

The Rational Enquirer

May 2002

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Celebrating Adolescence:



and



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Oregon Teen Pregnancy Task Force

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Celebrating Adolescence: *Self, Relationships, and Sexuality*

Webster's Dictionary tells us that *to celebrate* means to mark by ceremony, an event or festival, an occasion of rejoicing! Does reflecting on your adolescence remind you of a time when your mere existence was cause for celebration? What do you remember about your early experiences, particularly as they relate to your sexual development? Do you associate those memories with a cause for celebration? Like many of us, you probably remember the uncertainty, the fear, the questions, the intense curiosity.

Becoming a sexually healthy adult is one of the most important developmental tasks of adolescence. This issue of *The Rational Enquirer* is dedicated to addressing positive ways we can support young people through this important phase of their lives. Note that word "positive." In these pages, we go beyond messages that stress the prevention of undesirable sexual consequences — to acknowledge that healthy sexuality is to be respected, celebrated, and cherished.

Of course there are compelling reasons to ensure that our dialogue with adolescents include frank information about pregnancy prevention and sexually transmitted infections. Yet we must balance the negative with the positive and celebrate the gift of their emerging sexuality.

Of course we understand the importance of encouraging young people to wait until they are ready for a serious relationship before becoming involved in one; of warning them to avoid exploitative or harmful relationships. At the same time, we must remember to celebrate that first love and all the wonderful feelings it brings.

Of course we know that many adolescents come from disadvantaged situations, that they face strikingly difficult life challenges. For them perhaps above all, we must remember always to look for their gifts, to help them see their potential and realize their dreams.

Good VIBES in Southern Oregon



"In 2000, Kids Unlimited's VIBES program was recognized as one of the top ten youth programs in the nation."

When the VIBES Main 1 under-21 dance club opened in downtown Medford two years ago, it sparked a revolution in the lives of local young people. Here, finally, was a place with the latest music, the hottest dance space, and an attitude that recognized the realities of social interaction, while still encouraging respect and safety.

Nearly every weekend since, the club has attracted some 500 young people, with more drawn to its many special events. But from the start, organizers for Kids Unlimited of Southern Oregon had more in mind: a youth arts collective, where youth could gather to explore their crafts. Last November, another part of the vision became reality with the opening of Main 1 Arts Center.

Funded through generous community donations, the center includes a state-of-the-art dance studio with a wooden springboard floor and a gallery and meeting room. All hours of the day, seven days a week, teachers from throughout the community use the space to lead classes for students from preschoolers through senior citizens. Some of the classes, such as the Ballet Folklorico, have drawn together people of diverse cultures for a common cause. Others, such as hip-hop and Aztec dancing, have allowed older, accomplished teens to mentor younger kids.

At the same time, the Main 1 site has continued to be a center for other creative social endeavors. With the support of the Oregon Department of Human Services, Kids Unlimited last summer began efforts to help involve males in pregnancy prevention. Working with Land Mind, a local motion picture company, the agency produced three videos targeted toward changing young men's attitudes toward sexual responsibility. The project also included several boys' fairs aimed at reaching kids early in their high school social careers.

The efforts have been recognized at the local, state, and national levels in the form of ongoing grants and requested collaboration. In 2000, Kids Unlimited's VIBES program was recognized as one of the top ten youth programs in the nation by the Do Something Brick Awards sponsored by MTV, Blockbuster Video, and *Rolling Stone* magazine.

Kids Unlimited is involved now in expanding artistic and entrepreneurial endeavors for young people. Plans include an on-site recording studio, a coffee and snack bar, and expansion of classes and space.

All of these efforts support the original goal on which Kids Unlimited of Southern Oregon was founded in 1995: to provide free after-school and summer academic enrichment and recreational activities for children in West Medford, one of the state's most vulnerable communities. Last year, school programs served more than 1,000 students and their families.

For more information about Kids Unlimited, VIBES Main 1 or the Main 1 Art Center, contact director Tom Cole at (541) 774-3900.





Teenage Rites of Passage

By Zoë Lewis



Crossing the bridge from childhood to adulthood is a perilous journey. In traditional societies, it has long been accepted that young people need a rite of passage and the guidance of wise elders to ease them through this transition.

A rite of passage symbolically represents the end of an old life and the birth of a new one. Traditional rites of passage typically contained three elements:

- 1) The separation: the symbolic act of stepping away from the family to go on a journey.
- 2) The threshold: the journey itself.
- 3) The return: coming back to the community as a different person.

This new status was then recognized and validated by the community. Tribal rites of passage challenged their youth with tests of courage such as fasting, enduring pain without crying out, or spending long periods of time in training and/or in solitude.

In modern Western society, most teens do not have wise elders whom they trust and respect to guide them in how to live a responsible and fulfilling life. Mythologist Joseph Campbell noted, "Boys everywhere have a need for rituals marking their passage to manhood. If society does not provide them, they will inevitably invent their own." This, of course, also holds true for girls, and the newspapers are filled with these default rites of passage: vandalism, gang activity, pregnancy, fighting, and other life-threatening activities such as drinking and driving, suicide attempts, and the like. It's almost as if teenagers are in touch with an archetypal need to have a symbolic death of themselves as children in order to become adults.

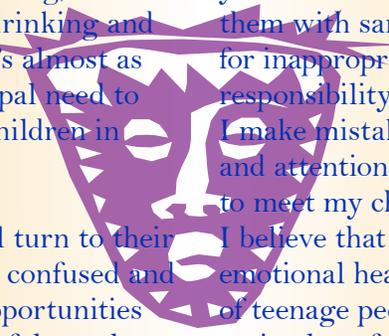
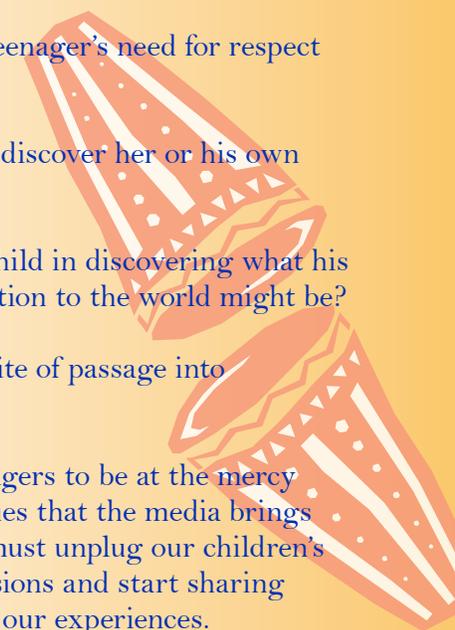
In the absence of adult mentors, kids will turn to their peers, who, in most cases, are as lost and confused and uncertain as they are. Teenagers need opportunities to show that they are independent, powerful people. They need to be guided to activities that allow them to take risks in ways that enhance rather than threaten their and other s' well-being.

