

# The Rational Enquirer

## MAKING CHOICES, TAKING CHANCES

Many of today's teenagers make choices that have an impact on their lives well into adulthood. A key to helping them choose the best path to a happy, fulfilled, self-respecting future involves sharing with them the facts of teen pregnancy—and showing how those facts may connect with their own lives. Here's a quick quiz to start.

- How many young women under 18 get pregnant each year in Oregon?  
A. 1200    B. 2200    C. 3200    D. 4200
- What percentage of young women in the U.S. are sexually active by their 18th birthday?  
A. 30%    B. 40%    C. 50%    D. 60%
- What percentage of young women who have a baby complete high school?  
A. 40%    B. 50%    C. 60%    D. 70%
- Young men under 20 account for nearly what percentage of births among girls under 18?  
A. 30%    B. 50%    C. 60%    D. 75%
- In 1890 the average age at menarche was 15.5 years. What is the average age today?  
A. 12.5    B. 13.5    C. 14.5    D. 15
- What percent of the men who father children of teen mothers marry the young woman?  
A. 30%    B. 40%    C. 50%    D. 60%
- What percent of never-married teen moms are ever awarded child support?  
A. 15%    B. 25%    C. 40%    D. 50%
- At what age can a father be legally required to pay child support?  
A. 15    B. 16    C. 18    D. 21
- About what percent of teen pregnancies result in a birth?  
A. 25%    B. 50%    C. 60%    D. 75%
- The teen pregnancy rate in the U.S. is about the same as the rate in which country?  
A. England    B. France    C. Canada
- How much has the number of babies born to 15- to 19-year-old unmarried mothers increased between 1974 and 1994?  
A. 125%    B. 140%    C. 165%    D. 200%
- About what percentage of the births to teens under 20 in Multnomah County are paid for by public assistance?  
A. 25%    B. 40%    C. 60%    D. 70%

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- Plus: the pill/condom combo, what works with males, how to treat a teen, websites and resources, & more.

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## THE RATIONAL ENQUIRER

A publication of the  
**OREGON TEEN PREGNANCY  
TASK FORCE.**

*Participating members include:*

**Herman Brame**

Multnomah County Health  
Department

**Marsha Brantley**

Reduce Adolescent Pregnancy  
Project

**Carol Cheney**

Planned Parenthood  
Columbia-Willamette

**Linda Doyle**

Multnomah County Health  
Department

**Judy Fightmaster**

Oregon Health Division

**Jacki Galloway-Gethner**

Consultant

**Joyce Grant-Worley**

Oregon Health Division

**David Lane**

Oregon Health Division

**Althea Milechman**

Teen Health InfoLine

**Cathy Riddell**

Oregon Health Division

**Jana Rowley**

Multnomah Commission on  
Children and Families

**Leslie Uebel**

Oregon Health Division

**Erika Wagner**

Oregon Health Division

**Claudia Webster**

Oregon Health Division

**George Taylor**

Editor

**Carol Buckle**

Graphic Design

.....

Funded by:

The Oregon Health Division  
Department of Human Resources

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# SEEING THE CONNECTIONS

**M**ost adolescents in Oregon are doing well and report a sense of connectedness to parents, family, school, and their community. But a significant proportion of them experience emotional distress, violence, substance use, childhood sexual abuse, school failure, lack of a caring adult, and earlier age of sexual activity, pregnancy, and parenthood.

**T**his issue of *The Rational Enquirer* is dedicated to helping us see the connections to the shared risk factors facing our young people today. Our teen pregnancy prevention efforts require multi-faceted approaches, yet our efforts should not be carried out in isolation. It is essential that we connect with other colleagues working in such fields as education; mental health; alcohol, tobacco and drug use; juvenile crime; health care; mentoring; and violence prevention.

**T**he Oregon Teen Pregnancy Task Force hopes *The Rational Enquirer* will help all of us work together to provide a brighter future for Oregon's youth.

