAA bylaw jargon should be avoided. If this information is presented in the correct way as outlined, female student-athletes will remember what they are taught regarding student-athlete pregnancy.

3. Provide confidential and reliable resources for student-athletes to access for medically-related issues.

To reiterate, NCAA legislation which was amended in December 2007 reads:

The reduction or cancellation of a scholarship is not permitted on the basis of a student's: injury, illness, medical condition, ability to perform athletically, or any other athletic reason (NCAA Bylaw 15.3.4.3, 2008).

In this amendment, the NCAA added illness and medical condition to injury, ability to perform athletically, and other athletic reasons as bases for which athletic scholarships cannot be revoked. Pregnancy falls under the larger umbrella of "medical conditions". In order to best serve both male and female student-athletes, athletic administrators should inform them of reputable places where they can go if they have any medical conditions that they do not feel comfortable sharing with athletics personnel. While, in normal circumstances, student-athletes may be contented about going to athletic trainers or doctors, results from this study show that in pregnancy situations specifically, female student-athletes would rather go to resources outside of the University for professional medical advice. So as not to encourage this behavior but rather to accommodate that which will occur, athletic administrators should provide their student-athletes with a list of reliable references that are not affiliated with the University or the athletic department that student-athletes may access for medical assistance. These resources should both be informed that they are on the athletic department's reference list and be prepared to deal with student-athletes in a confidential and professional manner. If this process is performed successfully, athletic administrators may rest assured that if their student-athletes choose not to go to athletic trainers or doctors, at least they are not going to unlicensed or disreputable locations for medical help.

Following the completion of this study, the NCAA released a webpage that is dedicated solely to student-athlete pregnancy (NCAA, 2008). This webpage, which is titled "Pregnant and Parenting Student-Athletes: Resources and Model Policies" and can be accessed at <http://www.ncaa.org/wps/ncaa?ContentID=39941>, provides the public with resources, policy

models and best practices, medical resources, news, NCAA articles, and affiliate articles about student-athlete pregnancy. As a result of the CWA's effort to create this resource in the summer of 2007, the webpage was launched on November 14th, 2008. This is a great resource for athletic administrators to access for presenting information about pregnancy to their student-athletes. However, this resource should not be relied upon by athletic administrators to directly educate student-athletes about pregnancy. It is highly improbable that many student athletes will take the effort to seek out this information on ncaa.com or remember all of the information that the toolkit provides. To reiterate, every measure should be taken by athletic administrators to not inundate their student-athletes, who have packed schedules and many pressures and stresses of their own, with information that they will not understand nor remember.

Further Research

1. Male student-athletes who become fathers.

While this study focused on student-athlete pregnancy from a female perspective, another area that still needs investigation is male student-athletes who become fathers. Currently, no NCAA legislation exists which permits a male student-athlete to gain an extra year of eligibility if they father a child. This controversy was highlighted in the *Butler v. NCAA* case as the courts decided that Butler did not satisfy the criteria to demonstrate a substantial likelihood of success on the merits of his Title IX or equal protection claims because he was not excluded from playing football on the "basis of sex" because the pregnancy exception allows a waiver "for reasons of pregnancy"- not for reasons of maternity or paternity (*Butler v. NCAA and KU*, 2006). If a male-student athlete impregnates a female student-athlete, is it

philosophically just to allow the female sit out a year (assuming that she decides to continue the pregnancy) and not give the father any time off? Moreover, since female student-athletes have the greater physical burden of pregnancy, what consequences do the males have to face (or fear) when they make the same decision as the female to have sex? Perhaps giving a male student-athlete more flexibility to be with their child and the mother of his child will help decrease the prevalence of young single mothers who receive no support from fathers and it may encourage young male student-athletes to be more responsible with both their decision to have sex and the consequences that may result from that decision.

2. Sexual activity and birth control patterns of student-athletes.

This study revealed some troubling statistics for female student athletes who are sexually active. First, the majority of the subjects in this study were sexually active. Despite the obvious risk of unplanned pregnancy, the prevalence of sexually transmitted diseases (STDs) is higher now than it has ever been – especially on college campuses (CDC, 2006). According to Health Services at Columbia University in 2005, 20-25 percent of college students across the country have either been infected with an STD or transmitted an STD to their sexual partners (Dama, 2005). Additionally, two thirds of all individuals with STDs are under the age of 25 (Dama, 2005).

With this being said, the result from this study that fifty-eight percent of the study participants were sexually active is a statistic that deserves attention. Moreover, of the 295 subjects who reported that they were sexually active, 31% responded that they did not use birth control to prevent pregnancy. Athletic administrators should pay attention to the sexual activity patterns of their student-athletes as the consequences of such actions may cause them to be physically, mentally, and/or emotionally unable to compete in collegiate athletics.