As parents, we need to ask ourselves some tough questions:

- ☐ Am I a positive role model for my child?
- ☐ Do I believe in my child?
- ☐ Am I my child's mentor and guide or just a disciplinarian and judge?
- ☐ Am I supporting my teenager's need for respect and independence?
- ☐ Do I trust my child to discover her or his own values?
- ☐ Am I supporting my child in discovering what his or her unique contribution to the world might be?
- ☐ Have I, myself, had a rite of passage into adulthood?

If we don't want our teenagers to be at the mercy of their peers and the values that the media brings into our homes, then we must unplug our children's Walkmans and our televisions and start sharing ourselves, our values, and our experiences.

I have a theory which I am passionately testing on a sample size of two, namely my three-year-old son and my one-year-old daughter. I believe that how I parent them each and every day will determine how well-equipped they will be to handle their teenage years. I believe that my job as parent is to provide them with sane boundaries and logical consequences for inappropriate or unsafe actions, to give them responsibility as they are ready for it, to admit it when I make mistakes, and to shower them with my love and attention with no strings attached. If I am able to meet my children's needs when they are young, I believe that they will have the self-assurance and emotional health to meet the three-eyed monster of teenage peer pressure, mass media morals, and societal confusion without harming themselves or others. And, when they hit puberty and start asking "Who am I?" and exhibiting signs that they are ready to leave the confines of childhood, I'll be standing on the sidelines cheering them on their way.



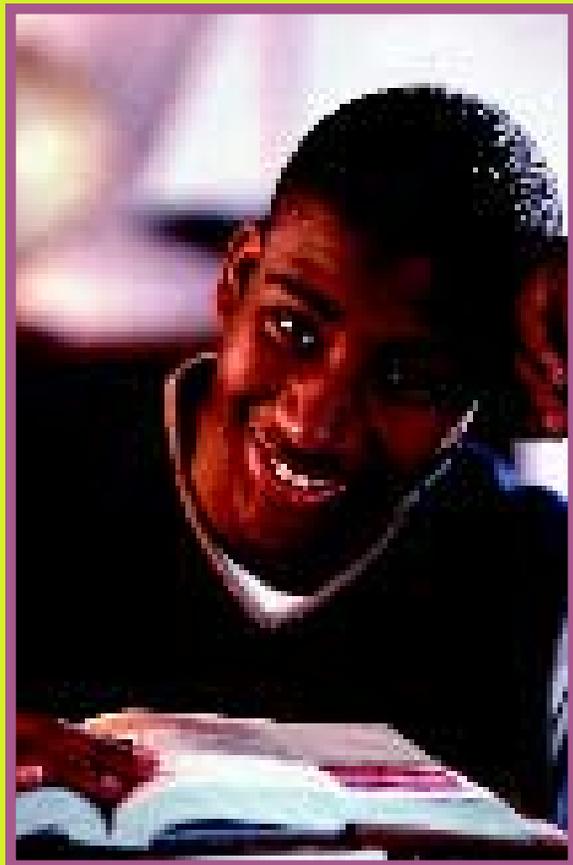
"Teenagers need opportunities to show that they are independent, powerful people."

Share Your Rites Ideas

A number of Rites of Passage programs have been created that guide youth in key developmental tasks they must accomplish in their transition into adulthood. We're collecting ideas and experiences for a future issue. If your community is planning or currently implementing a Rites of Passage program, tell us about it. Send your comments to: Judy.K.Fightmaster@state.or.us. Please include your name and contact information.



For more information on Rites of Passage programs, contact: Rites of Passage Youth Empowerment Program, at www.ritesofpassageonline.org; Let the Circle Be Unbroken "Rites of Passage" and Sustaining the Soul, Theresa Montgomery Okwumabua, Ph.D., at (901) 272-2469.



Check Your References

After years of being reminded to *Shhhh, please!*, it may seem kind of unusual for libraries to encourage talking. But last October was Let's Talk Month, and one of the most vocal and active participants was the Oregon Young Adult Network of youth librarians — OYAN, for short.

The point is, our local libraries are among our most valuable sources of information and assistance in the effort to prevent teen pregnancy. To demonstrate, OYAN hosted an exhibit of resources from libraries around the state at the Oregon Teen Pregnancy Task Force annual conference in October. So whenever you're looking for helpful materials, bibliographies, or activities, talk (quietly, please) with your local youth librarian.

A very good bibliography compiled by the Oregon Teen Pregnancy Task Force is now posted on the OYAN Web site. Check it out at www.olaweb.org/oyan/sexed.htm.

You Talkin' to Me?

In a recent survey, teens aged 12 to 17 were asked: "Who would you feel comfortable talking to about sex and relationships?"

	Males	Females
Friend:	83%	92%
Health-care provider:	65%	74%
Mother:	55%	80%
Father:	61%	27%
Girlfriend/Boyfriend:	84%	73%

Only 28% of males and 37% of females said they know how to talk to a girlfriend/boyfriend about what they feel comfortable doing sexually.

Survey sponsored by the Kaiser Family Foundation and *Seventeen* magazine. For more information, visit www.kff.org.



by Tom Klaus

Sometimes I think I went through the entire seventh grade with an erection. Anything — and I mean *anything* — caused it, but nothing made it go away quickly. I prayed it would subside before I got called to the chalkboard to work on one of Mrs. Nelson’s algebra puzzlers (where were pleated Dockers when I really needed them?)