## The Pill and the Condom: Not an Either/Or Choice

*What percentage of single, sexually active young people protect themselves with both a condom and the pill when having intercourse? The answer: precious few. A nationally representative sample of sexually active unmarried people aged 14 to 22 found that just 5 percent of males and 7 percent of females reported dual use of a condom and the pill the last time they had intercourse. (Source: the Alan Guttmacher Institute, February, 1998.)*

Not surprisingly, young people under age 25 have the highest levels of unintended pregnancy and of sexually transmitted disease (STD) in the country. It's no surprise, either, that these young people have much in common. Both conditions are consequences of unprotected sexual intercourse, and both stem from similar behavioral risk factors, including multiple sexual partners, lack of pre-sex discussion of prevention, and lack of effective contraception and condom use.

Among women attending family plan-

ning clinics, one-fourth reported behaviors that put them at increased risk for HIV and other STD infections. Among those visiting STD clinics, almost one-half reported using no method of contraception at all—even though most of them had histories of STD infections and unintended pregnancies.

Yes, it's true that a number of practical differences have kept the two types of services from being integrated in many settings. But the fact remains that we must take advantage of every opportunity to prevent high-risk sexual behaviors among young people in order to protect them against pregnancy and STDs.

Young people need to be reminded that no single method of preventing pregnancy or STDs gives the maximum level of protection for both conditions: the answer lies in dual protection. And so the message to young people should be: "If you are going to have sex, protect yourself by using a condom in combination with another type of effective contraceptive."

# Does "Teenage Sex" Really Exist?

by Mike Males

Teenage and adult sexuality, far from being separate behaviors, are thoroughly integrated. Nowhere in the world, and not in the United States and Oregon, are teenage boys and girls the primary reproductive or sexual-disease transmitters with each other. The best available information tells us that most teenage births and sexually transmitted diseases (STD), and nearly all teen HIV infections, result from sex with post-school-age adults, not high school or junior high peers.

Yet, traditional programs continue to depict "teenage sex" as if it were somehow walled away from "adult sex." But what else should be done? Adding curriculum components to educate school-age teenagers to refuse or manage sex with adults is vastly preferable to doing nothing, and they remain applicable to relationships between older and younger school-agers. But this approach raises a troubling contradiction: should a culture that predicates adult rights based solely on "age" expect its adolescents to control the behaviors of its adults? Especially given that backgrounds of poverty and sexual abuse among younger girls (and boys) promote both voluntary and coercive adult-youth sexual contact?

So far, the predominant strategy is to continue to deny that adult-teen sex exists. Recent surveys and studies by the Centers for Disease Control, SIECUS, the Carnegie Corporation, and Kaiser Family Foundation, among others, explicitly assume that teenagers only have sex with teenagers. As a result, they come to dubious conclusions. For example, a 1994 SIECUS survey reported that the younger

a teen had sex, the more he/she was likely to have regretted it. However, other studies consistently find that the younger a teen had sex, the more likely they were to have been raped, usually by a much older male. The main thing SIECUS may have found, then, is that teens don't like being raped.

Similar flaws occur in the Spring 1998 Kaiser/YM-Magazine survey of youths ages 13 to 18. The chief finding was that one-third of teens felt "pressured" to go further sexually than they wanted to. Adult-youth sex is omitted from the study, leading to an unreal effort to match girls' responses with boys' responses as if they were always each others' partners. The most unreal result involves levels of sexual activity and numbers of partners by age.

Three in 10 teens in the sample said they were not virgins. Asked when they first had sexual intercourse, 41 percent of the sexually active boys and 18 percent of the girls said at 14 or younger. Boys were four times more likely to say they had sex at 12 or younger than were girls. Further, boys reported many more partners—23 percent said four or more, compared to 9 percent of the girls.

Now...90 percent of the babies among junior high girls are fathered by senior high boys and adult men. Fatherhood, STDs, and heterosexually transmitted HIV infections among younger teens are five to ten times more common among girls than boys. Further, at least some STD and HIV among younger teen boys results from sex with older males. Therefore, it is logical that most (if not an overwhelming majority) of the sexually active younger girls

have older, not peer, partners. Conversely, it would appear that younger boys, like their older male role models on barstools, are wildly exaggerating their achievements.