While athletic administrators and coaches cannot prevent student-athletes from having sex, they can provide them with up-to-date and relevant sexual education that may assist them to make the right decisions when considering sex.

3. Survey Improvements.

The pilot survey used in this study produced both valid reliable results. However, there are some improvements that could be made to the survey to make it even more able to produce the pregnancy prevalence and knowledge of rights among female student-athletes. The first suggestion would be to ask the study participants if they knew another female student-athlete who had been pregnant. A limitation to this study, as mentioned previously, was the sensitivity that the study participants might feel about answering personal pregnancy and sexual activity questions. If a question was asked about a “friend”, perhaps the survey would produce more accurate pregnancy prevalence statistics since the question is not as personal as asking the same question of the study participant. If the participant answered “yes” to this question, the survey would continue to ask what actions the friend took and who else she told about the pregnancy. This way, more accurate results would be produced regarding pregnancy decisions.

The second suggestion for the survey would be to add a “no one” option to number 12 on the existing survey which would give the study participant the chance to respond that she would not seek any help if she became pregnant. Following this question, a hypothetical question about the reasons why the study participant would keep her pregnancy a secret would be added to the survey. This hypothetical question would be much like the existing number 19D on the survey, which asks the same question of the females who were actually

pregnant. If these two changes were made, the survey would provide more information on the female student-athletes' decision making processes regarding pregnancy.

APPENDICES

APPENDIX A – WRIGHT STATE UNIVERSITY PREGNANCY POLICY

Statement for 2007-08 Wright State University Student-athlete Handbook

New Last Paragraph approved by Athletics Council September 29, 2006

“Student-Athletes and Pregnancy

What to do if you become pregnant: As soon as you learn that you are pregnant, we encourage you to tell your coach and athletic trainers, as well as your personal physician, your religious advisor, family members, and others important to you. At Wright State University, we want to protect your physical and psychological health, and the health of your fetus. We also want to protect your scholarship. Do not immediately assume that you must withdraw from your sport. We recognize that a student-athlete’s pregnancy is often a crisis event. We want to give you time and help in considering your options.

What happens to your scholarship: If you are pregnant and you tell your coach or athletic trainer, and you do not voluntarily withdraw from your sport, then your scholarship will remain in place for the remainder of the granting year, July 1-June 30.

Who can help you: Your coach or athletic trainer will encourage you to seek help and advice from “neutral parties” outside the Department of Athletics. These may include representatives of the Boonshoft School of Medicine, the College of Nursing and Health, the College of Education and Human Services, the Frederick A. White Health Center, clergy, the Counseling and Wellness Services Center, the Women’s Center, your team physician, or others. Some specific individuals who can help you are:

College of Nursing and Health	Dr. Elizabeth Sorensen*	775-2519
College of Education and Human Services	Dr. Stephen Fortson*	775-2075
Frederick A White Student Health Center	Ms. Wendy McGonigal	775-3996
Women’s Center	Ms. Amber Vlasnik	775-4524
Counseling and Wellness Services	Dr. Robert A. Rando	775-3409
Team Physician	Dr. Corey Ellis	775-2552

*NCAA Faculty Athletic Representatives

Can you continue training and competing: If you decide to remain pregnant and wish to continue in your sport, we will form a decision-support team that consists of you, your coach, athletic trainer, healthcare professional(s), and others as appropriate. Depending on your sport and with your healthcare professional’s approval, you may be able to continue training and competing up to your 14th week of pregnancy. The decision-support team will provide mandatory monitoring of your health and academic progress, and will assist you in your return to competition if that is your desire.