Everyone who was ever a teenage boy can tell tales of days in Hormone Hell. Grown men in my workshops still flash embarrassed grins and nod as I share my own pubescent nightmares. The boys in our *It Takes Two* pregnancy prevention programs react by joking, squirming, or becoming unusually silent. These men and boys are telling us something significant: most males in our society do not comfortably confront sexuality issues that are critical to their overall sexual health. Frankly, the average male is scared spitless by sex, and his fears can be categorized into seven basic points (see related story on page 7).

Scary sexuality subjects are important to know because they frequently cause guys (especially young guys) to shut down. When our anxiety causes us to dissociate from any meaningful learning about them, we can’t grow up enough to take on a meaningful role in prevention. But what should that role be?

I suggest it should be one of investment — that is, making the personal choice to become positively involved and to share responsibility in sexual relationships because that role has personal benefits (love), it’s an ethical thing to do, and it defines the best of being a man.

True, taking on such a role may require a fundamental shift in our idea of manliness, and perhaps even an essential change in the nature of “Joe Guy” himself. For that to happen, he must be prepared to face and resolve the scary aspects of his sexuality, which he will not do if anxiety causes him to dismiss, discount, and dissociate. This opens up a role for those of us who work with young males. Here’s how we can help:

Use facts to counter myths. What’s the average size of a penis? What causes spontaneous erections? Is masturbation really normal? Simple answers can relieve a multitude of fears.

Normalize the male experience without condoning negative behavior. Guys need to know they’re not alone in their feelings and experiences. That doesn’t mean giving approval to all behavior. “Boys will be boys” should never be a rationalization for acts that hurt or use others.

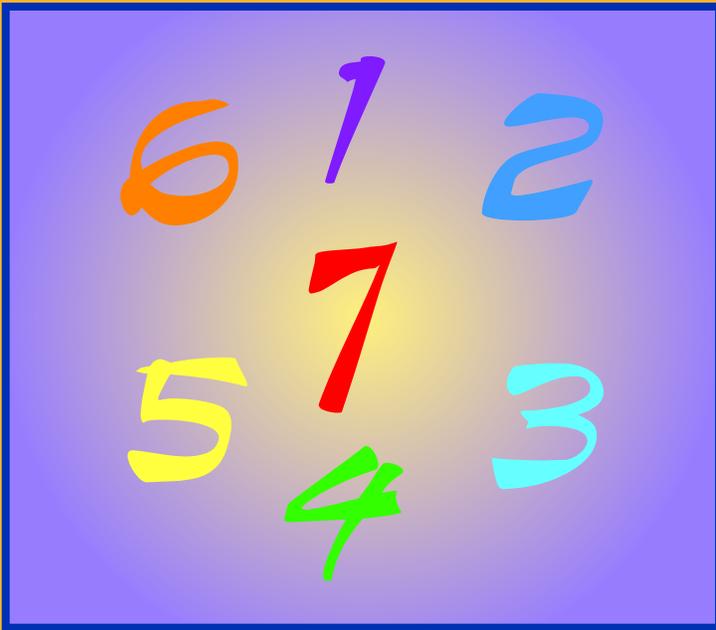
Communicate male to male. Males hear other males clearly and easily because they need the sexual validation of men. A young man may want to believe, but until he hears another male describe his own experiences, he doesn’t know it’s okay to believe.

Identify with the males you’re trying to reach. Young males need to hear a man say “I struggle with this,” or “I wonder about that.” When they know that other males have had the same feelings, experiences, doubts, and questions, they’re empowered to face their own.

Make ’em laugh! Anyone who’s introduced the topic of sex in a middle school classroom knows how boys use jokes to cover their anxiety. Don’t fight it. Work with it! Humor can open a way for your messages to get through.

Beginning in early adolescence, most males miss out on a fuller experience of manhood because it’s easier to duck the scary sexuality issues. We can serve them, and young women, better by helping them find ways through the fear to become fully invested as partners in prevention.

Tom Klaus is founder and president of Legacy Resource Group, which provides training, program resources, and consultation to communities and youth-serving groups nationwide. An ordained minister of the Religious Society of Friends (Quakers), he serves as vice-president of the board of directors for the National Organization on Adolescent Pregnancy, Parenting, and Prevention.



THE SCARY SEVEN

1. Spontaneous Erections: Though they happen to all males, we still wonder if there's something wrong with us. After all, they pop up any time, anywhere, and who knows why?
2. Male Responsibility: It's scary because of the punitive tones and generous portion of judgment usually served with it. Frankly, we're sick to death of hearing about it.
3. Penis Size: Locker room talk, pornography, male mythology, and "true size" demonstration penises in health class create larger-than-life expectations.
4. Masturbation: We don't believe 99.99% of males do it. We all know a guy who says, "I don't have to. My women take care of me." So we secretly wonder if we're normal.
5. Sexually Transmitted Diseases: We pay attention when the subject is STDs. Maybe males can't get pregnant, but we can sure get one of those itchy, drippy, burning, scary things.
6. Sexual Violence: Even if we hate it as much as women, we don't like to hear about it. Too often it seems to lead to a session of "male bashing."
7. Love: We like love but we don't want to be caught acting "in love." Our pals say we're "whipped." Discussion of the topic in an open forum unleashes our fear of being found out.



Consejos a los Padres: Para Prevenir el Embarazo en la Adolescencia

"It All Starts at Home"

Helping the Hispanic Community Prevent Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy has launched a long-term education and awareness effort to support Hispanic parents in helping their teens avoid pregnancy.

Working with the Bravo Group, a leading Hispanic communications firm, and *PEOPLE in Espanol* magazine, the campaign developed a set of materials that includes: (1) specific Spanish-language tips for Hispanic parents to help them discuss sex and pregnancy with their children, (2) companion public service announcements (print ads, posters, and postcards) encouraging parents to talk to their children, and (3) an updated fact sheet documenting trends in Hispanic teen pregnancy and birth rates.