The distinctions are crucial to program design, yet no one seems willing to ask whether surveys yield untenable information that leads programs in politically pleasing but fruitless directions. It seems to me the first step toward more realistic programming is to give up—permanently—the fictions that teenagers only have sex with each other and that "teenage sex" can be realistically addressed independently of "adult sex."

Mr. Males is the author of *The Scapegoat Generation*. His second book, *Framing Youth: 10 Myths about the Younger Generation*, is due out in October 1998.

## JUST the FACTS

♂ Teen pregnancy costs U.S. taxpayers almost \$7 billion every year.

R.A. Maynard, ed., *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, 1996.

♂ 82 percent of pregnancies among teens 15 to 19 years of age are unintended—that is, mistimed or unwanted.

Institute of Medicine, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families* (National Academy Press, 1995).

♂ Only 40 percent of young women go to a clinic for family planning services (contraceptives) within the first year after they begin having sexual intercourse.

The Alan Guttmacher Institute, *Sex and America's Teenagers*, 1994.

# THE OREGON AGENDA

## Governor Sparks Action On Teen Pregnancy

In 1997, Governor John Kitzhaber requested that individuals and organizations come together to determine a course of action for reducing teen pregnancy. In April of that year, he unveiled the Oregon Action Agenda, six comprehensive strategies designed to focus coordinated local and statewide efforts.

The Action Agenda will be implemented by all the key players involved in the effort to reduce teen pregnancy, united in a spirit of shared responsibility:

- Young females and males
- Parents
- Schools and public health
- Governments
- Leaders in government, education, and health services.
- Community members
- The faith community

### THE STRATEGIES ARE THE RESULT OF MANY YEARS OF EFFORT AND EXPERIENCE:

#### 1. Support for Positive Community Values and Norms

A public awareness campaign will endorse a statewide message that speaks out on teen pregnancy. Families will be supported in their efforts to reduce teen pregnancy.

#### 2. Skills for Life Instruction

Boys and girls will be taught Life Skills that build self-esteem, motivate them to

make appropriate choices, and foster an awareness that there are consequences to their behavior.

#### 3. Responsible Sex Education

This will be a comprehensive, age-appropriate, multi-pronged approach with educational materials for parents and schools. School-Based Health Centers will be encouraged to reinforce abstinence goals and provide responsible sex education.

#### 4. STARS: Postponing Sexual Involvement

STARS (Students Today Aren't Ready for Sex), a successful abstinence-plus program, will be expanded statewide.

#### 5. Contraceptive Access

Affordable, accessible, and confidential access to contraceptives is necessary for adolescents who have made the choice to be sexually active.

#### 6. Legal Issues & Protections

Law enforcement for criminal behavior is integral in reducing teen pregnancy. Statistics show the majority of males who father the children of teen moms are over the age of 18. Statutes on such issues as rape, incest, sexual abuse, and exploitation must be carried through (see "Adult Males/Young Teen Girls," on this page).

This is a comprehensive agenda. Its success clearly depends on collaboration at the local and statewide levels—on the efforts of all of us, working together.

## Adult Males/

## Young Teen Girls

By Sharon G. Elstein and Noy Davis

Social workers, educators, and medical professionals increasingly report young girls' pairings with much older partners. Yet society often fails to distinguish these younger girls from older teens: the social welfare and criminal justice systems rarely intervene with efforts at either prevention or prosecution, or do so at an insufficient rate. Prosecutors and service providers also report these girls do not see themselves as "victims" and are therefore uncooperative in reporting to child protection or criminal justice agencies. It is difficult to draw a bright line defining which relationships are appropriate and which are not.

After an 18-month project to study the response of criminal justice and youth service agencies to sexual relationships between adult men and young teenage girls, the Center on Children and the Law, American Bar Association, made the following recommendations:

#### 1. Public Education and Awareness

- Educate the public about wrongful and unlawful sexual relations.
- Change messages about sexuality.

#### 2. Statutory Changes

- Revise minimum ages and age gaps.
- Remove the mistake-of-age defense.
- Increase penalties under certain circumstances.