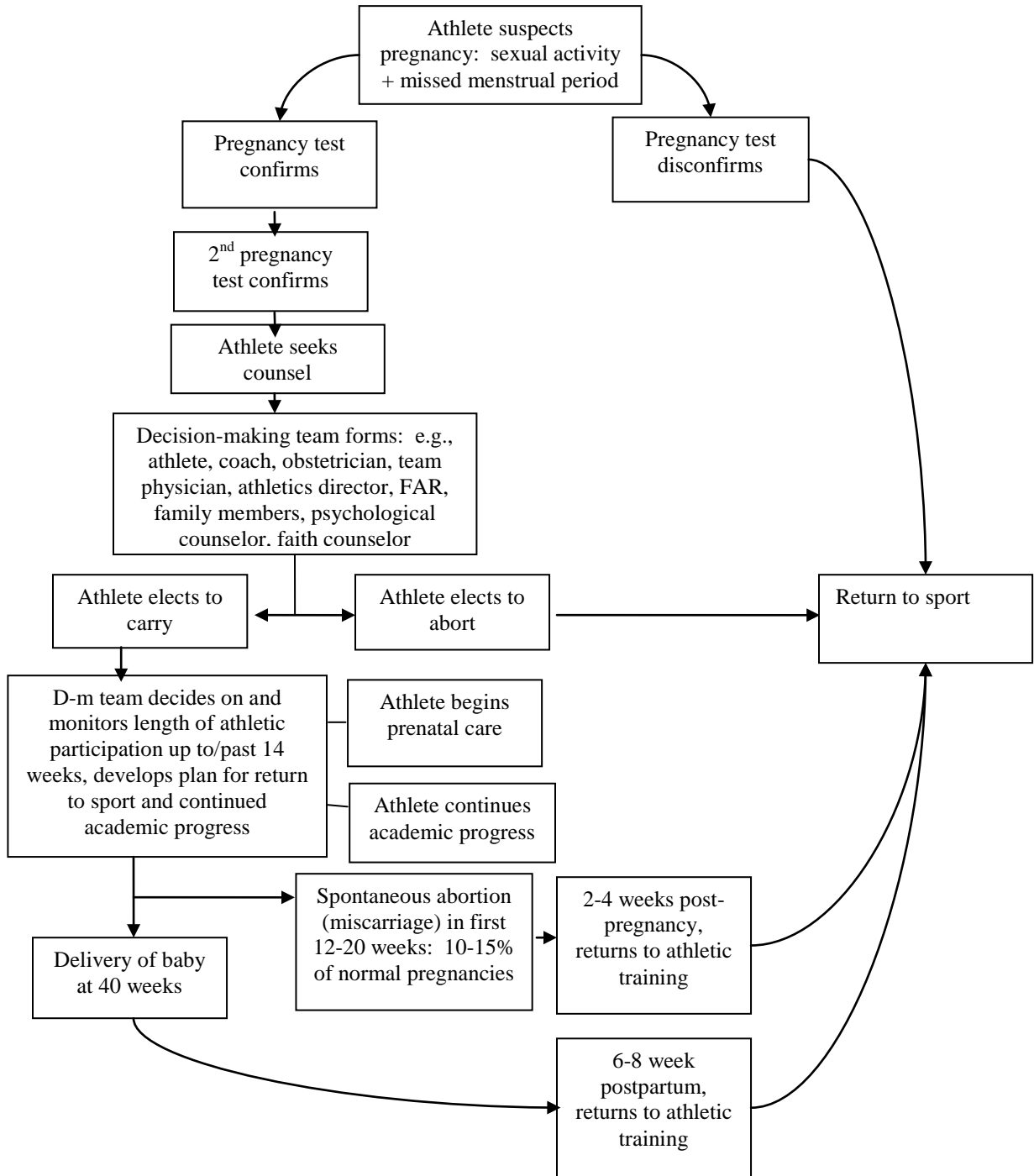
What is covered by your insurance: You will need a referral from the Frederick A. White Student Health Center for any action you take regarding your pregnancy. If you become pregnant while covered by Student Health Insurance, the insurance will cover your pregnancy. You should contact the Insurance Benefits Coordinator (Ms. Marsha Jones or Ms. Joyce Smith, both at 775-2552).

What if you’re a male athlete whose partner becomes pregnant: Obviously, you won’t be affected by physical changes associated with pregnancy; however, you may suffer psychological stress, have concern about the health of your pregnant partner and her fetus, and question your readiness for fatherhood and the personal and financial obligations you face. In any of these circumstances, we encourage you to discuss them with your partner and, whether she is a student-athlete or not, join her in assembling a decision-support team as outlined and recommended above in this policy.

Information about pregnancy is also available at www.wright.edu/students/pregnancy. ”

APPENDIX B –STUDENT-ATHLETE PREGNANCY FLOW CHART

(Sorenson, 2004)



APPENDIX C – SURVEY INSTRUCTIONS

Student Athlete Rights Study Information and Instructions

You are being asked to participate in a research study to determine what female student-athletes know about their rights as student athletes regarding pregnancy. This research is important because it will help us assist athletics administrators in creating educational tools and programming to insure that student-athletes are well informed about their rights and can easily access resources if ever faced with an unplanned pregnancy.

In a few minutes we will be distributing a survey with 20 questions that should take you about 10 minutes to complete. The survey does include questions about your personal sexual activity. Please be assured that this information is completely anonymous and confidential. We do not ask you for any information that could identify you individually. No one other than the researchers will have access to the surveys, and survey data will only be reported collectively as a group.