All the materials are available for purchase and downloading at www.teenpregnancy.org/espanol





The Allure of Risk

by Leslie Ellis



John stands motionless at the top of a fifty-foot cliff, looking down at the waves. “Come on, jump!” his friend, Stephen, calls from below. John lands in the water with a loud smack, resurfaces, and lets out a yelp of delight. Adrenaline pumping, the two teens scramble up the cliff for another leap.

What is it that makes risk experience so alluring to teens? They leap off cliffs, drive too fast, experiment with substances, engage in unprotected sex, try petty crime, and generally pursue anything that gives them that momentary thrill. All too often, they give little thought to the potential consequences.

Part of the allure stems from the fact that teens are able to make truly independent choices for the first time in their lives. Taking risks helps them define their personal limits. Lynn Ponton, author of *The Romance of Risk: Why Teenagers Do the Things They Do*, notes that the ability to take risks has been linked to the development of self-esteem. She believes that challenge and risk are the primary tools adolescents use to find out who they are and determine who they will become.

Risk-taking is a necessary process in adolescent development. In its best forms, it expands a person’s potential, and this should be encouraged. The problem is that this desire often leads teens into the wrong kinds of risk. If their natural courage can be channeled into productive kinds of risk-taking, they may feel less of a need to pursue potentially self-destructive challenges. Sports, performing arts, and wilderness experiences, for instance, are excellent ways for teens to push their limits in constructive ways.

Parents can’t always choose the kinds of risks their teens will take, of course. What do you do if they insist on taking what seem to you to be the worst kinds of risks?

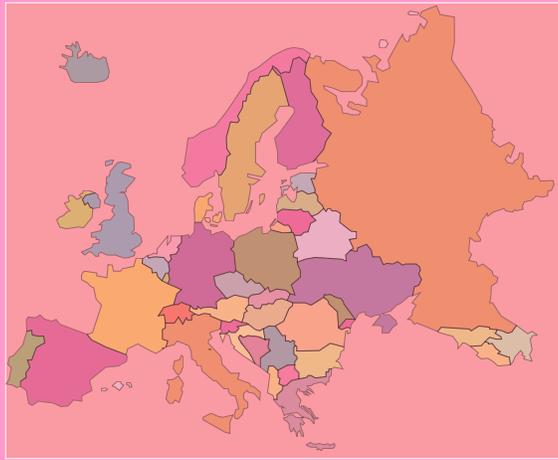
First, it’s critical that teens learn the relationship between their actions and the consequences. You can start this education process early on by tying any disciplinary actions to the act that precipitates them. For example, if your son steals something from the corner store, insist he return the item to the shop owner, apologize, and offer to face the consequences. If you’re consistent about making sure your kids take responsibility for their actions, they’re going to be wiser about the risks they take.

Oftentimes, teenagers take unhealthy risks in an effort to capture attention. Overtly rebellious behavior can be a cry for help. Carolyn, for example, was an A student and generally a good kid until her parents began to discuss separation, carefully keeping their problems hidden from her. She suddenly lost interest in school and began cutting classes to go smoke pot with her friends.

Teens have radar highly attuned to tension within the family and tend to act out rather than talk about their own stress or frustration. They rarely make the connection between family dysfunction and their own risk behaviors. After Carolyn’s parents openly discussed what was going on and encouraged her to share her feelings about the situation, her class attendance went up and her use of drugs went down.

As anyone who plays the stock market knows, with risk comes opportunity. In your teenagers’ case, risk-taking can be a way to push their personal limits and build self-esteem. As a parent, your job is not to discourage all risk, but to understand the motivation behind it and encourage your teens to take positive risks in their lives.

Leslie Ellis is a writer and counselor in private practice. Adapted from *BC Parent News Magazine*, Vancouver BC, Canada (www.BCparent.com) and reprinted with permission



Learning from Europe

Despite dramatic decreases in teenage pregnancy rates and birthrates over the past decade, the U.S. still has substantially higher levels of adolescent pregnancy, childbearing, and abortion than other Western industrialized countries. What's more, teenage birthrates have declined less steeply in the United States than in other developed countries over the last three decades.

That disturbing news comes from *Can More Progress Be Made? Teenage Sexual and Reproductive Behavior in Developed Countries*, a significant new report published by the Alan Guttmacher Institute. It presents the findings of a large-scale investigation conducted in Sweden, France, Canada, Great Britain, and the U.S. between 1998 and 2001. The major conclusions:

- ★ Continued high levels of teenage childbearing in the United States compared with levels in the other four countries reflect higher pregnancy rates and smaller proportions of pregnant teenagers having abortions. The high U.S. rates arise primarily because of less, and possibly less-effective, contraceptive use by sexually active teenagers.
- ★ Growing up in conditions of social and economic disadvantage is a powerful predictor of early childbearing in all five countries. The greater proportion of teenagers from disadvantaged families in the United States contributes to the high teenage pregnancy rates and birthrates. At all socioeconomic levels, however, U.S. teenagers are less likely to use contraceptives and more likely to have a child than their peers in the other countries.
- ★ Stronger public support and expectations for the transition to adult economic roles, and for parenthood, in Sweden, France, Canada, and Great Britain than in the United States provide young people with greater incentives and means to delay childbearing.
- ★ Social acceptance of sexual activity among young people, combined with comprehensive and balanced information about sexuality and clear expectations about commitment and prevention of childbearing and STDs within teenage relationships, are hallmarks of countries with low levels of adolescent pregnancy, childbearing, and STDs.
- ★ Easy access to contraceptive and other reproductive health services in Sweden, France, Canada, and Great Britain contributes to better contraceptive use and therefore lower teenage pregnancy rates than in the United States. Easy access means that adolescents know where to obtain information and services, can reach a provider easily, are assured of receiving confidential, nonjudgmental care, and can obtain services and contraceptive supplies at little or no cost.

As the report states, important lessons can be learned from other countries. A good place to start is by reading the complete report. You'll find it at www.guttmacher.org/pubs/euroteens_summ.html

Reproduced with the permission of the The Alan Guttmacher Institute from: *The Alan Guttmacher Institute, Can More Progress Be Made? Teenage Sexual and Reproductive Behavior in Developed Countries*, New York: The Alan Guttmacher Institute, 2001.





