Envision Gender Equality in South Carolina
Contributing Authors: Melissa Moore, Whitney Garland, Ellison Taylor, Savannah Mozingo, Jenna Weed, Gwendolyn Morris, Alexandra English, Grace Farley, Alissa Pape, and Ashley Hernandez

Poverty Ends with a Girl is a Creative Inquiry group in Clemson University’s Women’s Leadership Department. Undergraduate students in this group seek to research and advocate for the important role that girls’ education and gender equality play in alleviating global poverty.

Poverty Ends with a Girl is advised by Dr. Elizabeth Adams.

For more information about this report or Poverty Ends with a Girl, contact Melissa Moore, MKM2@g.clemson.edu
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Introduction

Scholarship on methods of alleviating poverty often cites increased gender equality and women’s empowerment as critical to improving a community’s prosperity. Yet discourse on improving South Carolina often ignores the inequalities in our state and the role that gender inequality plays in maintaining South Carolina’s low national standing. In a recent report from the Violence Policy Center, South Carolina ranked number one in the nation for domestic violence murders. Other metrics of gender equality consistently rank South Carolina far behind most states in the nation. This report will examine three main areas of gender inequality in South Carolina: ‘Domestic Violence’, ‘Reproductive Health, Rights, and Education’, and ‘Women and Work.’ The report will then use statistics on South Carolina to compare our state to other areas around the world that have faced gender inequality in levels similar to South Carolina. These areas will be investigated to determine the nature and success of programs implemented in response to gender inequality. The report will evaluate these programs to see if there is a similar potential for success were these programs to be implemented in South Carolina. This information will be used to describe an action plan for promoting gender equality and empowering women in South Carolina. Envisioning gender equality in South Carolina is central to envisioning a brighter future for the state.
Domestic Violence

On a global scale, domestic violence, or violence perpetrated by one partner in an intimate relationship against the other, is a major problem. In fact, it is estimated to be the most common form of violence women experience worldwide. The World Bank has stated that more women aged 15 to 44 are at risk from domestic violence and rape than from cancer, car wrecks, malaria, and war, combined. More than 600 million women live in countries where domestic violence is not considered a crime. Anyone, of any gender, race, ethnicity, social class, sexual orientation, and education level, can become a victim of this type of violence, but there are some overarching trends. Women constitute 84 percent of domestic violence victims, while men are three-quarters of the perpetrators. Low-income individuals are at a greater risk of experiencing violence, as are those in areas with low social support and social capital. The age group of 16 to 24 is especially at risk for violence because of dating and family situations, which tend to be more fluid and unstable. Within the United States, there are an estimated 2 million injuries from domestic violence each year. Nearly a quarter of all females report being abused in some way by a spouse or boyfriend. Nationwide, the cost of intimate partner violence exceeds $5.8 billion each year, of which $4.1 billion is spent on direct medical and mental health services. Annually, victims lose almost 8 million days of paid work due to domestic violence, a loss equivalent to more than 32,000 full-time jobs and almost 5.6 million days of household productivity. About one-third of the women murdered each year in the United States are killed by an intimate partner. In 2005, 1,181 women were murdered by their husbands or boyfriends. Divorced and separated women are far more likely to
report violence than married women, possibly because the end of the relationship brought extreme retaliation from the other partner. In addition, seventy percent of the murders of women by their husbands occurred after she had left the relationship. This statistic suggests that the methods currently used to protect women who leave abusive relationships are flawed and that abusive partners do have ways of reaching former spouses.

Globally, attitudes about domestic violence have changed dramatically in developing nations since 2000. For example, in 2008, Nigerians were asked to rate which situations were worthy of punishment, from most severe offense to least, as well as to analyze whether domestic violence was a solution to the situation at all. Sixty-five percent of men and 52 percent of women rejected domestic violence as a solution to family problems, compared to the 48 percent of men and 33 percent of women who had rejected domestic violence in 2003. Within the United States, there is also good news. Since the mid-1990s, rates of domestic violence in this country have decreased by 50 percent. On a related note, the number of men killed by their female partner in the United States has dropped by 70 percent since the 1970s. Contrary to what many may suspect, urbanization and rising incomes on their own do not affect domestic attitudes. It’s what comes with rising incomes that affects attitudes towards violence. For example, when people have access to newspapers, radio, and television, they have a steady intake of information about cultural norms and expectations. The more exposure domestic violence receives, the more people will report it and take protective measures against it. Overall, it seems that rejection of domestic violence is part of a cultural shift. Although views and statistics on domestic violence have changed drastically over the past several decades, a great deal of action is still required if we want to make permanent changes for the better.

I. Status in South Carolina

Perhaps because of the magnitude and awareness of domestic violence on the global and national level, it is easy to feel that the problems are far away from our own lives and have no effect on us. However, domestic violence is close to home, even if it may seem less obvious. South Carolina currently ranks first in the nation in the number of women killed by male intimate partners, continuing the pattern that the state has followed for years. There were 61 women killed by men in 2011. There are more than 36,000 domestic violence incidents reported to police each year in South Carolina, and the state continues to have a poor reputation in terms of violence against women. In 2011, the Attorney General called domestic violence the number one crime issue in the state. In 2002, shelters housed a total of 3,731 victims.

The problem does not include just married or cohabitating couples. The Youth Risk Behavior Survey indicated that about 16 percent of high school students have been physically assaulted by a boyfriend or girlfriend. South Carolina currently has very few programs in place to address teenage dating violence. Domestic violence programs that provide shelter and services cited women under the age of 18 as one of the most underserved populations among victim groups. These young women are especially vulnerable because South
Carolina’s laws do not recognize their situation as domestic abuse unless they are living with the abuser. Additionally, in situations in which a couple is only dating, one partner cannot take out an Order of Protection against the other because of abuse.28

Considering that domestic violence costs the country as a whole at least six billion dollars a year (and some estimates are even higher), it is not too difficult to imagine that it costs South Carolina millions in medical bills, counseling, shelter services, law enforcement, and lost productivity. In a phone survey done in South

How Domestic Violence Affects Children By Whitney Garland
Interview with Jeremy Garland, Assessment and Behavior Intervention Specialist
with New Foundations Home for Children in Anderson, SC

What does your day to day job entail?
I’m a clinical therapist and work with kids aged 7 to 21 who have been removed from their home because of physical, sexual, or emotional abuse. Most of them will not be returning to that home because their parents have had their parental rights terminated. I also do counseling within homes to try and prevent the kids from having to be removed in the first place.

What role does domestic violence play in the lives of the individuals and families you counsel?
A lot of the kids have symptoms of post-traumatic stress disorder because of what happened to them or around them at home. Domestic violence between the adults in the house is the common denominator in most of the situations, and along with that there is often physical and sexual abuse of the child. I think the domestic violence is actually the scariest thing for them. If they themselves are being abused, they can dissociate from the situation. They can basically deny that it’s happening. A kid is a pretty resilient person, but when they see or hear the adults in their lives being violent toward each other, they cannot deny that or get away from that, and that scares them. Being exposed to these traumatic events often leads to emotional and behavioral problems. They are more likely to engage in behaviors like unsafe sex, drug use, and criminality. There is also a clear link between being exposed to domestic violence and having a higher risk for unhealthy relationships down the road. Domestic violence is learned behavior and it is normalized for them, and when they grow up, they recreate in their own relationships what they saw as a child among the adults they lived with. It turns into a cycle. You often see perpetration and victimization within the same kid. They have acted out and maybe been violent in their own relationships, but you come to realize that they were victims at one time, too.

What recommendations do you have for better addressing domestic violence in South Carolina?
I think substance abuse is the biggest underlying commonality in the domestic
Carolina with around 800 participants, 16 percent of women and 9 percent of men reported having been the victim of physical abuse by a partner.\textsuperscript{29} A majority of the respondents indicated that the abuse had occurred multiple times, and many more reported being subject to emotional and psychological abuse, as well. Of those who reported violence by any intimate partner, 49 percent were married, 25 percent were in a dating relationship, and 24 percent were cohabitating.\textsuperscript{30} Unfortunately, of women who called the police to report abuse, an arrest for domestic abuse only occurred in about 40 percent of the cases.\textsuperscript{31} However, it is

violence cases that I work with. Addressing that problem better among abusers is really important. New Foundations has educational classes for first-time, convicted abusers that they can take in lieu of jail time, but taking these classes requires money that the person may not have. The financial strain is just another pressure point in that family that could lead to more violence. There has to be better financial support for these types of classes so that more people can access them. Right now they are privilege for those who can afford them, rather than a right for everyone. There also needs to be better coordination between the police and the Department of Social Services (DSS). Think about how many domestic violence calls the police respond to, how many of those calls are being referred to DSS for them to investigate? There are a lot of families who are not being offered services that could potentially help them. I think we also have to have more of a proactive stance on domestic violence, like education within schools to combat what some kids may be learning at home. The problem is that a lot of these things cost money that someone has to be willing to spend in order to address the problems. Adding on to that, so many things indirectly support the culture of domestic violence in SC that the average person wouldn’t even pick up on. Let’s not hide it in a closet anymore. Let’s put it out there so that everyone can see how much of a problem it is in this state.

Do you have any other thoughts on the issue of domestic violence in your line of work?