We understand that questions about sexual activity and pregnancy may make you uncomfortable. We hope that you will be honest and truthful with your answers. However, your participation in this study is completely voluntary. You may choose not to participate and can discontinue your participation at any time without penalty. You may hand in a blank questionnaire. You may choose to not answer any question(s) you do not wish to for any reason.

You will both directly and indirectly benefit from participation in this study. Once you have completed the survey, we will provide you with a resource handout that fully explains what your rights are under NCAA rules and Federal law. You may indirectly benefit from this study because the information you provide will be used to advise athletics administrators how to best inform student-athletes about their rights, and will help develop resources to be used by student-athletes. We hope that the results of this study will shed light on a very real issue that has never been fully addressed among college athletics administrators. Potentially, your participation in this study will help female student-athletes throughout the United States who might experience an unplanned pregnancy make informed decisions without the unnecessary fears that usually accompany this situation.

In order to protect your confidentiality, a number and not your name will appear on all of the information recorded during the experiment. All study information will be kept in a locked filing cabinet in an office at the University of North Carolina in the Smith Building for as long as they are scientifically useful and then destroyed. No one but the principal investigator of the study and her student assistant will see your individual information collected. Again, we assure you that no one from the athletics department will ever see your completed survey – complete confidentiality and anonymity will be maintained throughout the study.

If you have any questions or concerns regarding this study at any time, please contact me, Barbara Osborne, Department of Exercise and Sport Science at 919-962-5173. If you have questions about your rights as a human participant in research, please call the Office of Human Research Ethics at 919-966-5883.

If you agree to participate in this study, please try to answer every question truthfully and to the best of your knowledge. Be sure to read each question thoroughly before you answer. Also make sure to read the specific directions that appear on the survey between questions. The survey should take you 10 minutes to complete. When you are done with the survey, please bring it up to the front and return to your seat for a quick educational session that will begin after everyone finishes their surveys. Thank you for your participation. You may turn the page and begin.

APPENDIX D – SURVEY & INFORMATION SHEET

Student Athlete Survey

1. **Age:** 18 19 20 21 22 23 other _____
2. **Year in college:** Freshman Sophomore Junior Senior
3. **Current year of eligibility:** 1 2 3 4 5
4. **Are you receiving athletics related grant-in-aid (an athletics scholarship)?**

 Yes No
- 4b. **If you receive athletics related grant in aid (an athletics scholarship), please identify the level of financial support:**

 ___ Less than 25% of total cost of attendance
 ___ 25-49% of total cost of attendance
 ___ 50-74% of total cost of attendance
 ___ 75%-99% of total cost of attendance
 ___ 100% full athletics scholarship
5. **To the best of your knowledge, would you:**
 - a. **Expect to be released, suspended or cut from your team if you became pregnant?**

 Yes No
 - b. **Expect to lose your athletics scholarship if you became pregnant?**

 Yes No
 - c. **Expect to drop out of school if you became pregnant?**

 Yes No
 - d. **Expect to lose a year of eligibility if you became pregnant?**

 Yes No
6. **To the best of your knowledge, IF you are or were to become pregnant and chose to continue the pregnancy through the birth of the child:**
 - a. **Would you be able to return to the team?**

Yes No

- b. **Would your return to the team be as if you had never been pregnant (eg. You would not be treated any differently)?**

Yes No

7. **Do you believe that you, as a student-athlete, have any legal rights if you are or were to become pregnant?**

Yes No

If no, skip ahead to question 9.

8. **If yes, how did you become aware of these legal rights? (check all that apply)**

<input type="checkbox"/> Compliance meeting/emails	<input type="checkbox"/> Friend (that is NOT a teammate)
<input type="checkbox"/> Coach(es)	<input type="checkbox"/> Internet (if so, what site?)
<input type="checkbox"/> Athletic Trainer(s)	<input type="checkbox"/> Newspaper (if so, what paper?)
<input type="checkbox"/> Athletics Administrator(s)	<input type="checkbox"/> Magazine (if so, what publication?)
<input type="checkbox"/> Teammate(s)	<input type="checkbox"/> TV (if so, what show?)
<input type="checkbox"/> Other (please identify)	

- 8b. **If yes, can you name the law(s) that protects your rights as a student-athlete if you are or were to become pregnant?**

9. **Are you aware of any NCAA rules that address the issue of student-athlete pregnancy?**

Yes No

If no, skip ahead to question 10.

- 9b. **If yes, in your own words, please explain what the NCAA rule says:**

10. **Have you ever received information from the athletics department that instructs you what to do if you suspect or discover that you are pregnant?**

Yes No

If no, skip ahead to question 11 on the next page.