Fear OR Responsibility



Choosing How We Teach Abstinence

by Toby Hill-Meyer

I will come right out and say it: I used to be prejudiced against abstinence education. The issue wasn't one of abstinence-only or abstinence-based, but of abstinence itself. My decision wasn't based on logic, but on my response to all the baggage that seemed attached to that word.

But then I went to Europe. And in the sex education programs there, I learned what teaching abstinence really means.

Before that, all abstinence programs seemed weighted down with judgment and values lecturing me on what was right and wrong. Like many young people, I felt that having sex was a personal decision and that schools should not try to coerce us into changing our decision. It was even worse when they suggested waiting until marriage. Having grown up with parents who are legally forbidden to marry, I saw marriage as a socially constructed institution that had no connection with committed relationships.

In Europe, I saw sex education programs that convey people skills instead of values. At first, it appears that Europe doesn't teach abstinence education — educators will even tell you they don't. To understand the subtle way it's presented there, you have to look at how it's taught here. There are basically two different approaches: the fear-based tactics that had repulsed me, and responsibility-based tactics that I had never had a chance to experience.

At no time did the European educators I met specifically say "Don't have sex." Instead, they'd say "Don't have sex when you aren't ready." Programs offered advice like "Don't have sex because your partner wants to, have sex because you want to" and "The most important thing is that you be in a committed relationship before having sex." Not many 15- and 16-year-olds find themselves in strong, committed relationships. So this

responsibility-based approach does encourage abstinence, in the most meaningful way. In fact, most recent statistics say that American teenagers first have intercourse one to two years before European teenagers.

These messages resonate with students because they acknowledge that, in the end, it's the teenager's choice to have sex or not. The programs teach teens to make their own decisions. Young people are constantly hearing values from friends, family, and the media. If you pit teacher versus friend, the teacher's message will probably lose out, but if individuals are taught to make choices for themselves, they're more likely to postpone having sex.

After the trip, I realized that we do teach the responsibility-based approach here too. Often, both strategies exist in the same course. Some programs teach students that having sex before marriage is wrong and explain how "violators" will be punished. Others teach such skills as how to resist peer pressure and how to make your own choices.

I think the European approach is successful because they really take the "responsibility" part seriously. It's impossible to teach someone to resist social pressure and make their own choices if at the same time you're trying to pressure them to let you make the choices for them. The teenagers either fail to learn how to make their own choices, or they learn to reject persuasion and ignore the messages they're being sent.

The answer is not to find new ways of pressuring teenagers, but to give them the information they need to make their own choices. This may be scary for some adults and parents, but it is time for parents to learn that the values they've instilled in their children are alive, and the only way teenagers will act like adults is for adults to stop treating them like children.

"It's impossible to teach someone to resist social pressure and make their own choices if at the same time you're trying to pressure them to let you make the choices for them."



Oregon Teen Pregnancy Prevention Action Agenda



in the Right Directions

The Oregon Department of Human Services will be featuring the third edition of the *Teen Pregnancy Prevention Action Agenda* in the spring of 2002. The updated document serves as a “driver” for the teen pregnancy prevention efforts at the state and community level and has been expanded to seven key strategies:

- Strategy 1: Positive community values
- Strategy 2: Comprehensive sexuality education and youth development
- Strategy 3: Abstinence education
- Strategy 4: Contraceptive access
- Strategy 5: Male involvement and leadership
- Strategy 6: Balancing health, safety, and legal issues
- Strategy 7: Young-parent services

The strategies were developed through a collaborative process featuring the dedication and hard work of many partners from around the state: To view the entire document, visit www.hr.state.or.us/tpp/action_agenda

We all wonder sometimes where to turn for sound information and resources to use in our work with young people. Now comes this superb service providers’ guidebook on pregnancy prevention for young parents. Appropriately titled *Directions*, it’s based on lessons learned through many years of cumulative experience by a number of community-based agencies.

Inside, you’ll find topics like:

-  Personal Values and Choices
-  Self Worth
-  Personal Relationships
-  Sexual and Reproductive Health
-  The Emotional Aspects of Sexuality

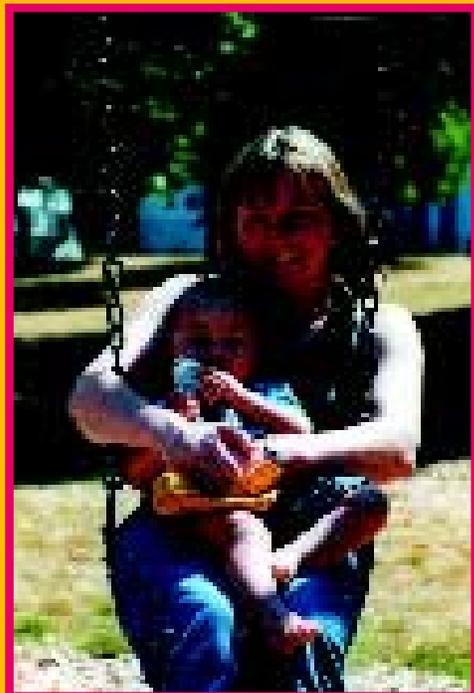
There’s also an extensive bibliography; notes for facilitators; and resource information including Web sites, books, and videos.

Directions is available via e-mail or on diskette in PDF format (requires Adobe Acrobat; available free on the Web). A limited number of binder-ready printed copies are also available. Contact Travis McAlister at Insights Teen Parent Program by phone (503) 239-6996 x238, or by e-mail: travism@insightstpp.org. Please specify the format you want.



In addition to promoting the *Directions* guidebook for use statewide, the Oregon Teen Pregnancy Task Force is designing training that will help teen pregnancy service providers implement its activities.

Toby Hill-Meyer is a student at the University of Oregon and a double major in Sociology and Women’s Studies. He has taught peer sex education for three years at South Eugene High School and currently is a volunteer for the Rights, Respect, Responsibility Initiative.