I would say that domestic violence is so bad because of the complexity of the violent act. It is easy for other people to ask, well why doesn’t the victim just get out and leave? But it is a complex situation. There is this need for power and control on the perpetrator’s side, and on the victim’s side, there is codependency, and this traps them in that relationship. You take them out of that situation, and it is like taking away their identity in some sense. So it is a lot more complicated than people think it is, especially when other problems like drug use are involved. You’ve got Mom abusing drugs, and Dad tells the kids he is abusing her because of the drug use, but he would probably beat her anyway, and not much changes. There is a lot going on that makes these problems messy.
estimated that only one-quarter of physical assaults are reported to the police, and for this reason, along with difficulty in obtaining reliable data, the actual amount of domestic violence in the state is probably much higher than official reports show.\textsuperscript{32} Survey participants also stated that there are many shortcomings in the law enforcement response to domestic violence, as well as a need for improvements in the shelter systems across the state. For example, some women reported that the police did not react until the abuse became extremely serious, and others reported that they could not use the shelters in their area because their teenage children were not allowed there.\textsuperscript{33} This is only a brief summary of the plight of abused women in this state. Clearly, South Carolina has an immense problem with intimate partner violence, as well as an immense responsibility to address that problem.

\section*{II. Global Models for Improvement}

The sheer scope and oftentimes hidden nature of domestic violence in South Carolina can make finding a long-term solution seem almost impossible. How can this violence, whose root causes extend out to so many different disciplines, be combated across the state? Attending to the needs of victims and establishing programs which prevent future violence is a complicated challenge, but the past few decades have marked many strides toward a violence-free future. Fortunately, there are programs elsewhere in the United States and across the world that aim to reduce and eliminate domestic abuse. Many of these programs are only in their nascent stages but seem to be showing promise for the future. It was not until the 1960s that shelters for victims came into existence in the United States,\textsuperscript{34} and for years, shelters, hotlines, and orders of protection were the main defense against domestic violence. Despite dramatic improvements in violence statistics across the United States due to these measures, more needs to be done to not only help victims, but to also prevent the problems to begin with. If South Carolina is serious about improving its record, it would do well to look at what works elsewhere. These newer programs provide good examples of what other places are doing to aid victims and prevent injury and death due to domestic violence.

Since 2007, the state of Maryland has seen a 40 percent decrease in the number domestic violence murders.\textsuperscript{35} There is no assured explanation for why this drop has occurred, but some people point to a simple yet novel program referred to as “the screen.” Police officers are trained to ask victims of domestic violence a series of questions that have been shown to significantly predict whether an abuser may eventually turn into a murderer, such as “Has the abuser used a weapon against you?” and “Has he ever tried to kill himself?”\textsuperscript{36} Women who answered ‘yes’ to at least a certain number of these questions are then told that their partner shows signs of a level of violence that could end in murder and are asked by police if they want help. If the victim agrees, the officer dials a local shelter on his or her own phone and allows the victim to speak to someone who can help them further. This particular program has been adopted by agencies in 14 states and has been correlated with a drop in murders in some areas, though only time will tell how it affects domestic violence murders in the long run.\textsuperscript{37} It seems that perhaps the direct questioning by police, versus passively filling out an incident report, may alert some women to the danger of their situation and compel them to take action. Whatever
the case, it is a very promising program that can be easily adopted more widely in our own state.

Policy change is another crucial element in the battle against domestic violence. The Violence Against Women Act, which passed into law in 1994, has been reauthorized an additional three times, the latest being this past year.\textsuperscript{38} Each time, the scope of protection for victims and potential victims has increased, and with it, rates of violence are declining. Domestic violence rates across the nation lowered by 67 percent between 1993 and 2010. Additionally, between 1993 and 2007, murders related to domestic violence decreased by 35 percent for women and 46 percent for men.\textsuperscript{39} The enactment of new laws and funding has shown to be powerful, and it has also heightened awareness of the issues across the nation. One essential policy change that needs to be made in South Carolina is in the permission of orders of protection (OP). South Carolina currently does not allow people who are dating or in same-sex relationships to request an OP against an abusive partner.\textsuperscript{40} This is in direct contrast to states such as Rhode Island and California, both of which report a much lower domestic violence murder rate. OPs are extremely important in cases of abuse because they protect the victim by issuing a restraining order or even an eviction notice against the abuser.\textsuperscript{41} Considering that the age group of 16-24 is especially vulnerable to dating violence, OPs for dating couples is crucial to decreasing rates of intimate partner abuse and murder. In addition, victims of abuse who are in same-sex relationships often have very few resources and options for help, especially in South Carolina, and only four states explicitly state that LGBTQ victims are able to request orders of protection. Allowing partners in same-sex relationships access to OPs goes a long way toward guaranteeing everyone protection from abusive relationships.\textsuperscript{42}

Education and prevention within schools is also essential in combating domestic and intimate partner violence. Leslie Morgan Steiner, a survivor and activist, said that even as she was being abused, she did not recognize it as abuse. She had been in a loving relationship for quite some time, and when the abuse started, she truly believed that it was the result of her being "in love with a deeply troubled man."\textsuperscript{43} This is a significant reason why women do not leave their abusive partners: they do not realize what domestic violence is because they never learned about it as young adults. Public school education programs are crucial, not only for potential victims, but for potential perpetrators and bystanders as well. It is important for young adults and their caretakers to learn what makes a relationship a healthy one and to be able to recognize an unhealthy relationship. In Rhode Island, a law passed in 2007 mandates that age-appropriate violence prevention programming be implemented into the curriculum of 7th through 12th grades. It also requires that schools have a clearly stated dating violence policy and that educators be trained in how to recognize and respond to dating violence.\textsuperscript{44} In Connecticut, a 2010 law states that teenage dating violence and domestic violence education be included in in-service training for employees of schools.\textsuperscript{45} South Carolina does not mandate that domestic violence prevention and education be included in its middle or high schools. Additionally, there is no mandate that faculty at schools receive any training to address dating violence among students.\textsuperscript{46} This is tied to the state’s abysmal
sexual education program for public schools, which is ineffective and sometimes even harmful for students. Reform of the sex education in South Carolina should include a domestic violence component, as well as education on healthy relationships among teens and preteens.47

Other programs across the world are now focusing on integration of services for victims of domestic abuse. It is often a great challenge for women to leave partnerships which are abusive. One of the biggest reasons why women do not leave is because it can be more dangerous than staying in the relationship.48 An estimated seventy-five percent of murders stemming from domestic violence occur

Aiding Victims of Violence in South Carolina by Grace Farley

I had the opportunity to interview Julie Meredith, the Education, Outreach, and Volunteer Director of Safe Harbor. As explained on the organization’s website, “Safe Harbor is a nonprofit organization that provides safe shelter, counseling and advocacy for victims of domestic violence as well as leadership for education and prevention efforts throughout its four-county area of Anderson, Greenville, Oconee and Pickens, South Carolina.” Safe Harbor currently offer shelters in Greenville and Anderson and are also breaking ground on a shelter in Oconee County which is set to open in summer 2014.

Addressing the issues surrounding domestic violence requires both prevention and intervention tactics, and this is where our conversation began. Julie explained that prevention involves specifically working with people who have not yet experienced abuse, so these programs focus on young adults. Among their prevention initiatives, Julie identified that Safe Harbor has a very successful program called REP which stands for the Relationship Education Project. Through this program, Safe Harbor representatives go into high schools and middle schools to educate students about the issues surrounding domestic violence. She noted that they have changed their approach over time to increase effectiveness. They used to begin by talking to the students from a standpoint of avoiding abuse: the warning signs of abuse, how to get out of an abusive relationship, how to stay safe from abuse. The new and improved framework, Julie explained, begins with a discussion on how to have a healthy relationship which includes topics such as determining relationship readiness, healthy self-image, and identifying the qualities of this healthy relationship versus an unhealthy—and potentially abusive—relationship. Additionally, REP is starting to focus more of their efforts on younger students, and particularly people in middle school. The Safe Harbor representatives found that many of the high school students involved in the program had already experienced relationship abuse by the time they were given the chance to learn about healthy relationships, and so they realized the need to begin the initiative at a younger age.

For those who have already been victims of domestic violence, Julie touched on the many wonderful services offered for intervention, including shelters, counseling, advocacy, support, and case management. These tactics vary widely and depend on the specific needs of the individual victim. I asked Julie about whether or not Safe Harbor uses a “one-stop” model, and she explained that more community infrastructure and partnerships would be needed to fully secure this type of model, however; the employees and volunteers are trained to know exactly which
after the victim has left the abuser. This danger is amplified if a woman needs to seek help for all her needs in many different places. Often, even in the United States, there is a fragmentation between legal services, health care centers, shelter services, and law enforcement, which can make it difficult and confusing for victims to navigate when trying to get their life together. For this reason, secure shelters offering everything in one place can be the most successful in ensuring that victims are able to leave the abuser for good. One program in South Africa, named the Saartjie Baartman Centre, is a collection of organizations dedicated to helping victims of domestic violence and their children. Located in

resources to access in the surrounding community to aid victims, and they work closely with many offices. She also mentioned that they utilize a voluntary services model which creates a culture of empowerment for the victims. All clients are made aware of the services offered, but nothing is mandated. This gives the clients the opportunity—having just transitioned from an environment of abuse based on control—to have their own say in the steps they take toward a new start.

My next question for Julie was about what Safe Harbor envisions for the future and how we in the community can help to make that a reality. Julie identified their newest initiative: to engage and empower men in the community to use their voices to speak out against violence against women and to become part of the conversation about how to change the current culture of unhealthy masculinity. In fact, they have been working closely with A Call to Men and have scheduled a community event for the end of April 2014 with a representative from A Call to Men.

Julie went on to say that there is a great need for a general increase in communication between all of the different groups involved with public health and safety in South Carolina to channel awareness and focus on the issues surrounding domestic violence. She particularly emphasized the need for legislators to prioritize the issue and understand the significance of how different policies intersect with domestic violence. For example, by national standards; it is fairly easy for someone who may be a violent criminal to obtain a firearm without a significant background check. It is difficult to ignore the potential intersection between loose gun control and the fact that South Carolina continues to have the highest national rate of women killed by men.