#### 3. Prosecution

- Focus on repeated sexual relationships with young teen girls.
- Prosecute without regard to class, social status, or race.
- Build on existing multidisciplinary approaches.

#### 4. Prevention

- Provide early and aggressive education.

## "We Shoulda Waited"

Eight in 10 girls and 6 in 10 boys say they wish they had waited until they were older to have sex.

EDK Associates for *Seventeen* magazine and the Ms. Foundation for Women, *Teenagers Under Pressure*, 1996.

- Increase counseling and training resources.

**Conclusions:** To deal effectively with the issue of adult men in sexual relationships with young teen girls—

- public policies must focus on older men who seek out these relationships;
- parents must become more aware of ways they can protect girls from sexual exploitation;
- the media must do more to promote societal disdain of May-December romances involving children who, developmentally and chronologically, are too young to be having sex.

There must be accountability for men sexually involved with young teens, rather than the impunity they have historically been afforded. It is important to recognize that there are no easy answers to the larger questions raised by the involvement of young teenagers with adult males in sexual relationships. Much more work needs to be done. We encourage researchers, practitioners, policy makers, and others to take the next steps so our nation's young teenagers will be adequately protected and those who should be are held accountable for their actions.

*Excerpted from "Sexual Relationships between Adult Males and Young Teen Girls: Exploring the Legal and Social Responses," American Bar Association, Center on Children and the Law, October, 1997.*

## JUST the FACTS



A woman with an unintended pregnancy has a greater risk of domestic violence. In fact, 13.4 percent of these women report domestic violence during their pregnancy—more than double the 5.4 percent of women with a planned pregnancy.

Institute of Medicine, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families* (National Academy Press, 1995).



Adolescent males are four times more likely than adolescent females to report having three or more sexual partners.

# Seeking the Positives: What Works With MALES?

Inquiries into the role of males in teen pregnancy are usually stated in a negative mode. Terms like "predator," "responsibility," and "exploitation" can create a predisposition for a negative inquiry into the subject, complete with negative realities and supporting negative assumptions.

Recent developments in the field of change management suggest a more balanced approach. "Appreciative inquiry" instructs us not to focus exclusively on the negatives. Instead, we should ask, "What is working around here?" That does not mean we should ignore the problem or naively pretend it doesn't exist. Instead, we should use the positives as tools to build a practical solution.

**Fully 60 percent of males are not sexually active by age 15; more needs to be known about these young men so we can transfer, propagate, or support their positive characteristics more widely among all adolescent males.**

More research also needs to be done on the "age of father" question. Adult male involvement in teen pregnancy is unacceptably high, yet it has been the subject of few studies. We do know that the overwhelming majority of males 25 years and older do not have sexual relations with minor girls. One 1990 California survey found that men in that age group accounted for 5.9 percent of births among girls aged 11 to 15, while 45 percent of the births involved adult men aged 19 to 24. According to the Urban Institute, 96 percent of men aged 22 to 26 have not had sexual relations with minor females aged 17 or younger. Some researchers have noted the phenomenon of "developmental arrest" in many adult males sexually involved with adolescent partners.

Anecdotes from real life are helpful in

guiding us to a better understanding of what works, but scientifically evaluated interventions can be more helpful because they have a greater possibility of being systematically replicated. So, what has been evaluated and shown to work? Here are two examples:

**1. Reproductive Health Counseling for Young Men** (an adolescent pregnancy prevention program), by Ross Danielson, Anne Plunkett, Shirley Marcy, William Wiest, and Merwyn R. Greenlick. The program has been scientifically evaluated by the Program Archive on Sexuality, Health and Adolescence, who has made it available to the public. Contact Eugenia Eckard at [Eeckard@osophs.dhhs.gov](mailto:Eeckard@osophs.dhhs.gov).

**2. Wise Guys** (male responsibility curriculum) was developed by the Family Life Council of Greater Greensboro, Inc., 301 East Washington Street, Suite 204, Greensboro, North Carolina 27401. The program was evaluated by Philliber Research Associates, Accord, New York. (301) 333-6890.