MALE PROFILING WHEN BOYS BEHAVE LIKE BOYS

by Malachy Grange, RN.

I'm sitting at my desk at the clinic when a group of unfamiliar teen males comes in. A couple are dressed all in black except for the obscene words on their T-shirts. Some look sullen or hostile; others wear an unreadable game face. At least one has lots of metal on his face. They're loud and boisterous - laughing, joking, punching each other and looking as if they might crash into the walls. I tense up and start to deal with them as if they're an annoyance at best and a threat at worst. They react and leave and, big surprise, never come back. What we have here is a failure in adolescent services, because of male profiling.

We've all heard about profiling, of course. In the case of males, it exists when we assume the worst about the intentions and potential behavior of the young men we encounter. In adolescent health care, it often shows up as programs that ignore the appropriate developmental needs of males, but do focus on getting them to stop whatever it is they're doing that's risky, wrong, or harmful. Granted, these are all appropriate goals when applied to pregnancy and STD prevention, anger management, and violence prevention. But if that's where our services for guys start and stop, we're seriously shortchanging them.

Boys make up the vast majority of school suspensions and expulsions, special education classes, dropouts, abusers of alcohol and drugs, victims of violence and bullying and successful suicides. They commit most of the vandalism and acts of violence in the school

community. There is clearly a need for male-oriented services, yet it seems most school programs and health and social services (outside of sports and corrections) have been developed by females for females.

But the issue goes beyond lack of appropriate services. Boys are conditioned to believe that "real men are tough." The most damaging consequence of this is that young men are often cut off from knowing and expressing their feelings, other than anger. Because vulnerability is equated with weakness, they're unable to ask for help with their problems.

Imagine the stresses of navigating the teen years while trying to cope with the damaging and limited vision of manhood that seems to prevail in American popular culture. In a sort of psychological "piling on," many boys lack humane and nurturing male role models to help them through this difficult time.

It's no secret that boys learn and act differently from girls. They tend to be more physical, socialize in larger groups, and have an active learning style. Surging hormones can make their behavior unpredictable and, yes, baffling at times. This is all normal, and we need to make allowances for it while setting reasonable limits.

To give boys their due, we should assess our programs, facilities, and services. Do they invite males in? Are they guy-friendly? Are they aware of young men's struggles and needs? If not, we can take steps to correct the imbalance.

A good place to start is with the excellent report by Howard Hiton, a Portland-area counselor and expert in male adolescent development. *Building on Strengths, Helping Boys Succeed in Portland Schools* provides specific strategies and approaches that address the needs and struggles of adolescent males. It lists valuable and helpful local and national resources, appropriate for health and social service agencies as well as schools. Copies are available for \$15.00/issue + \$1.00 shipping & handling. (originals are spiral bound). Contact person is Bonnie Randolph, Student Services Office of Portland Public Schools, (503) 916-5840, x328.

Malachy Grange is a community health nurse at The School-Based Health Center, Marshall High School.

DEALING WITH REALITY

*"To be nobody but yourself,
in a world which is doing
its best, night and day, to
make you everybody else,
means to fight the hardest
battle which any human
being can fight, and never
stop fighting."*

— e.e. cummings

SURGEON GENERAL'S CALL TO ACTION

Last June, U.S. Surgeon General David Satcher released a long-awaited report encouraging Americans to respect "a diversity of sexual values," recognize what science shows to be effective, and engage in an open discussion about sexuality.

The Surgeon General's Call to Action to Promote Sexual Health and Responsible Behavior details the current landscape of sexual activity: 12 million Americans are infected by sexually transmitted diseases each year, including 40,000 cases of HIV; nearly half of all pregnancies are unwanted; over 100,000 children are victimized by sexual abuse annually. Dr. Satcher suggests that thorough and medically accurate sexuality education is critical to combating these social ills.

The report encourages abstinence until people are involved in a "committed, enduring, and mutually monogamous relationship, unlike programs that urge abstinence until marriage." "I have to deal with reality," Dr. Satcher noted. In fact, studies show that students who have been instructed on both abstinence and contraception are more likely to postpone sexual involvement and use contraception when they do become sexually active.

For more information:

www.surgeongeneral.gov/library/sexualhealth

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www.siecus.org

MALE PROFILING CAN SHOW UP ANYWHERE

A quick inventory of the posters in my own teen health center showed this: a guy throttling a girl (dating violence); a guy abandoning his pregnant girlfriend (irresponsibility); a guy doping a girl's drink (date rape). The only positive image was that of a football player saying no to drugs. These posters were created by well-intentioned professionals to address serious issues. But by concentrating so heavily on the negative side of male behavior, they create a male-unfriendly environment and reinforce an unhealthy image of manhood that's becoming a stereotype in American media and society. -MG



“Wait” and “Be Safe”

Two Guides to Help You Help Your Child

By Tom Sinciet

As a parenting adult, you can make a difference in helping your child avoid pregnancy. The “Wait” guide has useful tips for talking to children about abstinence. The “Be Safe” guide offers advice for parents who think their children might or already have become sexually active. The key in both approaches is to talk early and talk often.

“Wait”

- ➔ Consider the message you want to give and write it down. Ask yourself, “Is this all I want to say?” If not, rewrite the message. Avoid short messages (“Don’t do it,” “Be safe,” or “Wait until you’re older”). They don’t give young people all the tools they need.
- ➔ A child is never too young to hear your message. Remember, they get messages from television every day.
- ➔ The “Don’t wait” message may come from peers, boyfriends, girlfriends, dates, family members, media, and those raging hormones.
- ➔ Be specific when you say “Don’t do it.” Do you mean don’t hug or kiss until you’re 40? What about genital touching? (Remember, the average age of marriage in the U.S. is 27).
- ➔ Discuss your physical or emotional concerns and any moral or religious concerns (your concerns may not be their concerns).
- ➔ Ask “What do you think?” so you can understand your child’s thinking.
- ➔ Know that hormones are normal and are designed to create a pregnancy at any time beginning with puberty. Discuss how to handle

the hormonal energy associated with the kiss/hug so that it doesn’t lead to intercourse.