Julie continued to speak about raising awareness and noted how the initiative to open new shelters, such as the one currently being built in Oconee, doubles as an opportunity to spread the word about domestic violence and the work of Safe Harbor. The organization hopes to make it as easy as possible for victims to hear about Safe Harbor and access resources while promoting prevention. When I asked her about the potential to raise awareness as a college student, Julie was emphatic about the need to organize domestic violence education on college campuses, and encouraged me to keep in contact with her about establishing an event on our campus.

It is clear from my interview with Julie that there is much work that we can do as a community to increase awareness and initiate change to prevent and address domestic violence. It is time now to get to work.
one central area outside of Cape Town, the various organizations are technically separate entities but coordinate services among one another so that women who seek them out have access to childcare, legal counsel, psychological counseling, and career development. These women and their children also have a place to stay gratis for up to four months, provided there is space available. If they need extended time to get back to their feet, the center also offers longer term housing with a small rental fee. These kind of coordinated services are increasingly common in many countries across the world, including England and India. In South Carolina, where resources and personnel are often in short supply, integrating and connecting the various services that a victim of abuse needs may be difficult, but they have been shown to be a best practice for domestic violence response.

The final and most recently addressed focus is the need to bring men to the forefront of the conversation about domestic violence. Though often viewed otherwise, domestic violence against women is actually primarily an issue of men rather than an issue of women. This is in the sense that within cases of violence against women by men, the problem lies not in what the women are doing, but rather in what the men are doing. It follows logically that action must be taken to determine what is wrong within the culture of what it means to be a man. Violence against women is socialized into the gender training of many men. In order to maintain what it means to be a man in society, women are objectified and perceived to be of lesser value. Therefore, men in positions of leadership have incredible power to enact the shifting of social norms and end a culture of violence against women. They need to interrupt and put down misogynistic discourse among their fellow men. Also, there is a need to focus on raising boys who are challenged to be courageous and strong by acknowledging emotions, and standing with women. In order to accomplish these goals in a tangible way, some excellent men’s education programs have been developed. One example is that of A Call to Men—a non-profit, New York-based program founded in 2002 whose impact has been widespread. Their programs have brought training and education about domestic violence to young men and those who lead them in hundreds of high schools, colleges, and sports organizations around the United States. They have also worked with the military and 90 percent of the teams in the National Football League. The programs are geared specifically to empower men to stand up against a culture of domestic violence and to be fathers, coaches, and friends who instill this empowerment in the future generations of young men.

There is a great variety of programs and policies in the United States and throughout the world, then, that can serve as examples to South Carolina for ways to prevent domestic violence and provide victims and families with the services and treatment that they deserve. We believe the following recommendations would be the most effective for the state to adopt in its quest to improve the status quo on domestic violence:

III. Recommendations

- Allow people who are in dating and/or same-sex relationships to access orders of protection.
- As part of sexual education reform within the state, include programming on
domestic violence and dating violence, including how to prevent and respond to it.

- Develop policies to support funding of one-stop model shelters for victims.
- Enact laws to require domestic violence training for all employed adults who work with young adults, teenagers, and children, particularly within the school systems.
I. Status in South Carolina

As a state, South Carolina does not have the best record of addressing reproductive health issues successfully. High rates of teen pregnancy, high rates of sexually transmitted diseases and infections, poor sexual health education in schools, and lack of reproductive health services for women are all problems that plague South Carolina and fail to empower women in the state.

In 2011, South Carolina had the 12th highest teen birth rate in the nation. According to a study by the Centers for Disease Control (CDC), in 2011 there were 6,102 births to females under the age of 20 in South Carolina. Of these, 2,727 were to white mothers, 2,788 to black mothers, and 512 to Hispanic mothers. The teen birth rate for females aged 15-19 in South Carolina in 2011 was 3.91 percent, compared to 3.13 percent in the nation as a whole. Ninety percent of births to females under 20 years of age in South Carolina during 2011 were non-marital or outside of marriage. 11.7 percent of births to teenage mothers in South Carolina in 2011 were low birth-weight births, compared to a national rate of 9.6 percent. In 2008, the pregnancy rate for females aged 15-19 was 6.8 percent in the United States and 7.6 percent in South Carolina.

In the past few decades South Carolina has made progress in lowering the teen pregnancy rates, though pregnancy rates in South Carolina tend to fall more slowly than the national average. Between 1991 and 2011 the teen birth rate in South Carolina dropped 46 percent compared to a national drop of 49 percent. However, both South Carolina and the nation as a whole saw a decrease of 8 percent in the teen birth rate from 2010 to 2011. In 2011, the percent of repeat births, meaning
that the mother has had one or more previous live births, to females under the age
of 20 in 2011 was 19 percent in South Carolina and 18 percent in the United
States.64 While these statistics show that South Carolina is not performing
significantly worse than the nation as a whole with regards to teen pregnancy, the
state ranks consistently lower than the national average on all metrics and is
improving at a slower rate than the rest of the country.

Teen abortion rates in the United States and in South Carolina fell 58
percent between 1988 and 2008.65 It is estimated that 1.4 percent of females aged
15 – 19 in South Carolina had an abortion during 2008, as compared to a rate of 1.8
percent in the United States.66 Teen abortion rates in South Carolina might be
lower due to the state’s many restrictions that limit access to abortion services.
South Carolina restricts access to abortion in a number of ways including a state
ban that outlaws abortions as early as 12 weeks.67 According to NARAL/Pro-
choice America this ban is both unenforceable and unconstitutional.68 The ban
classifies a variety of abortion procedures as a felony in the state of South Carolina
with exceptions for when the mother’s life is in danger. South Carolina law also
states that a woman must receive a state-mandated lecture before receiving an
abortion and complete a waiting period of 24 hours between the lecture and the
abortion procedure. The lecture is given by a health-care professional who tells the
woman about her fetus and offers her state provided materials detailing fetal
development and discussing alternatives to abortion.69 Furthermore, the law in
South Carolina forbids the Department of Health and Environmental Control
(DEHC) and its employees from providing abortion counseling services or
referring women to abortion services or counseling.70 South Carolina also
prohibits the coverage of abortion through a woman’s regular insurance policy.71
Women under the age of 17 who have not been married and are not legally
emancipated are considered by the state of South Carolina to be minors and are
required to get parental consent prior to receiving an abortion.72 Finally, the state
restricts access to abortion for low-income women by prohibiting the use of public
funding for abortion. This is true even for women who receive health care through
state medical assistance, unless the mother’s life is threatened or the pregnancy is
a result of rape.73

Access to contraception is a critical component of reproductive health.
According to a Guttmacher Institute study done in 2006, 9 of every 100 females of
childbearing age in South Carolina experience pregnancy each year.74 Of these, 70
percent of those pregnancies result in live births, 15 percent of them are
terminated with abortion, and the final 15 percent end in miscarriage.75 About
467,000 women in South Carolina need access to contraceptive services and
roughly half of those need publicly funded contraceptive services.76 There are over
70 publicly funded family planning clinics that provide contraceptive services and
each county in South Carolina has at least one family planning clinic. South
 Carolinians have fairly good access to emergency contraceptives.77 In South
Carolina women who are married, mature or emancipated, or 16 years of age can
access contraceptive care.78

The high prevalence of Sexually Transmitted Diseases (STD) is another
reproductive health issues that affects women in South Carolina. According to the
Family Planning at College Campuses by Alexandra English
Interview with Fran Jernigan and Annette W. Jackson, Nursing Faculty at Women’s Health Clinic of Redfern Health Center, Clemson University, Clemson, SC

What has been the greatest challenge working with family planning and reproductive health? Fran and Annette emphasized that the two greatest challenges working in this field are offering equal access to birth control and creating an understanding of confidentiality. Many students cannot afford to take the birth control pill, or they do not want it to be filed under their parents’ insurance because they fear their parents will find out that they are having sex. Students and teenagers are often afraid of being honest with their providers, and they believe that it is ‘taboo’ to admit that they need birth control. The patients often claim that they need birth control for acne or menstrual cramping, rather than openly conveying that they need it because they are sexually active. They fear that their parents will find out or that the information is not confidential. Earning trust is a major challenge.

Have any policies, laws, or regulations hindered your abilities to deliver effective family planning resources? There are no healthcare policies that hinder their abilities to deliver effective care. However, both Fran and Annette have experienced difficulty with parents who are overly involved. Parents find out their daughter’s account information to access their health records online. Some parents who are less progressive will deny their daughters the access to birth control in fear that it promotes sexual activity.

What has been the most rewarding aspect of working in this field? The most rewarding aspect of working in this field is the opportunity to see the same patients more than one time. Fran and Annette have the opportunity to serve as outlets to their patients and discuss things, such as birth control, that are otherwise perceived as ‘taboo’ to the patient’s friends or family. Annette loves that patients can confide in her about birth control options and trust that the options she presents are safe, effective, and valuable.

Are there men who work in the Women’s Health Clinic? Do you believe that your male counterparts hold the same views on issues concerning family planning? There are no men that currently work in the Women’s Health Clinic, though they occasionally have a male nurse practitioner student who will come to the clinic. In this case, the practitioners always ask the patients’ permission if it is acceptable for him to be present during their consultation. Annette and Fran both believe that the men who enter this field during the current generation hold the same views as the women. However, this was not always the case several decades ago.

What are the most effective outreach strategies you have found while working with family planning? The most effective outreach strategies involve promoting honesty. Annette has experienced countless cases of patients exhibiting fear and dishonesty. The patients worry that their parents will find out, the pap smear and pelvic exam will cause pain, or that they cannot afford birth control options. Annette wishes to debunk these myths so that more patients come into the office, thus preventing future problems such as STIs and unwanted pregnancies. She also wishes that people would not think of sex as something that is forbidden from discussion. Another effective outreach strategy is to offer community education on STIs and safe sex. Annette and Fran both noted that
Clemson students who are enrolled in the Human Sexual Behavior psychology course always get tested for STIs because they become aware of the risks during their class.