10b. If yes, where did you get the information from? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> NCAA Sports Medicine Handbook | <input type="checkbox"/> Campus Health |
| <input type="checkbox"/> NCAA Division I Manual | <input type="checkbox"/> Athletics Trainers |
| <input type="checkbox"/> Title IX Literature | <input type="checkbox"/> Athletics Doctors |
| <input type="checkbox"/> Planned Parenthood | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Nearby Hospital | |

11. Hypothetically, if you *suspected* that you were pregnant, what would you likely do? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Use a home pregnancy test to verify | <input type="checkbox"/> Contact your parent(s) |
| <input type="checkbox"/> Contact the team physician | <input type="checkbox"/> Go to a women's health clinic |
| <input type="checkbox"/> Contact the team athletic trainer | <input type="checkbox"/> Go to student health |
| <input type="checkbox"/> Contact the coach | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Go to a doctor NOT affiliated with your school or athletics department | |

12. Hypothetically, if it were *confirmed* that you were pregnant, who would you likely turn to for help or advice? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Team physician | <input type="checkbox"/> Friend (that is NOT a teammate) |
| <input type="checkbox"/> Athletic trainer | <input type="checkbox"/> Parent(s) |
| <input type="checkbox"/> Head coach | <input type="checkbox"/> Teammate |
| <input type="checkbox"/> Assistant coach | <input type="checkbox"/> The sexual partner that is likely the father |
| <input type="checkbox"/> Other (please explain) | |

13. Hypothetically, if it were *confirmed* that you were pregnant, would you choose to:

- Terminate the pregnancy (abortion)
 Continue the pregnancy

13b. Please explain your reason(s) for your choice in the above question:

14. Please identify your sexual orientation:

Heterosexual Bisexual Lesbian Other_____

15. Are you sexually active (defined as having engaged in vaginal intercourse)?

Yes No

15b. If you are sexually active, do you use birth control to prevent pregnancy?

Yes No

15c. If you are NOT sexually active, do you use hormone therapy/birth control for reasons other than to prevent pregnancy?

Yes No

16. If you use birth control, what type of birth control do you use? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Diaphragm | <input type="checkbox"/> NuvaRing |
| <input type="checkbox"/> Cervical Cap | <input type="checkbox"/> Hormone shots |
| <input type="checkbox"/> Male Condom | <input type="checkbox"/> Hormone implants |
| <input type="checkbox"/> Pill | <input type="checkbox"/> Intrauterine device (IUD) |
| <input type="checkbox"/> Patch | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Intrauterine device (IUD) with hormone | <input type="checkbox"/> Other (please specify) |

17. What type of birth control method do you use most often? (check only 1)

- | | |
|---|--|
| <input type="checkbox"/> Diaphragm | <input type="checkbox"/> NuvaRing |
| <input type="checkbox"/> Cervical Cap | <input type="checkbox"/> Hormone shots |
| <input type="checkbox"/> Male Condom | <input type="checkbox"/> Hormone implants |
| <input type="checkbox"/> Pill | <input type="checkbox"/> Intrauterine device (IUD) |
| <input type="checkbox"/> Patch | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Intrauterine device (IUD) with hormone | <input type="checkbox"/> Other (please specify) |

18. What do you consider to be the most effective type of birth control? (check only 1)

- | | |
|---|--|
| <input type="checkbox"/> Diaphragm | <input type="checkbox"/> NuvaRing |
| <input type="checkbox"/> Cervical Cap | <input type="checkbox"/> Hormone shots |
| <input type="checkbox"/> Male Condom | <input type="checkbox"/> Hormone implants |
| <input type="checkbox"/> Pill | <input type="checkbox"/> Intrauterine device (IUD) |
| <input type="checkbox"/> Patch | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Intrauterine device (IUD) with hormone | <input type="checkbox"/> Other (please specify) |

19. Have you ever been pregnant?

Yes No

If YES, please go to the next question.

If NO, please skip to question 20 on the next page.

19b. Have you ever been pregnant during your collegiate athletic career?

Yes No

19c. If yes, how did your pregnancy end?

- Live birth
- Abortion
- Miscarriage
- Non-Viable Birth (“Still Birth”)

19d. If you kept your pregnancy a secret, what were your reasons? (check all that apply)

- Fear of losing scholarship
- Fear of being suspended/cut/released from team
- Fear of being treated differently by coaches
- Fear of being treated differently by teammates
- Fear of parents’ discovery/reaction
- Fear of overall perception by others
- No intention of keeping the pregnancy
- Other (please specify)

19e. Who, if anyone, did you tell about your pregnancy? (check all that apply)

- Compliance personnel
- Team Coach(es)
- Strength Coach(es)
- Athletic Trainer(s)
- Athletics Administrator(s)
- Other (please specify)
- Teammate(s)
- Friend (that is NOT a teammate)
- Academic Advisor(s)
- CHAMPS/Life Skills Coordinator
- No One

20. If there is anything that we have not asked that you think would be helpful for college or university athletics administrators or coaches to know regarding student-athletes, sexual activity, and pregnancy, please feel free to include it here or on the back of the survey:

If, after taking this survey, you experience intense sadness or emotional distress, please contact UNC Campus Health at 919-966-2281.