- ➔ Discuss strategies to help abstinence work: limiting time alone in private and changing to time in public; avoiding invitations to spend time in bedrooms; avoiding drugs or alcohol, leading causes of “abstinence failure.”
- ➔ And if waiting doesn’t work, what will you recommend? Have you spoken about that and does your child feel comfortable with it?

“Be Safe”

- ➔ Be clear and specific: Do you mean “safe” against pregnancy or STDs or both?
- ➔ Explain the importance of using condoms plus a hormonal contraceptive.
- ➔ Have you discussed emergency contraception? (It can be taken for up to 72 hours after sexual intercourse.)
- ➔ Have you spoken of emotional safety?
- ➔ Be informed about what your child is taught in school.
- ➔ Take your child to a health care provider for early selection of a method. This does not necessarily have to be started or used immediately, but can be prescribed to start as needed.



Accidents happen.
Pregnancy doesn't have to.

That's the philosophy behind a recent two-year (1999–2001) effort to address the problem of unintended pregnancy among young women in the Portland Tri-County area. Implemented by Population Services International (PSI), the Emergency Contraception Promotion Project promoted awareness of and access to emergency contraception pills (ECPs) as a back-up option in the event of contraceptive failure or unprotected sex. Compared to the period before the project, EC visits to county health department or Planned Parenthood clinics more than doubled, and orders of Plan B in the area increased by nearly twelve-fold. (Plan B is the most widely used ECP brand in the U.S.)

The project used a comprehensive social marketing approach incorporating four main components:

> **Community mobilization** activities ensured collaboration with key providers and diffused concerns among groups who had

“Are You Ready for Anything?” It's Not-2-Late for Emergency Contraception

questions or concerns about emergency contraception. PSI engaged over 60 key community members and organizations during the project.

> **Formative research** was conducted with 46 young women to gauge their familiarity with ECPs, information they wanted, and how best to present it. The findings were used to shape the media campaign.



> **The media campaign**, produced in English and Spanish, targeted sexually active young women aged 15 to 24, with a special focus on Latinas. Launched in November 2000, the campaign included posters carrying the headline “Are you ready for anything?” and showing the contents of a young woman's purse spilling out, including condoms and ECPs. Two radio spots aired on local stations, in which an anxious young couple learn from a clinic nurse and a pharmacist how EC can help prevent pregnancy. All media materials encouraged women to talk with their doctors about ECPs or call the Emergency Contraception Hotline at 1-888-NOT-2-LATE for more

information. The hotline provides referrals to local clinics that prescribe ECPs. During all weeks that the radio ads aired, calls to the hotline tripled.

> **Training** was implemented to improve clinical providers' knowledge of ECPs, and to increase their skills (and motivation) in discussing and prescribing them for patients. Training was also provided for social service providers such as Community Human Services counselors and community-based agency staff. During the project, 794 clinical providers and 410 non-clinical providers were trained. As a result of the training, provider knowledge increased significantly regarding how ECPs work, their effectiveness, safety, side effects, and the timing of the first dose. Attitudes became even more favorable, particularly through learning that ECPs do not act by causing an abortion, EC information/pills do not discourage consistent use of other contraceptive methods, and ECP availability will not cause an increase in unprotected intercourse.

For more information, please email Alex Lowell at alowell@psipdx.org

PSI is a nonprofit social marketing and health communications organization that develops and implements programs worldwide to encourage healthy behavior and increase the availability of health products and services for populations in need.

Speaking Out on Oral Sex and STDs

by Jessica Guernsey

In the 2001 issue, *The Rational Enquirer* reported on the prevalence of oral sex among teens, a growing trend popping up in the media, health journals, and reports. Some young people, the article noted, are more likely to engage in oral sex because they don't consider it to be "real intercourse." A girl can keep her virginity intact with oral sex and she can't get pregnant, so it might seem like a pretty good bargain. Moreover, since "oral sex isn't really sex," participants may not feel the need to visit a family planning or sexually transmitted disease (STD) clinic. Which could set them up for a world of problems.

To get a picture of just how big a problem — and a better idea of how to handle it — we talked with John Benecki, a physician's assistant at the Multnomah County Health Department's STD clinic.

First, said Benecki, teens should be made aware that STDs, including HIV, can indeed be spread through oral sex, with gonorrhea and genital herpes of particular concern. Contact with a sexual partner's semen or vaginal fluids can produce an infection such as oral pharyngeal gonorrhea — a strain that may not be cured by the relatively easy treatment that works for the genital form. An additional, one-time injection is usually necessary.

Contact with the genitals of someone infected with herpes can spread the disease to the partner's nose and eyes, potentially causing blindness. While chlamydia is not commonly thought to be spread by oral sex, it is common to see chlamydial infections in the eyes from contact with an infected person's sperm or vaginal fluids.

Hepatitis A can be spread through oral/fecal contact with an infected partner. Though less likely, hepatitis B may also be spread through oral sex, especially if the infected partner has poor oral hygiene. Vaccinations for both types can be administered relatively easily over a six-month period.

HIV: A recent study of gay and bisexual men in San Francisco conducted by the Centers for Disease Control and Prevention and the University of California at San Francisco revealed that oral sex was the only known risk behavior found in eight out of 102 men who had recently contracted HIV. The report's conclusion: oral sex is a frequent method of spreading HIV.

The Health Provider's Role

Research suggests that oral sex is the first sexual experience for many young people. At this crucial time, it's especially important that they be encouraged to communicate on the issue with their partners, with their families — and with their health care providers.

Uncomfortable as it may be, talking to teenage patients about their sexual activity can be the first indication that you're a safe person to talk to about what's going on in their lives. One approach is to "remind" the young person: "You know, if you have oral sex, you can get STDs in your mouth," and then offer: "While you're here, would you like me to do an oral culture just to check?"

Ask, too, about symptoms. Even though many will not show signs of an oral infection, some people report a painful rash in the mouth area, an open sore, or a sore throat.