*Have you noticed health disparities in reproductive health services?* Annette emphasized that regardless of ethnicity, race, or socioeconomic status, patients receive the best care and options at Redfern campus health center. The price of a pap smear and pelvic exam is cheaper without insurance at Redfern than the co-pay of a pap smear and pelvic exam with insurance at another location. This facilitates health access to all variations of socioeconomic groups and populations. For those who cannot afford birth control, they offer samples and will send them to places such as Walmart, which offers $9 birth control per month. Annette and Fran work with their patients to reach the best possible solution, though they are aware that not all places do this.

*Has religion ever served as a barrier in delivering effective family planning resources and education?* Yes. Sometimes there are cultural and religious barriers that prevent the patients from receiving the best possible options. For instance, sometimes the patient is not allowed to have a pelvic exam unless her fiancé is either present or gives her permission to do so. Annette and Fran have also experienced complexity with those who come from strict Catholic families. The patients worry about their parents finding out that they are taking birth control, since it is often filed through their family’s insurance.

*How do you think SC compares to other states with delivering effective family planning education and resources?* South Carolina has come a long way in terms of delivering effective family planning education and resources, and the numbers and statistics have dropped dramatically. However, Annette and Fran are aware that South Carolina is still slightly above the national average for things such as teen pregnancy rates. They hope to see these numbers decline, and they believe they will in the near future.

*Which method of birth control is used most commonly? Why?* Annette and Fran encourage their patients to use the birth control pill in conjunction with condoms to prevent both STIs and unwanted pregnancies. More recently, IUD’s have been heavily promoted over the birth control pill because they do not hold the patient accountable to take a pill each day. They can leave it in up to five years or take it out whenever they wish and it does not impact their future fertility.

*Where do you see family planning interventions going in the future? What would you like to see?* Annette expressed that she would like to see an implant for males promoted as a form of birth control, since society so heavily relies on the female to prevent unwanted pregnancies. She also would like to see more reproductive health education. Many women believe that the birth control pill is bad due to myths about decreasing fertility later on in life. Annette wishes to debunk the myths about birth control. She also would like to reduce stigmas of STIs and properly educate students on herpes and HPV.

Finally, Annette and Fran emphasized their desire to increase access to birth control. They believe that education and debunking myths are key components to increasing access to all regions and types of people.
CDC’s 2011 Sexually Transmitted Diseases Surveillance, South Carolina ranks especially high as a state for rates of several sexually transmitted diseases. South Carolina has the fifth highest rate in the nation of gonorrhea, the twelfth highest rate of syphilis, and the fourth highest rate of chlamydia. Many of these STD cases are diagnosed in people of age 19 years or younger. South Carolina has three cities that have the highest rates of new HIV/AIDS cases in the nation: Columbia, which ranks ninth overall, Charleston, which ranks twenty-second, and Greenville, which ranks sixty-eighth. The AIDS rate in South Carolina is the eighth highest in the nation.

Education is crucial to improving reproductive health and lowering STD rates. It is a requirement for schools in South Carolina to teach sex education as well as educate students on sexually transmitted diseases. State law specifies several requirements: information on sexually transmitted diseases must be included in sex education in grades 6-8, and grades 9-12 must cover 750 minutes of reproductive health education and pregnancy prevention education. In these 750 minutes, topics that must be covered are human physiology, conception, prenatal care and development, and childbirth and postnatal care. Abstinence and the risks of being sexually active are required to be emphasized, while contraception is only allowed to be discussed in the context of marriage. Abortion is not allowed to be discussed, while adoption is mentioned as an alternative to raising a child. Heterosexuality is the only sexual lifestyle allowed to be discussed unless speaking of sexually transmitted diseases. Contraception is forbidden from being distributed in these classes. Parents are allowed to opt out of having their children take sex education classes. Although the law says that the schools are required to teach information regarding sexually transmitted diseases, many districts in South Carolina do not teach prevention methods for sexually transmitted diseases aside from abstinence. Overall, South Carolina is ranked 42nd in the nation for overall sexual health, with factors being the high rate of HIV infections, gonorrhea and chlamydia cases, and the number of teen births. This low ranking is due to the lack of information given to students in sex education courses in the school.

II. Global Models for Improvement

Family planning continues to serve as a prominent public health and women’s rights issue in South Carolina. While the social and political issues surrounding family planning may appear particularly crucial in the southeastern United States, the issue of family planning strategies is a global affair and is experienced in every country and culture. Family planning programs both internationally and within the United States operate as models to aid in the development of an effective family planning program within South Carolina. Programs in Senegal and Boston, MA, USA can be used as guides to efficiently plan and implement family planning programs within the districts of South Carolina.

According to Advance Family Planning (AFP), an international advocacy initiative striving to ensure access to high-quality, voluntary family planning, Senegal’s contraceptive use rate remains at 12 percent. As a developing country that largely practices Islam, Senegal struggles not only from restrictive policies and religious barriers on family planning, but also from a lack of resources and ineffective distribution of family planning products. AFP promotes the 2010
Millennium Developmental Goals to bring family planning to rural areas in Senegal. The program employs the Informed Push Model by bringing contraception into the public supply system to ensure a constant flow of contraceptive resources. They rely heavily on the use of social media and on influencing religious leaders to advocate family planning. As South Carolina also battles religious, social, and distribution barriers, the state parallels many concerns seen in Senegal.

Another effective family planning program is ABCD: Action for Boston Community Development. ABCD uses community-based outreach and educational approaches to inform low-income populations of the importance of family planning. The initiative strategically places health centers in diverse, impoverished districts of Boston and serves families through a network of neighborhood service centers. ABCD also offer free HIV testing, pregnancy tests, and reproductive physical health screening for women and men. As Boston is composed of an eclectic blend of ethnicities and backgrounds, ABCD is staffed with bilingual and bicultural counselors and educators. The program funds its operations through a variety of partnerships and affiliates with leading multinational organizations, colleges, and hospitals in the United States. Cities within South Carolina could greatly benefit from modeling their programs on the ABCD initiative in Boston.

Statistics for South Carolina demonstrate the need to implement new family planning programs and to modify current interventions. According to the U.S. Department of Health and Human Services, only 58 percent of teenage females in South Carolina used a condom during their last sexual intercourse. Moreover, the teen birth rate in South Carolina in 2011 was 19.2 per 1,000 for females aged 15 to 17, and 65.3 per 1,000 for females aged 18 to 19. These rates are significantly higher than the national averages, which are 15.4 and 54.1, respectively. Utilizing the models of programs such as ABCD in Boston and AFP in Senegal could offer a unique perspective to approaching family planning in South Carolina.

Sexually transmitted diseases remain a major health concern in developing countries. The numbers for infection rates are hard to determine and may be higher than predicted due to lack of resources and difficulty in collecting such data. Often those who are infected are not aware of their infection or do not have the access to treat their infection. An estimation of prevalence of curable STDs by region shows that South and Southeast Asia, East Asia, and the Pacific, and Sub-Saharan Africa – which all contain developing countries – have the highest rates. While exact numbers may be difficult to determine, there are statistics that show what a serious problem STDs are throughout the world, especially in developing countries. STDs are among the leading causes of disability-adjusted life years lost for women of reproductive age.

One of the most effective ways to reduce the rate of STDs and HIV in adolescents is through educational programs that are implemented in schools, clinics, or other community settings. An article in the Journal of Adolescent Health reviewed 83 studies, which included programs from every country, and found that two-thirds of the programs examined improved one or more sexual risk behaviors. The great diversity of the study allowed it to compare the effectiveness of sex and HIV education programs across many different geographic areas. The study found strong support for the efficacy of these programs, even in a wide range of cultures.
and economic statuses. Effective programs across the globe share some common characteristics including the encouragement of specific protective behaviors, an emphasis on abstinence, and promotion of condom use for persons who do choose to become sexually active. Roughly 90 percent of the programs examined in this review included at least two interactive components in their curriculum, which helped to make the information personal and relevant to the students. Also, at least 90 percent of the programs trained their educators before they began teaching the program. 50 percent of the studies surveyed found that the educational programs they looked at significantly decreased sexual risk taking. All in all, the review found that these programs are much more likely to have positive effect on the sexual behaviors of its students than to have a negative one. Across the 83 studies conducted, 65 percent were found to have a marked positive effect on one or more of the sexual behaviors or outcomes that were investigated by the review.

The CDC says that effective HIV/STD prevention education programs can decrease a number of sexual risk behaviors. According to the CDC a “well designed and well-implemented HIV/STD prevention program” can have the following results for students: delaying first sexual intercourse, reducing number of sex partners, decreasing number of unprotected sex acts, and increasing condom use. The CDC performed a review of 48 research studies and found that roughly two out of three of these programs had “a significant impact on reducing sexual risk behaviors.” HIV prevention programs were also found not to encourage students’ initiating sexual intercourse, even when the programs encouraged the use of condoms for students who were sexually active. The CDC found that effective HIV/STD prevention programs had several similarities. Common attributes of successful programs were that the programs were age-appropriate and were delivered by trained instructors.

Another approach to STD prevention is a Youth Asset-Development Program. This type of program teaches children and teens skills that will help them avoid health risks, including avoiding sexual risk behavior. These programs are sometimes presented in schools and address problem solving, communicating, and planning for the future. They also aim to help youth make positive connections with their parents, schools, and communities. These programs work to decrease multiple health risk behaviors and have had some positive outcomes. Youth Asset-Development programs have been associated with long-term reduction of sexual risk behaviors. Effective HIV/STD prevention programs make sense economically as well. For every dollar invested in these programs, 2.65 is saved in healthcare costs and lost productivity.