Thank you for your participation in our survey. The following information is provided to inform you of your rights and resources if you ever suspect that you might be pregnant.

Student-Athlete Rights Related to Pregnancy

NCAA Rules

Bylaw 15.3.4.3

*Financial aid based in any degree on athletics ability may **not** be increased, decreased, or cancelled during the period of its award because of an illness, medical condition, or injury that prevents the recipient from participating in athletics.*

- **Pregnancy is considered a medical condition covered by this bylaw. Your athletics grant-in-aid (scholarship) cannot be increased, decreased, or cancelled during the school year that it is awarded because of pregnancy, whether you miss training or competition due to abortion, miscarriage, or full-term pregnancy.**

Bylaw 14.2.1.3

Female athlete may receive a sixth year of eligibility (assuming she takes a fifth year) if she becomes pregnant.

- **When you matriculate at an NCAA school, you have five years (10 semesters) of eligibility to complete four (4) seasons of competitive eligibility. If you miss a season of eligibility due to pregnancy and/or childbirth, you automatically are eligible for an additional year (2 semesters).**

Title IX of the Education Amendments of 1972

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. (20 U.S.C. §1681)

- **Title IX protects not just female athletes, but all students (male and female) at schools that receive federal funding (which is MOST schools-even private) from being discriminated against because of their gender.**

A recipient shall not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such student's pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, UNLESS the student requests voluntarily to participate in a separate portion of the program or activity of the recipient. 34 C.F.R. §106.40(b)(1)

- **This Title IX Regulation specifically addresses pregnancy. Schools may not treat pregnant female students differently than other students. However, the Regulation does not provide protection under Title IX if the student-athlete voluntarily withdraws from her sport. It is important for female student athletes to know their rights before they make the decision to voluntarily leave their team if they become pregnant. You cannot**

be forced to leave the team or kicked off the team. However, if you voluntarily leave the team, you do forfeit any benefits, such as an athletics scholarship.

Recipients shall not apply any rule or assist in application of any rule concerning eligibility for such assistance which treats persons of one sex differently from persons of the other sex with regard to marital or parental status. (34 C.F.R. §106.37(a)(3))

- **Schools may not create rules that treat pregnant students, students that are parents, or married students differently than the rest of the student population. You cannot lose your place on a team or your athletics scholarship because anyone thinks you will be distracted by parenting.**

*Subjecting only students of one sex to additional or different requirements, such as requiring **female athletes to sign athletic contracts listing pregnancy as an infraction**, or excluding students from participating in a recipient's program or activity, including extracurricular activities and athletics, **on the basis of the student's pregnancy or a related condition is also prohibited under Title IX.***
(Monroe, 2007, p.1)

- **This clarification from the US Department of Education explains to schools that female student athletes cannot be forced to sign away their rights. There have been instances when female student athletes were forced to sign contracts which indicated that they would be released from the team and lose their athletics scholarships if they became pregnant. This is illegal under Federal Law, and these contracts are unenforceable.**

Resources

Pregnancy is a serious medical condition. As such, your athletic trainer or other medical professional is the best, CONFIDENTIAL resource. They will also be able to provide a list of other helpful resources to support your physical and mental health.

APPENDIX E – LETTER TO INSTITUTIONAL SENIOR WOMEN ADMINISTRATORS

DATE

Dear SWA

We are writing to request your assistance in an exciting research study being conducted through the graduate program in sport administration at the University of North Carolina at Chapel Hill. The title of the study is “Pregnancy prevalence, outcomes and knowledge of rights for NCAA Division I female student-athletes.”

In the past year there has been significant media coverage of student athletes who either concealed or felt forced to terminate their pregnancies in order to retain their athletics grant in aid. NCAA legislation that becomes effective in August 2008 will require member institutions to adhere to long-established, but apparently little known, Title IX regulations. The purpose of this research study is to determine just how prevalent student-athlete pregnancy is and determine how much student-athletes know about their legal rights regarding pregnancy. The study also hopes to gain insight into the decision making process for student-athletes when confronted with this situation (at least hypothetically) and to determine whether there is any relationship between knowledge of legal rights and the student-athlete decision making process. This information should be invaluable for intercollegiate athletics programs so that you can best serve the needs of your student athletes.