Finally, it's important to encourage young people to talk about and explore options for staying healthy. Young people are savvy and smart, and if given the opportunity, can generate options that ensure their safety. Some suggestions:

- ❑ Choose to say no to oral sex altogether.
- ❑ Explore the use of flavored condoms, flavored dental dams, and plastic wrap to provide barrier protection when engaging in oral sex.
- ❑ Encourage communication with their partners, particularly if someone has had an STD.
- ❑ Learn to ask for an oral culture when visiting a physician if they're engaging in oral sex.
- ❑ Generate other options for intimate contact with no exchange of fluids.

Jessica Guernsey is a Health Educator, HIV/Hepatitis C Community Programs, with Multnomah County Health Department.



Learning How the Real World Works

Those of us who were children of the '60s still remember (or should, anyway) our youthful quest for "relevance." Nowadays, our old slang ("groovy!") may seem as quaint as grandma's bustle, but "relevance" is more current than ever. It serves as the guiding purpose of the highly successful school-to-work programs now operating in secondary schools throughout Oregon.

Born out of the state's 1991 Educational Act for the 21st Century, the programs are designed to help youth understand and explore the connections between work and school.

Workforce development has been identified as a critical need in Oregon. These "real life" learning environments give students the opportunity to gain

workplace experience and exposure to workplace ethics and skills, helping prepare them for further education, training, and high-skill, high-wage occupations after high school.

In the process, the students develop self-esteem, team-building and decision-making skills, and healthy risk-taking practices — life-long "compensation" that can give them a sense of control over their future and a chance to build character and responsibility.

For more information, contact Krissa Caldwell, Program Manager of the State of Oregon School-to-Work/Career-Related Learning Program, at krissa.caldwell@state.or.us

The state of Oregon has implemented an outreach program that places students in meaningful career-related learning experiences in state agencies. During 2000, more than 50,000 young people participated in school-to-work activities with state employees in workplaces, classrooms, and the community.

JUST How Well Do You Know Your Kids?

This quiz can help you find out. It also offers a great opportunity to talk with your children about what's important to them. So after you take the test, be sure to discuss the results with them.

Who is your child's best friend?

What color would your child like his or her room to be?

Who is your child's great hero?

What embarrasses your child the most?

What is your child's biggest fear?

In gym, would your child rather play basketball, do exercise, or run relays?

What is your child's favorite kind of music?

What person outside the family has most influenced your child's life?

What are your child's favorite and least favorite subjects in school?

Of what accomplishment is your child the proudest?

What is your child's biggest complaint about the family?

What is your child's favorite TV show?

What sport does your child most enjoy?

If you could buy your child anything in the world, what would his or her first choice be?

Who is your child's favorite teacher?

What really makes your child angry?

Does your child feel liked by the kids at school?

What would your child like to be when he or she grows up?

Does your child feel too small or too big for his or her age?

What gift from you does your child cherish most?

What would be your child's first choice for a vacation: a camping trip, a visit to a big city, or a boat trip?

Which chore does your child dislike most: clearing the table, cleaning his or her room, or taking out the trash?

What non-school book has your child read most recently?

What is your child's favorite family occasion?

What foods does your child like or dislike most?

What nicknames is your child called in school?

When does your child prefer to do homework: right after school, after supper, or before bedtime?

Which would your child prefer to have as a pet: a cat, a dog, a bird, or a fish?

What is your child's most prized possession?

SCORE:

23-29:
Top-notch
observer

14-22:
Know a lot,
but could improve

0-13:
More communication
needed

Adapted from Oregon Partnership and reprinted with permission. Oregon Partnership has an extensive resource center offering free materials on alcohol, tobacco, and other drugs. For more information, contact Kat Miller in Portland at (503) 244-5211, x104, or kmiller@orpartnership.org; or visit www.orpartnership.org



Diane with her daughter Maylorie and grandbaby Loralye

Celebrating Diane

In October, the Oregon Teen Pregnancy Task Force presented the 2001 Barbara Ross Service Award to Diane Cohen-Alpert — artist, animal-lover, and one of the most influential and effective supporters of teen parents in Oregon. Under her direction, Insights Teen Parent Program has become the primary teen parent agency in Multnomah County, serving 1,600 teen parents and their children each year in homes, schools, and community agencies. After 25 years, Diane is the only founding member still active with the Oregon Teen Pregnancy Task Force, making her the longest-serving member of the OTPTF.

The Barbara Ross Service Award was established in 2000 in honor of Representative Barbara Ross as a way of recognizing those Oregonians who share her inspiration, vision, and leadership in the area of teen pregnancy.

In Other Words: What Colleagues Say About Diane

“Diane’s commitment to young people is reflected in her tireless ability to provide leadership and insight that have influenced policy and services for young parents throughout the state.” *Former Representative Barbara Ross*

“Her expertise and insights are all the more valuable because they come first from the heart.” *Jerry Burns, Multnomah County DHS Service Area Manager*

“She is the strongest, loudest, most passionate voice for the needs of pregnant and parenting teens of anyone I have known.” *Pam Patton, President of the Coalition of Advocates for Equal Access for Girls*

“Her goals for young mothers’ empowerment, dads’ right for support, and babies’ right for good parenting is amazing.” *Sharon Erickson, former business partner*

COALITIONS MADE EASY

(WELL, EASIER, ANYWAY)

If you've been involved in teen pregnancy prevention for more than about five minutes, you know where the real action is: your own back yard. The bulk of the work is done by local coalitions — broad-based groups of community members that build upon and coordinate with existing youth programs and services. There are dozens of them throughout Oregon, with room for more.

To support these essential local heroes, the Department of Human Services has developed two Taking Action booklets:

Bee Involved In Teen Pregnancy Prevention Communication

Lots of helpful information on how to develop a communication plan, write news releases, give radio interviews, and conduct effective presentations.

Bee Involved In Teen Pregnancy Prevention — Organizing, Operating and Building Your Coalition

Covers nearly everything you need to know about setting up a coalition, conducting meetings, and building membership.

For copies or more information, contact the Department of Human Services at (503) 945-5600.

For additional copies of this issue, call (503) 731-4021, or download a copy at:

www.healthoregon.org/ah/re

The Rational Enquirer

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