While most countries worldwide still have much progress to make in educating their youth on sex, there have recently been strides in several countries towards a more informed public. Nearly all studies regarding sex education show evidence that these programs can help young people to delay engaging in sexual activity as well as to improve their contraceptive use when they begin to have sex. In countries where sex education is becoming more prevalent, marriage and parenthood are coming later for many, with education and employment becoming a first priority. However, the age at which women are engaging in sex remains about the same. Around the globe, approximately half of women have had sex by the age of
18. Some of the most praised sex education programs exist in northern European countries such as Sweden and the Netherlands. These programs focus around the idea that young people are the “rights-holders,” meaning that they are the ones in control of the decision of when to engage in sexual activity, and that the information provided to them will help them lead a healthy sex life when they choose to have one. This approach is believed to produce better outcomes such as a healthier sexual well-being. While the levels of sexual activity in northern European countries that use this approach are comparable to levels in western Europe, pregnancy rates are lower in these northern European countries. In addition, studies on sex education in eastern European countries have also shown positive results. According to a study conducted between 2001 and 2009, after the introduction of sex education, nearly 4,300 unplanned pregnancies, 7,200 STIs and 2,000 HIV infections among adolescents age 15-19 were avoided. There has yet to be a valid study that shows that sex education has led to an increase in sexual risk-taking. ¹⁰¹

According to Advocates for Youth, ten sex education programs in developing countries such as Cameroon, Kenya, and Zimbabwe have all produced similarly positive results. Outcomes among the youth that were exposed to these programs include delayed initiation of sex, reduced number of sex partners, and increased use of condoms. The most important program strategy shown among all of these programs was comprehensive information on abstinence and contraception. ¹⁰²

III. Recommendations

- Leverage local religious leaders to openly advocate for family planning and contraceptive use, including but not limited to condoms and birth control pills.
- Create mobile health clinics targeting rural, impoverished districts of South Carolina to offer free STI testing and educational sessions regarding family planning.
- Promote family planning across all social media and advertisements by utilizing billboards, newspapers, pamphlets in stores and offices, and magazines.
- Encourage South Carolina to provide a more practical sex education course that does not have an abstinence-only focus.
Women and Work

When women have a voice, their community is more likely to thrive both economically and socially. As a democratic country, America’s government is meant to represent, protect and forward its citizens’ interests in the larger community. Officials are the representatives of their constituents and yet women are woefully underrepresented in positions of power. So how will their voices be clearly heard? Despite women in business consistently providing real returns to the economy, gender stereotypes of women’s roles impede women’s advancement in business. Lack of workplace flexibility creates increasing difficulties for women trying to balance work and family. The workings of the childcare system are such that women often face the conflict of choosing between advancing their career and providing the best care for their children. Promoting equal employment opportunities in South Carolina is crucial to the future of the state.

Women in Government

I. Status in South Carolina

Women have repeatedly proven to be a vital part of a functioning government. Women, although seen as irrational and excessively emotional, are often more empathetic, peaceful, and collaborative than their male counterparts when it comes to political negotiations. Nationally, the twenty female senators from both parties were an integral part of bipartisan cooperation on important issues including ending the 2013 government shutdown and pushing forward bills that pertain to important women’s rights issues, like the Violence Against
Women Act. Cooperation and compassion facilitate decision-making when it comes to the difficult issues our government faces, and women are a key component of that effort.

Having said that, the nation’s international ranking for percentage of female participation in national legislature is dismal, coming in at 80th, behind Afghanistan as of February 2014. Women currently hold a mere 98 out of 535 seats in the 113th Congress, 20 in the Senate and 78 in the House. Furthermore, our nation has been at a standoff in regards to gender equal representation in government since 2010. Nationally speaking, the United States made no progress in electing more women to Congress in the 2010 election year for the first time since 1987 and the state of South Carolina fares no better. In fact, South Carolina is a major contributor to the problem. South Carolina ranks last in the nation in terms of women in public office. This remains true despite the recent triumph of electing the first female Governor of South Carolina, Nikki Haley, to office. Furthermore, women in South Carolina continue to represent less than 10 percent of the policy-making bodies even though women make up 51 percent of our state’s general population and 56 percent of the vote. Not to mention in the 2009-2010 Legislature, South Carolina was the only state in the nation to have a chamber made up of only males. Currently, there is only one woman serving in the South Carolina State Senate, Katrina Frye Shealy. In the South Carolina House of Representatives, 19 out of 123 members are women.

Historically, only four women have been elected to statewide office including Governor Nikki Haley, Lt. Governor Nancy Stevenson, Superintendent of Education Barbara Nielsen and Superintendent of Education Inez Tennebaum. Only one woman has ever been elected to Congress in her own right, Democrat Elizabeth Patterson served in the U.S. House of Representatives from 1987 to 1993.

In addition to the lack of funding and party support, a main contributor to the lack of women in government is the voter scrutiny of the appearance of female candidates. Voters, both male and female, are significantly more judgmental about the appearance of female candidates as opposed to male candidates. All politicians, and people in the public eye for that matter, are judged on these attributes to some degree, but women are seen to face more scrutiny than their male counterparts. Women face a more difficult challenge in convincing voters to judge them based on their merit rather than superficial indicators like appearance.

Women’s involvement is crucial to improving our government. The lack of female participation in national and state-level politics should not only be seen as a travesty to gender equality but as an impediment to cooperation and progress. Once we recognize the dearth of female politicians as a handicap we can address what we, as a state, can do to fix it.

II. Global Models for Improvement

Despite being a main tenant of the third Millennium Development goal of the UN, women’s representation in national parliaments remains low. According to the UN, only 20.9 percent of national parliaments around the world were made
Interview with Elizabeth Colbert-Busch by Ellison Taylor

Elizabeth Colbert-Busch has been a leader in South Carolina in business and politics as well as an inspiration and role model for ambitious women and girls looking to enter fields that are less traditional for women. She became the first female director of sales and marketing for one of the top ten ocean carriers in the world at Orient Oversea Container Line, Inc. (OOCL) and was responsible for international trade for the U.S. Southeast and Gulf regions. Currently she is the sitting Director of Business Development at Clemson University’s Restoration Institute at the former Naval Shipyard in Charleston, SC. In addition to these achievements, Mrs. Colbert-Busch ran in the 2013 special election for the House of Representatives seat for South Carolina’s first congressional district against former South Carolina governor, Mark Sanford. Although she narrowly lost the race, Colbert-Busch remains a fierce leader in business and in her community.

Despite her triumphs as a leader and as a woman, Colbert-Busch remarks, “We [women] have come a very long way but we have a very long way to go.” Colbert-Busch’s experience working in what was once a predominantly male industry, the maritime industry, has taught her not only the importance of hard work but also the importance of having both female and male women’s advocates in the workforce. Mrs. Colbert-Busch cites people like her former boss, Rick Wen, who supported her rise above and beyond the glass ceiling, as she became the first woman to act as regional director of sales and marketing for OOCL. “I truly believe it was because of how hard you work, how committed you are to your job and the quality of work that you deliver. And it helped that he [Rick Wen] had two daughters and a son and he wanted his daughters to be successful too. How better do you do that than setting the example for your daughters? That, yes, I know you can do this.” While Colbert-Busch cites support for women from both males and females as contributors to her success she emphasizes the importance of
hard work, for everyone but especially for women. “Never underestimate the value of hard work. It sounds simple, it is simple.”

To Colbert-Busch the importance of including women in all levels of industry is more than just common sense it’s good business. “I see extreme value in diversifying not only your business portfolio but diversifying your labor force. Diversity is strength.” A diverse team of men and women can aid in addressing problems holistically with a combination of talents and skills and is ultimately a better business decision. And Elizabeth Colbert-Busch knows business. In fact, she means it. “Elizabeth means business” was a popular campaign slogan during her run for the House seat in 2013. Her platform was primarily job creation and education and was informed by 25 years worth of experience in business. Addressing challenges during her campaign, Colbert-Busch notes, “Because I’m a woman, the questions were more on the social side versus my opponent for whom the questions were more on the financial side. [A woman] is perceived more on the social side. And, until we get past that, and we realize that women do run major businesses, they do run major corporations, and they are in business leadership roles, that’s going to continue to happen.” Despite the differential questioning that may have hindered Colbert-Busch’s campaign during the election, she still highly encourages women to have the courage to take office. “Women [should] feel confident that they are just as, if not more, qualified than their opponents. They shouldn’t feel that they have to be asked to run for office. They should run if they have the passion and commitment for public service and the life experiences that make a qualified candidate.” And her advice extends beyond just the political and business realm and beyond just women. To all she advises, “Take that adventure. Don’t be afraid. Step out of the box. Take every legitimate adventure.”
up of women as of July 2013. As of this date, the United States falls below this average with women comprising only 16.9 percent of our national legislature. Both the international average and the United States’ average fall below the critical mass of 30 percent. Critical mass is the necessary percentage for a group to be adequately represented. Currently only 35 countries have achieved a critical mass of women in their government. Many countries, however, are making successful strides towards gender parity in government. Rwanda in particular has achieved the highest percentage of female representation in national government; women hold 56.3 percent of the seats in their national parliament. Gender equality in government can be achieved in a number of ways, the most potent of which include gender-equal legislation, women’s movements, and quotas.

Before women can be seen as leaders they must be seen as equal, both in the eyes of the people and the eyes of the law. Therefore, it is imperative that legal writ should reflect gender equality by abolishing sex discriminatory laws or writing in new legislation that enforces and protects gender equal rights. In Morocco, the Movement on Parity group played a large part in the redrafting of the constitution, which included issues of gender equality. In the new constitution gender equality is present at every level of government and new policies are gender-oriented and gender-sensitive. This opened the door for legislation of a quota that doubled the seats in parliament reserved for women.