We would like your assistance in recruiting your female student-athletes to participate in a short survey that should take less than 10 minutes to complete. Ideally, athletes would be invited to a classroom or auditorium to complete the survey all at the same time. Because of the sensitive nature of the topic and the need to protect the student-athlete’s privacy, no athletics department personnel will be allowed to be present for the administration of the survey. In exchange for your assistance in recruiting student-athletes as subjects for this study, we will provide an educational program for your student athletes and athletics department personnel. We can make either a short presentation (about 20 minutes) that explains the student-athlete’s rights related to pregnancy, or simply provide the student-athlete with a fact sheet upon completion of the survey. If it is not possible to meet with the athletes all at one time, we are also willing to meet with small groups of teams, or even individual team meetings. We are also happy to customize the fact sheet to include resources unique to your campus.

You can be assured that your student-athletes’ privacy will be vigilantly protected. No school names, geographic information, conference information, or personal information is requested that could identify an athlete or athletics program. Results of the study will only be presented collectively. Only the principal investigator and co-investigator, contact information listed below, will have access to the data which will be kept protected in locked filing cabinets and by a secure and password-protected computer.

There is currently no published research that examines this important issue, so we hope that you will facilitate a meeting with your female student-athletes to collect this critical data. We hope to meet with you in the near future to review the documents that we will use to conduct the study – the survey instructions, the survey instrument, and the fact sheet – and to schedule a date for the survey administration and follow up presentation. Thank you for your time and consideration. Please reply to this letter at lindseyjaco@unca.unc.edu no later than August 15th, 2008.

Sincerely,

Barbara Osborne, J.D.
Principal Investigator
CB 3182, Smith Building 03
University of North Carolina
Chapel Hill, NC 27599
919/962-5173
sportlaw@unc.edu

Lindsey Jaco
Co-investigator
CB 8500, Williamson Building
University of North Carolina
Chapel Hill, NC 27599
919/963-4738
lindseyjaco@unca.unc.edu

Title of Study: Pregnancy prevalence, outcomes, and knowledge of rights for NCAA Division I female student-athletes
IRB Study #: 08-1405

REFERENCES

- Associated Press. (2007, September 18). *Mercyhurst volleyball player charged with suffocating newborn baby*. Retrieved September 18, 2007 from <http://sports.espn.go.com/ncaa/news/story?id=3026172>.
- Athletic Business. (2007). *Tragedy Revisited*. Retrieved November 15, 2007, from <http://athleticbuisness.com/fastbreak>.
- Blount, Rachel. (June 19, 2007). *Colleges need education about pregnant athletes*. Retrieved August 29, 2007 from <http://www.startribune.com/10073/story/1253906.html>.
- Butler v. NCAA*, Not reported in F. Supp.2d, 2006 WL 2398683 (D.Kan.).
- Carpenter, L. (2003). Gender Equity: Opportunities to Participate. In D.Cotton & J. Wolohan (Eds.), *Law for Recreation and Sport Managers* (pp.548-58). Dubque: Kendall/Hunt.
- Centers for Disease Control and Prevention (CDC). (2008). National Vital Statistics Program. Retrieved May 26, 2008 from <http://www.cdc.gov/nchs/nvss.htm>.
- Centers for Disease Control and Prevention (CDC). (2006).2006 STD Surveillance Report. Retrieved November 13, 2008 from http://www.cdc.gov/nchstp/dstd/Stats_Trends/Stats_and_Trends.htm.
- Clapp, J. (2007) *NCAA Sports Medicine Handbook*. Guideline 3b Participation by the Pregnant Athlete (p.72-73). Indianapolis: NCAA.
- Claussen, C. (2003). Equal Protection. In D.Cotton & J.Wolohan (Eds.), *Law for Recreation and Sport Managers* (pp.455-64). Dubque: Kendall/Hunt.
- Cotton, D, & Wolohan J (Eds.). (2003). *Law for Recreation and Sport Managers* (3rd ed.). Dubque:Kendall/Hunt.
- Dama, Sravanthi. (2005). STDs most common, prevalent college student threat. Retrieved November 13, 2008 from <http://media.www.thetriangle.org>.
- DeHass, D. (2008, April). 1981-81 – 2006-07 NCAA sports sponsorship and participation rates report. Indianapolis: NCAA.
- Dorfman, S. (2007, June 27). NCAA pregnancy policy overdue. *The Star Ledger*, pp. 86.
- Finer LB and Henshaw SK. (2000). Abortion incidence and services in the United States in 2000. *Perspectives on Sexual and Reproductive Health* (35(1):6–15).