For more information, you can also contact:

**3. Urban Institute** report on male involvement programs for teens, "Involving Males in Preventing Teen Pregnancy: A Guide for Program Planners." The publication lists and summarizes promising programs. \$5.00 for first copy and 25 cents for each additional copy. Contact Urban Institute Publications, P.O. Box 7273, Department C, Washington, DC 20044; (202) 857-8709; [paffairs@ui.urban.org](mailto:paffairs@ui.urban.org).

**4. Advocates for Youth**, Teen Pregnancy Prevention: (202) 347-5700; [www.advocatesforyouth.org](http://www.advocatesforyouth.org).

# Don't Ask & They Won't Tell

## A CALL TO ACTION FOR PHYSICIANS

by Wayne Sells, MD, MPH

Health care providers can play an important role in improving the health of our youth. In order to have a significant impact, it is important to re-examine how we provide care to young people. Practitioners must be willing to cross traditional boundaries and work with individuals who were trained in other disciplines and whose roles may be complementary, including: community agencies, families, churches, as well as public health programs.

Most youth see their health care providers infrequently and usually for acute medical problems. However, the American Academy of Pediatrics, American Medical Association, and the Center for Disease Control and Prevention recommend that adolescents have yearly preventive health visits. These visits should screen for health risk behaviors, provide early intervention, and give positive reinforcement for healthy behaviors.

Individuals involved in pregnancy prevention understand the importance of comprehensive care and the frequently overlapping involvement in unprotected

sexual intercourse, alcohol and substance use, physical and sexual abuse. Providers must be creative if they are going to provide comprehensive care while engaging youth by using well written, developmentally appropriate screening forms, or interactive computer programs.

(The Oregon Medical Association now offers three separate screening questionnaires (for ages 11-13, 14 and above, and parent forms), which are two pages in length, easy to use, and may be photocopied. To request a copy of the forms, call the OMA at 503 226-1555.)

Beyond the specific services that we physicians provide for youth, we must look closely at the environment in which they are given.

 Are our waiting and exam rooms set up to make adolescents comfortable, with appropriate reading materials, pictures, and furniture?

 Are parents, adolescents, and providers aware of the legal rights of minors to receive care without parental consent?

 Do teens and parents have the opportunity to meet and confidentially discuss their concerns?

 How does the practitioner protect the rights of the adolescent in terms of confidential charting, billing, and scheduling?

 Do young people feel empowered to call their primary care provider or to set up their own appointments?

 Are there financial agreements set up so that young persons can pay for their own care when they do not want their parents' insurance billed for confidential care?

In order to make educated decisions about their health, youth must receive developmentally appropriate information in a supportive environment where they have the time and privacy to ask personal questions. If we fail to provide such an environment—if we don't ask—then clearly they will not tell.

*Dr. Sells is Assistant Professor of Pediatrics & Internal Medicine and Director, Division of Adolescent Health Oregon Health Sciences University.*

### JUST *the* FACTS

 Girls who smoke cigarettes at an early age are more than twice as likely to have sex before age 14 as those who do not. And boys who drink alcohol at an early age are more than twice as likely to have sex before age 14 than those who do not. E.L. Mott, M.M. Fondell, P.N. Hu, L. Kawaleski-Jones, E.G. Menaghan, *First Sex by Age 14 in a High Risk Adolescent Population*, *Family Planning Perspectives*, vol. 28(1):13-18, 1996

 Infants born to young mothers are more than twice as likely to have a low birth weight as infants born to older mothers.

W. Baldwin, "The Consequences of Early Childbearing: A Perspective," *Journal of Research on Adolescence*, vol. 3(4):349-352, 1993.

# So There.

Making condoms easily accessible to public high school students does not make teenagers more promiscuous. That's the word from a study conducted among students in New York schools, as reported in the *New York Times* in September 1997. The study, part of a three-year evaluation of New York City's AIDS Education Program financed by the Robert Wood Johnson Foundation, found that students were not more likely to become sexually active; yet they were more likely to use a condom when they were sexually active. The findings suggest that access to condoms in schools is "a low-cost, harmless addition" to AIDS prevention (and pregnancy prevention) efforts.