Involvement of women’s groups is also important in empowering women to run for office and advocate on behalf of women’s rights. Women’s movement groups have an intimate understanding of the challenges women face and so they are more adept at addressing them, especially if these advocates ever choose to run for office. An emotionally wrenching example of this is the overwhelming uprising of feminist movements in India after the brutal and ultimately fatal gang rape of a woman on a New Delhi bus in 2012. These feminist movements garnered international attention and influenced legislative change. India’s feminist movement inspired analysis of India’s rape laws as well as an ordinance that made stalking, voyeurism and acid attacks illegal. Although India still has a long way to go before achieving gender equality, feminist movements have proven to be a key player in recent successes.

While gender equal legislation and effective women’s groups are both powerful catalysts for increasing women in government, quotas are by far the most effective in a numbers game. Most countries with the highest percentage of female legislators have had quotas. Twenty-nine of the thirty-five countries that have attained a critical mass of women in government employed the use of quotas to increase female participation. According to a report by Forbes, it would take the United States 20 years to achieve gender equal representation with quotas and 70 years without them. Quotas can take one of three forms, but all seek to achieve a critical mass of women in government. They can be constitutional or legislated and reserve a specified number of seats for women or they can set a minimum quota for the number of female candidates in a political election. They can also be voluntary and set a minimum number of female candidates for a political party. Both Rwanda and many Nordic countries have employed gender quotas, which have catapulted them to the forefront of gender equal politics. Nordic countries lead in
the World Economic Forum’s Global Gender Gap Report, with all but Denmark having closed more than 80 percent of the gender gap.\textsuperscript{128} All Nordic countries are in the top ten for the highest number of women in parliament, with Norway being the highest with 44.7 percent.\textsuperscript{129} Denmark, Sweden, and Norway instituted voluntary gender quotas for political parties in the 1970’s, which helped propel them to the level of gender parity we see today. It has been so successful that gender quotas have been rendered unnecessary in Denmark and have been abandoned.\textsuperscript{130} Rwanda has also had remarkable success with gender quotas. Rwanda is the only country in the world where females make up the majority of parliamentarians. Rwanda set aside a critical mass quota of 30 percent for women in government and now women make up 56.3 percent of the parliament making it one of the most female friendly governments according to Inter-Parliamentary Union.\textsuperscript{131} It is important to note, however, that the enormous female participation may have been less of a choice and more of a necessity. The Rwandan genocide heavily influenced the increase in female participation simply because both Tutsi and Hutu men were so scarce afterwards. Rwanda continues to serve as an example of how women can be successful leaders in the community and in government. It is also worth noting that of the top ten parliaments with the highest female representation, only five are developed countries.\textsuperscript{132}

America’s progress in political gender equality has been rather slow. While women have fair, free, and equal access to voting and are generally highly educated, they still lack a critical mass in our government. A recent study has emerged showing that women in the United States lack representation in the government primarily because they lack political ambition. A 2001 study, which was replicated in 2011 and surveyed approximately 4,000 men and women across the United States, showed a significant gender gap in political aspirations.\textsuperscript{133} This aversion stems primarily from the harsh media attention that female candidates receive when they run for office as well as the difficulty of balancing family and work life.\textsuperscript{134} One state, however, has done remarkably well despite the odds. Washington State has fared unusually well in terms of gender parity at federal, state and local levels. In 2012, although no longer currently, both the governor and the two state senators were women and many other women held local leadership positions around the state.\textsuperscript{135} Their remarkable success in female representation is credited to a general attitude of comfort with female leadership. Matriarchal Northwestern Indian tribes and women’s suffrage in the territory prior to Washington’s statehood are noted for influencing the gender parity.\textsuperscript{136} The gender parity was not legislated; it came about organically because the populace never considered it unnatural. While this specific situation cannot be replicated in South Carolina, its results could be mimicked. Advocacy for gender equality, through women’s groups or legislation, may make the idea of female leadership more palatable and, in fact, logical to our populace.

While the presence of women in government in no way guarantees the absence of corruption, it provides a more representative voice to half of the population. Women have proven to be incredibly effective diplomats and offer a unique perspective that is necessary in a government for and of the people. Women are effective economic leaders because they are more likely to invest in and grow
their community. According to the World Bank, Rwanda’s economy doubled between 2001 and 2010 as women became leaders in their community and their government. Additionally, women tend to advocate for issues that affect their community at large and families in particular. Women in India who serve on the local councils or panchayats have increased the number of drinking water projects 62 percent more than councils made up of their male counterparts. Similarly, a direct causal relationship was discovered in Norway between female representation in municipal councils and the development of childcare programs.

In conclusion, South Carolina could learn a lot from the aforementioned international examples about how to include women in government. In terms of legislative change, it would be effective for South Carolina to abolish gender-discriminatory and obsolete laws from the books and adopt a more gender-sensitive approach in novel legislation. South Carolina could also benefit from voluntary political party gender quotas in order to facilitate bipartisan gender equality and support female candidates from all parties. While these suggestions may be the most potent answers, they are also the most difficult to get passed. Ultimately it would be most beneficial for South Carolina to adopt an attitude of acceptance towards female leadership as in the example of Washington State and encourage female candidates in their pursuit of public office rather than vilify them based upon superficial indicators.

III. Recommendations

- Abolish gender-discriminatory laws.
- Encourage voluntary political party gender quotas.
- Encourage women to run for office.

Women in Business

I. Status in South Carolina

A country undermines its GDP and is restrained from reaching its fullest economic potential when it overlooks or ignores the potential of female business owners. Women own 10.6 million businesses in the United States, and employ 19.1 million workers — that’s one in every seven employees — and their businesses account for $2.5 trillion in sales. 92% percent of women required less than $50,000 to start their business, showing a large rate of returns. Focus on the state of South Carolina and its statistics of women in business shows evidence of a state that, while making measurable progress, still has many improvements to make.

According to the latest Census information, there are approximately 2,088,575 women in the state of South Carolina. These women own 76,831 businesses, of which 11,764 employ others. Both single proprietorships and employment generating firms contribute to economic development in South Carolina. In a percentage ranking of women that own firms within each state, South Carolina ranks 45th out of 50 states, with 3.68 percent of women owning firms.
Female Entrepreneurs in South Carolina – Sweet Radish Bakeshop

By Savannah Mozingo

In the summer of 2013, young entrepreneur Julia Ingram opened the doors to her new store and the realization of her lifelong dream. The Charleston-based Sweet Radish Bakery combines Ingram’s passion for holistic food and baking with her desire to be autonomous and creative. Only a little less than a year before, Ingram had made the move from Portland, Oregon to Charleston, South Carolina, yet she was able to realize the perfect marketing mix for her business and skillfully set up the right networks with little to no prior experience in the area. While Ingram was trying to become a baker, she utilized the opportunity to work as a Whole Foods Market team member so as to get plugged in to the thriving food and service sector of which Sweet Radish would one day belong. It gave her the time to research appropriate financial resources and become part of Charleston’s food-enthusiasts micro-culture. A combination of her own market research and the folk-lore advice of others she came to meet helped her pinpoint the perfect location to start her business for the best advantage in accessibility for its target consumer. While Ingram’s venture has not been immune to the difficulties facing any small start-up businesses, her story is an excellent example of how women-owned businesses benefit the community as a whole. Sweet Radish produces gluten-free products explicitly, allowing for the growing number of those diagnosed with Celiac’s disease and gluten intolerance to partake in Charleston’s food culture without risking their health. Also, the bakery is a source of employment for the few members of her growing staff.

However, in a percentage ranking of women-owned firms that have employees, South Carolina ranks 18th out of 50 states, with 15.31 of women-owned firms employing others. While the proportion of businesses in South Carolina that are owned by women is comparatively low, the proportion of women-owned firms that create jobs are comparatively high.

Between 1997 and 2002 South Carolina ranked 11th among all states in the growth of women-owned businesses. The state is doing a comparatively good job of growing the number of women-owned businesses. Regrettably, growth in receipts did not keep pace. To explain the importance of this finding, it’s important to remember the difference between “sales” versus “receipts.” Sales refer to the exchange of products or services for money. These are either paid for immediately or in the future. Sales from the beginning of the income statement, and from it, all expenses are subtracted to show a business’s profit. Receipts on the other hand, refer to the amount of cash taken in by a business during a single accounting period. Receipts are cash sales and also include any cash received by the business from any source, even loan or
credit line proceeds or investor funding. Cash receipts are shown on the cash flow statement, which is helpful in showing how much money is available for the business to pay its financial obligations. Despite an increase in the percent of women-owned firms, a decline of real receipts by women-owned firms in South Carolina shows that women’s economic power has not increased.

**Female Entrepreneurs in South Carolina – Jivamukti Yoga Charleston**

By Savannah Mozingo

Along with her husband Jeffrey Cohen, Andrea Boyd is the co-director for the Jivamukti Yoga studios in Mt. Pleasant and Charleston, South Carolina; the only Jivamukti studios outside of New York City. After realizing astronomical levels of success with their studio within the first two years, Boyd and Cohen opened their second studio in another part of the city to better serve the Charleston community. Now with a staff of 12 teachers, Jivamukti Yoga has grown into a significant part of the Charleston community bringing in various teachers from outside of the state and even the country, running workshops, events and other team and relationship building activities. Small businesses such as Boyd’s are important for fostering the sort of community that appeals to large investors.

The proven demographic status of women entrepreneurs allows for several inferences. In a survey conducted by the Alliance for Women in 2012, it was found that employment patterns, marital status, income and education variances between entrepreneurs and non-entrepreneurs show that women are less likely to own their own businesses than men. Among those who do, they are less likely to be married than men. Furthermore, they tend to fall in lower income brackets than their male counterparts. These results suggest that male entrepreneurs are successful in part because they can rely on a family network to succeed, while female entrepreneurs are more likely to “go it alone.” Success for women entrepreneurs may require different support networks.