- Finer LB, Frohwirth LF, Dauphinee LA, Singh S, and Moore AM. (2005). Reasons U.S. women have abortions: quantitative and qualitative perspectives. *Perspectives on Sexual and Reproductive Health* (37(3):110–118).
- Finer, LB, and Henshaw SK. (2006). Disparities in rates of unintended pregnancy in the united states, 1994 and 2001. *Perspectives on Sexual and Reproductive Health* (38(2):90-96).
- Haffner v. Temple University*, 678 F. Supp. 517 (E.D. Pa. 1987).
- Harris, Beth. (2007) Balancing baby, basketball. *Raleigh News and Observer*. Sports: 10C.
- Hosick, M. (2007, September 24). *Cabinet proposal protects athlete aid*. Retrieved August 26, 2007 from <http://www.ncaa.org>.
- Johnson, Greg. (2008). *CWA to provide resources on work-life balance, pregnancy*. Retrieved November 13, 2008 from <http://www.ncaa.org/wps/ncaa?ContentID=40059>.
- Miller, Ice. International Student-Athlete Background Searches: Amateur or Pro? *The Collegiate Sports Report*. Retrieved April 10, 2008, from http://www.nacwaa.org/rc/rc_articlepr_intlstudentathlete.php.
- Monroe, S. (2007). *Dear Colleague Letter*. Washington DC: Office of Civil Rights.
- National Collegiate Athletics Association. (2008). *The history of the NCAA*. Retrieved May 27, 2008 from <http://www.ncaa.org/about/history.html>.
- National Collegiate Athletics Association. (2007). *2006-07 Division I Manual*. Indianapolis: NCAA.
- National Collegiate Athletics Association. (1996). *1996 NCAA Study of International Student-Athletes*. Indianapolis: NCAA.
- National Collegiate Athletics Association. (2008). *Pregnant and Parenting Student-Athletes: Resources and Model Policies*. Retrieved November 15, 2008 from <http://www.ncaa.org/wps/ncaa?ContentID=39941>.
- National Collegiate Athletics Association. (2008). *Materials Assist with Pregnancy Issues*. Retrieved November 18, 2008 from <http://www.ncaa.org/wps/ncaa?ContentID=40961>.
- Nugyen, H. and T. Akiyoshi, L. Neinstein. (2003). Pregnancy in the College Population. *Journal of Adolescent Health*. (32(2):159).

- Princeton Review. (2008). *Foreign exchange student programs*. Retrieved May 28, 2008 from <http://www.princetonreview.com>.
- Prior, K. (2007). *Scholarship Policies Pressure Young Women*. Richmond: Richmond Times Dispatch.
- Rainey, A. (2006, May 26). *What athletes can expect when they're expecting*. Retrieved August 29, 2007 from <http://chronicle.com>.
- Rovegno, Lindsay. (2007, May 12). *Athletes often forced into heartbreaking decisions*. Retrieved August 20, 2007 from <http://sports.espn.go.com/espn/print?id=2865230&type=story>.
- Sharp, L. (2003). Contract Essentials. In D.Cotton & J.Wolohan (Eds.), *Law for Recreation and Sport Managers* (pp.385-91). Dubque: Kendall/Hunt.
- Shelton v. NCAA*, 539 F.2d 1197, 1198 (9th Cir.1976).
- Sorensen, E. (2004). *Health and equity arguments for protecting pregnant student athletes' scholarships: the basis of new policy at Wright State University, Dayton, Ohio*. Dayton: Wright State University.
- Sweet, Judy. (2008). Legal, medical and treatment aspects of pregnancy and student athletes. *2008 NCAA Convention*. Nashville: Gaylord Resort.
- Tara Brady v. Sacred Heart University Complaint*. (2003). Philadelphia: Women's Law Project.
- United States Constitution*. Amendment XIV. 1868.
- US National Library of Medicine. (2008, May 22). Retrieved June 22, 2008 from <http://www.nlm.nih.gov/>.
- Ventura SJ, Abma JC, Mosher WD, and Henshaw SK. (2008). Estimated pregnancy rates by outcome for the United States, 1990-2004. *CDC National Vital Statistics Reports*. (56(15)).
- Women's Sports Foundation. (2001). *Women's pre-Title IX sports history in the United States*. Retrieved May 27, 2008 from <http://www.womenssportsfoundation.org>.
- 20 United States Code §1681
- 34 Code of Federal Regulations §106.37(a)(3)
- 34 Code of Federal Regulations §106.40(b)(1)

34 Code of Federal Regulations §106.40(b)(4)