**II. Global Models for Improvement**

The ways in which countries across the world address gender equality in business varies greatly. As a democratic municipality, it is not surprising that the United States would consistently rank among the top ten in several indices including opportunity recognition, institutional foundations, legal rights, as well as access to education and finance. While the United States is one of the world’s leading economic powers, it is obvious that wealth alone is not enough to guarantee entrepreneurial success among women. For example, consider a country like India. A study by Women 2.0 highlights that women may lack access to information, resulting in limited abilities to undertake business endeavors in spite of the perceived availability of opportunities. In other countries, such as Japan, culture keeps women’s entrepreneurship at low levels despite an auspicious business environment. The masculine culture has left many women in Japan without the experience and skills to start their own business, and as a result only 9 percent of managers in Japan are female. A lack of knowledge is the main hindrance to
business growth. Without education, women lack the skills necessary to move their business beyond the micro level. Women in South Carolina face a barrier to entrepreneurship similar to women in Japan. Deprived of a strong, deep group of role models, female networks are likely to falter and these networks are critical to helping create opportunities. In particular, the Internet provides new ways of networking that eliminate temporal and geographic, as well as gendered social constraints that can limit women’s access to information and resources. In the U.K., 78 percent of Internet users are women, compared with less than 7 percent in India and Uganda. These statistics indicate that connecting women to the Internet, or some other form or work network, can encourage entrepreneurship among women. In addition to internet connection, access to finances is critical. Use of bank accounts among women in developing countries is low: 7 percent of the female population in Egypt has bank accounts, 15 percent in Uganda, 26 percent in India, and 27 percent in Morocco. In developed countries, where most of the population has access to bank accounts, funding for venture capital is still low, especially for women. In the United States, women-owned businesses only receive 3 to 5 percent of venture financing.

The United States has a history of supporting small businesses, beginning with the creation of the U.S. Small Business Administration (SBA) in 1953. However, that administration did not include any special programs for women. This deficiency was tackled by the National Association of Women Business Owners in 1975. The organization’s successful lobbying resulted in the creation of the Office of Women’s Business Ownership under President Carter. Only shortly thereafter were special loans created for women entrepreneurs as well as rules that a certain proportion of public procurement is awarded to women’s businesses. The Women’s Business Centers (WBC) established by the Office of Women’s Business Ownership was given the responsibility for these specific programs. These centers are independent of federal administration and receive only a small portion of their funding from the SBA.

With regard to large businesses, many European countries have had success with gender quotas for corporate boards. The European Commission aims to have 33% of board seats filled by women by 2020. Studies consistently show that companies see higher returns when women are on their board. Creating gender quotas for large corporate boards in South Carolina could be one method of limiting the gender gap and encouraging women in business.

### III. Recommendations

- Organize city-wide forums that allow women in business to network and share ideas for entrepreneurship.
- Create cross-city networking events that educate women on the range of business opportunities in their area.
- Require gender quotas on boards of large corporations.
Workplace Flexibility

I. Status in South Carolina

Nations that have women leaders, women in business, and women entrepreneurs see greater economic growth and improved health. Yet, women face significant barriers to succeeding in the workplace. Lack of workplace flexibility creates additional stress for women trying to balance work and family, and often results in men seeing career advancement more often and more quickly than women. Types of workplace flexibility may include alternative work locations, part-time work, job sharing, flexible work schedules, or predictable work schedules. Workplace flexibility not only benefits workers, but is a good investment for employers. Studies show that workers perform better and are more productive in flexible workplaces. Other proven benefits are increased worker retention, better customer satisfaction, and better worker recruitment. While flexible workplace policies are generally at the discretion of individual employers, federal and state agencies can be leaders in implementing flexible workplace policies that are then adopted by the private sector. However one particular component of a flexible workplace can be directly addressed at the national and state level: maternity leave.

In most developed nations, the government guarantees all workers the right to paid maternity leave. Paid leave in other industrial nations ranges from 12 weeks to 50 weeks. Even some developing nations, such as Mexico and Pakistan, offer mothers 12 weeks of paid leave. In addition, 50 countries offer paid paternal leave. In the United States, the Family and Medical Leave Act (FMLA) only guarantees 12 weeks of unpaid leave. FMLA is primarily directed at maternity leave, though fathers may take leave after the birth or adoption of a child, provided they are the primary caretaker. While states are free to pass laws expanding parental leave, many states, such as South Carolina, limit parental leave policies to the FMLA standards. Some businesses may offer employees paid parental leave. However, in 2011 only 11 percent of workers in the private sector reported they had access to paid maternity leave. Many women who have access to maternity leave may be unwilling to take leave as it sets them apart from their male co-workers who lack leave options. This is one reason why paternal leave options are an important component of effective maternity leave.

Maternity leave affects women in all economic classes. For low-income women, lack of mandated paid maternity leave often means losing income right after the birth of a newborn when costs are high. Many low-income women may end up being fired because they are unable to care for themselves during pregnancy or unable to adequately care for their newborn while maintaining high work productivity. Women in pursuit of a professional, academic, or legal career may be unable to compete with their male counterparts who do not take leave. For example, while unpaid leave is guaranteed, women in the legal field may be unable to compete for partner when taking 12 weeks off-work. For women in academia, twelve weeks of leave can count against the tenure clock and possibly mean being unable to teach for an entire semester.

Improving women’s workplace opportunity requires that certain policies and
standards be set with regard to workplace flexibility and parental leave. Without these policies, South Carolina is losing the potential of millions of women workers who could be advancing their education and career, and contributing to economic growth advancement of the state.

Maternity Leave for Academics in South Carolina by Alissa Pape

Dr. Melissa Vogel is an Associate Professor of Anthropology at Clemson University. She had her child in 2012 and was faced with the struggle of balancing limited leave options and a newborn. Dr. Vogel had her child in May, which she considers lucky timing because Clemson classes were not in session and she was able to teach and receive payment for her online class as well as care for her newborn child. Because there is no paid leave and Dr. Vogel is a single parent, taking leave while adjusting to motherhood would have been financially difficult had she had her child at any other time of the year. She did not take any official leave time, but had she had her child during the fall or spring semesters, she says she would have taken sick time. She mentioned that some women in her department have timed their pregnancies around May and June as well. She added that she felt pressure not to take leave because of the financial strain that total lack of compensation would have caused. Dr. Vogel elected to hire a part-time nanny for the first year after having her baby due to difficulty attaining infant care in Clemson. Dr. Vogel has a friend at USC Spartanberg who adopted a child and was able to have “alternate duties,” which allowed for taking time off with full pay and minimal administrative work. This example shows that other universities are able to implement programs that ease the financial and emotional transition into parenthood.

II. Global Models for Improvement

While the U.S. maternity leave policies leave woman disadvantaged in their finances and careers, many international programs have mitigated the negative effect that inadequate leave policies can have on women. In the European Union parental leave has been a priority for many years. The 1989 Community Charter of the Fundamental Social Rights of workers emphasizes the importance of “…enabling men and women to reconcile their occupational and family obligations.” The results of the agreement establish a “non-transferable right to at least three months’ parental leave for childcare purposes (as distinct from maternity leave) after the birth or adoption of a child.” Another provision ensures that workers’ jobs will not be in jeopardy if they apply for parental leave. This agreement encourages parents to take time and ease into the balance of maintaining a work and family life.

In Canada women can “start receiving benefits during the eighth week before your due date or before the actual week you give birth,” and continue receiving benefits until 17 weeks after the week they give birth. If the child is hospitalized, the benefits extend to up to 52 weeks after the birth. Biological and adoptive parents can receive benefits payments during the 52 weeks after the child’s birth or placement. Both parents can apply for benefits; however these
benefits must be shared so the total is 35 weeks, which can be divided between the two parents. For maternal leave specifically, women are able to take up to 50 weeks at 55 percent of their pay.\textsuperscript{169} Partial payment for almost a full year allows parents to adjust to new expenses and the new lifestyle caused by the baby.

In Sweden, parents are granted thirteen months of paid maternity leave, half of which are designated, by law, to each parent.\textsuperscript{170} Despite the incentive for fathers to take paternal leave, “women still take most of the days- in 2012, men took about 24 percent of parental leave.”\textsuperscript{171} When women do take leave they are able to do so while receiving 80 percent of their incomes in addition to 13 weeks paid at a fixed amount.

III. Recommendations

- Expand upon federal mandates to offer paid parental leave for at least twelve weeks.

Childcare

I. Status in South Carolina

It is impossible to discuss women and work without including an evaluation of work-family constraints, and more specifically, childcare options. According to the UN World’s Women 2010 report, “for poor women, the need to resolve work-family conflict often requires difficult trade-offs between employment and family responsibilities in terms of quality of employment and/or quality of care.”\textsuperscript{172} Women in America, and especially women in South Carolina, struggle with this conflict just as women all over the world. Childcare is intrinsic to the discussion of employment equality. Adequate and affordable childcare has the potential to expand women’s opportunity for equal employment; in contrast expensive care can severely limit women’s economic and employment potential.

Statistics on families in South Carolina show that there is a high need for childcare services in the state. According to ChildCare Aware 2012 statistics, there are 231,201 children under the age of six who potentially need care in South Carolina and 156,978 working mothers with children under age six.\textsuperscript{173} In addition, there are 41,159 working mothers with infants under a year old and 123,443 single working mothers with children under age eighteen.\textsuperscript{174} For the over 230,000 children in South Carolina needing care, there are only 185,916 childcare slots available in childcare centers, family care homes, and other programs combined.\textsuperscript{175}

The childcare shortage in South Carolina is further exacerbated by high costs that make the available childcare services too expensive for many families. A single mother with an infant in South Carolina can expect to spend 28 percent of her income on full-time childcare; married couples can expect to spend 8 percent\textsuperscript{176} To put this in perspective, it is generally recommended that 10 percent of income is spent on childcare. Childcare costs create a substantial financial burden for single mothers in South Carolina. In 2012 there were 114,272 families living in poverty in
South Carolina, yet only 11,800 families received assistance paying for care. \(^{177}\)

State childcare assistance in South Carolina is primarily directed through the ABC voucher program, which classifies childcare providers based on quality. Level A providers meet the highest standards of care in South Carolina, Level B providers meet standards above licensing requirements, and Level C providers meet basic health and safety requirements and are exempt from the licensing requirement.\(^{178}\)

Characteristics of a Level A provider may include high staff to child ratios, additional staff qualifications, and positive ERS assessments.\(^{179}\)

Children in Level A care receive the highest possible subsidy rate, while children in Levels B and C receive lower subsidies. Funding for the ABC program is primarily provided through the federal Child Care and Development Fund and the federal Social Services Block Grant.

Parents may qualify for ABC program vouchers if they are working, in school or training, and require at least fifteen hours of childcare per week.\(^{180}\)

In addition, gross family income before taxes must be at or below the income limit for family size. For example, the income limit for a family of three is $28,635 per year, or 150 percent of the poverty level. A family of three already receiving ABC vouchers will become ineligible for the program when yearly income reaches $33,408, or 175 percent of the poverty level or if the parent is unemployed for 30 days or more.\(^{181}\)

In addition to non-subsidized childcare costs, families pay a participation fee for the ABC program, which ranges from $6 per week to $20 per week depending on family size and income.\(^{182}\)

Subsidy amount depends on child age, location, and provider

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**Child Care Services in South Carolina** by Melissa Moore

Leigh Bolick is the Director of Child Care Services in the South Carolina Department of Social Services. In her position she administers federal and state dollars related to the Child Care and Development Fund in South Carolina and oversees state childcare licensing programs, the ABC voucher program, ABC quality program, the Head Start collaboration office, and the Social Services Block Grant. Ms. Bolick thinks the ABC quality program, which allows childcare providers to voluntarily enter into the program to increase their quality of care, has the most potential to improve childcare quality in South Carolina. Ms. Bolick believes that improving childcare in South Carolina requires more state, private, and non-profit investment in childcare, increasing payment rates to providers for sustaining quality, and providing more quality assistance to providers. She agrees that there is a shortage of childcare in South Carolina, but more importantly, an enormous shortage of subsidized care in the state. Ms. Bolick points out that lack of funding prevents the state from offering childcare vouchers to the large percentage of poor, working parents in the state. In addition, Ms. Bolick states that “childcare is one of the single most important workforce supports we have out there for women.” Though every state has room for improvement with regards to childcare quality and availability, Ms. Bolick cites that North Carolina and Georgia both dedicate a significantly higher amount of state funding to childcare than South Carolina.
quality. An infant in the highest quality urban center is eligible for a subsidy of $130 per week. An infant being cared for by a family, friend or neighbor is eligible for a subsidy of $45 per week. According to ChildCare Aware, annual fees for full-time infant care in a South Carolina center averaged $5,855 in 2012. This indicates that parents receiving the highest subsidies can afford childcare with higher than average costs. However, due to current funding restraints only 20 percent of children who qualify for the ABC voucher program receive subsidies. Thus, while subsidies cover high quality care, only a small percentage of children actually benefit from the program. The 20 percent of children who receive childcare assistance are primarily children of welfare clients who gain employment or are in work training, or children in the child welfare system, such as foster children. Low income families not receiving welfare are unlikely to receive childcare assistance. Thus, for a family of three earning an income equal to 150% of the poverty level and receiving no childcare subsidies, putting an infant in the highest quality childcare would cost 20% of yearly income.

In addition to the ABC voucher program, there is at least one Head Start program in every county in South Carolina. As of May 2013, over 6,000 four year olds were enrolled in the Head Start pre-k program. Approximately 10 percent of all South Carolina four year olds are currently enrolled in Head Start, and approximately 25% of four year olds in South Carolina living in poverty are in Head Start.

Statistics for South Carolina suggest that the two main problems the state faces with respect to childcare are quantity and affordability. There is a childcare supply shortage of approximately 45,000 slots and 80 percent of families who qualify for childcare assistance are unable to receive subsidies due to lack of funding. Many women who want to work are constrained by lack of childcare slots or by inability to afford childcare without subsidies, forcing them to sacrifice employment opportunities out of childcare necessity.

II. Global Models for Improvement

Around the world countries, municipalities, and non-profits are coming up with innovative ways to provide childcare and early childhood education. Currently the United States comes in the world for highest childcare costs as a percentage of family income. There are many other countries that have rates of maternal employment comparable to the United States, yet offer childcare at a significantly lower cost. For example, both Estonia and the United States have maternal employment rates of 66.7 percent. Yet on average childcare only costs 3.7 percent of family income in Estonia, as compared to 23.1 percent of family income in the United States. With matching rates of maternal employment, parents in Estonia faces similar needs for childcare as parents in the United States, yet the government of Estonia is more committed to providing affordable childcare than the government in America. Public childcare in Estonia is arranged by municipality for children one year and older. It is worth noting that paid parental leave is guaranteed for the first year. Fees at these childcare centers cannot exceed 20 percent of minimum wage, and as a result, childcare usage by low-income families is higher in Estonia than in all other countries in the Organization for Economic
Cooperation and Development (OECD).

Most European countries provide some form of public or subsidized childcare, but industrialized nations are not the only ones making progress in early childhood development. Throughout the world, early childhood care and preschool education has been recognized as a catalyst for community development. Many developing nations have begun to focus on the youngest children in their development efforts. Take for example, India’s Integrated Child Development Services program. It is the largest early childhood program in the world with nearly 23 million children under the age of six covered in the program. The program focuses on nutritional assistance, health, and education. Half of the young children in the program participate in non-formal pre-school education (PSE). PSE takes on a unique format in this program, with educational services provided in Anganwadi Centres, or village courtyards created for the program. Every village in the country has an Anganwadi Centre, where young children can go to receive PSE. PSE aims to create a foundation for lifelong learning, prepare children for schooling, and offer a care alternative, freeing older children, especially girls, to attend school instead of caring for younger siblings. India aims to create an Anganwadi Centre in every human development, which would increase the number of early childcare centers created by the program from over 40,000 to 1.4 million.

Another country that is leading the way with early childhood care is Peru. Peru’s early childhood education program, PRONOEI, offers care for marginalized children ages 3-5 throughout the country. Currently, 45 percent of children receiving early childhood care in Peru are enrolled through PRONOEI. The program is unique in that it actively involves the community in planning and running childcare centers, and it works to be attentive to the cultural differences throughout the country. PRONOEI has been providing care for children in Peru for 25 years.

We do not have to look as far away as India, Peru, or even Europe to find examples of successful childcare programs. One state in our country is providing care through a system that offers a role model for the entire nation. In Oklahoma, every four year old is entitled to a year of publically funded pre-kindergarten. The Early Childhood Four Year Old Program, in place since 1998, currently enrolls 70% of Oklahoma’s four year olds. The program has a 10:1 student to teacher ratio, offers the option of full-day or half-day programs, and works on school readiness. Children from low-income families can get full-time care for free at younger ages, and the state also sponsors social workers to conduct home visits for low-income parents who want parenting help. Early childhood care is considered a necessary program in Oklahoma, and the policy is supported by all sides of the political spectrum.

III. Recommendations

- Supplement federally funded childcare assistance with state funding in order to ensure that all families eligible for ABC vouchers receive childcare assistance.
- Expand Pre-Kindergarten programs to offer every four-year old in South Carolina access to early education.
Conclusion

Women make up half of the population. In South Carolina we often miss out on the untapped potential of half of our state. This report has shown that women face many challenges and disadvantages in South Carolina. As South Carolina moves forward, with the hopes of advancing our state and improving the lives of our citizens, empowering women is a critical step on our path to improvement. While the recommendations listed in this report are not all-inclusive or all of equally weighted necessity, we believe that, if implemented, these actions could create a brighter future in South Carolina, not just for women, but for everyone in the state.
- Allow people who are in dating and/or same-sex relationships to access orders of protection.
- As part of sexual education reform within the state, include programming on domestic violence and dating violence, including how to prevent and respond to it.
- Develop policies to support funding of one-stop model shelters for victims.
- Enact laws to require domestic violence training for all employed adults who work with young adults, teenagers, and children, particularly within the school systems.
- Leverage local religious leaders to openly advocate for family planning and contraceptive use, including but not limited to condoms and birth control pills.
- Create mobile health clinics targeting rural, impoverished districts of South Carolina to offer free STI testing and educational sessions regarding family planning.
- Promote family planning across all social media and advertisements by utilizing billboards, newspapers, pamphlets in stores and offices, and magazines.
- Encourage South Carolina to provide a more practical sex education course that does not have an abstinence-only focus.
- Hold schools accountable to ensure that all students are receiving sex education that meets these standards.
- Create sexual health promotion programs that are age-appropriate and taught by trained instructors.
- Investigate the possibility of implementing Youth Asset-Development programs in South Carolina to help children and teens avoid health risks, including risky sexual behavior.
- Abolish gender-discriminatory laws.
- Encourage voluntary political party gender quotas.
- Encourage women to run for office.
- Organize city-wide forums that allow women in business to network and share ideas for entrepreneurship.
- Create cross-city networking events that educate women on the range of business opportunities in their area.
- Require gender quotas on boards of large corporations.
- Expand upon federal mandates to offer paid parental leave for at least twelve weeks.
- Supplement federally funded childcare assistance with state funding in order to ensure that all families eligible for ABC vouchers receive childcare assistance.
- Expand Pre-Kindergarten programs to offer every four-year old in South Carolina access to early education.

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