*Information in this article comes from "Condoms in School Said Not to Affect Teen-age Sex Rate," by Lynda Richardson, the New York Times, September 30, 1997.*

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# WAYS TO TREAT A TEEN

All operators of teen clinics take note: Teens are not an alien species, but they do have their own preferences and definite ways they like to be treated.

Just like the rest of us. Here are some ways to draw teens to your clinic and keep them involved in their health issues:

**1** Print and distribute wallet cards. They can say a lot in a small space. Be sure to emphasize "Teens Only" and the availability of free or low-cost services. Don't forget to include a map, list of services, operation hours, street address, and telephone numbers on the card.

**2** Use signs to direct foot traffic to your clinic. Designate a special area for sign-in and use individual sign-in sheets.

**3** Let the teens write down their reason for visiting so they don't have to announce it to everyone in the waiting room.

**4** Change the music to teen-friendly tunes.

**5** Replace the women's and baby magazines with teen magazines.

**6** Take down the baby pictures and put up some teen-friendly posters.

**7** Provide entertaining videos and coloring books to help ease anxieties and pass the time.

**8** Teens are known for their appetites. Provide light snacks such as popcorn and lemonade. They're easy, inexpensive, and sure to please.

**9** Two words: colorful condoms. Display them in clear barrels. Put extras in exam rooms so the shy ones will pick up protection before they leave.

**10** Use educational materials adapted to teens' special needs.

**11** Mirror the population: staff your clinic front desk with young people.

**12** Assign one member of waiting-room staff to help teens fill out Medicaid or health insurance forms.

**13** When going into the community, don't forget to talk with and listen to the men.

**14** When making presentations, take a picture board of staff members. Teens want to see who works at your clinic.

**15** Develop personal relationships with referral agencies.

**16** Encourage teens to bring their friends. Today's tag-along chum may turn into next week's patient.

**17** Get feedback through community books, surveys, and advisory boards.

**18** Ready to start your clinic? Fine-tune your services with a mock clinic before you open your doors. Recruit teens to role-play as patients.

*Adapted from Contraceptive Technology Update, October, 1997. Original article written by Linda St. Clair, Adolescent Health Access Coordinator; Robyn Achilles, MPH, Public Health Educator and Coordinator for the Northshore Teen Clinic, Bothell, Washington; Bobbie Anderson, MHA, Executive Director of Boulder Valley Women's Health Center; Jonna Sherrill, MA, Director of the Boulder Center's Teen Clinic.*

## TEEN DAD

by Pha Lo

*My name is Pha Lo and I am a 20 year old graduate from Helensview High School in Portland. I graduated in 1995-96. When I was 17 years old and a senior in high school, my girlfriend and I learned the news of her pregnancy.*

*At first I was scared and didn't know what to do. I couldn't see myself going through life without knowing what could have happened or what he may have looked like. So, after going through the different options that we had, we both agreed the best thing to do was to keep the baby. Once the option was set before us, I knew that it was time to take life seriously, but the hardest part was growing up. There were many obstacles I had to face. The hardest one was having to face my girlfriend's father, knowing how he thought of the situation and*

*what choice he wanted her to make. Once she moved out into her sister and brother-in-law's house, everything changed for the better.*

*When Brandon was born, I knew then that I had to set goals for myself and my son. My goal is to try to be successful at everything I do. And as for my son, my goal for him is to have happiness in all aspects of life. And as for dreams, there are many that I would like to achieve. But for now, my goals are more important to me.*

*As a father, it's hard to raise a son when you're trying to raise yourself in society. Society these days looks down on us teen parents because they believe that we're too young to take care of ourselves, so they wonder how are we able to take care of our kids. There are a lot of young dads out there that are wanting to stay in their child's life but aren't getting the support they need to do so. So, in other words, there should be more programs for young dads.*

*Thank you.*

## Making the Effort, S E E I N G THE RESULTS

Abstinence, contraception, education – there's no single answer to the problem of teen pregnancy. This we know: good work is going on in communities, schools, and organizations all over Oregon. The results are beginning to show. *Here's a sampling.*

## CONNECTING TO THE NET

This time, we're not talking about the Internet. We're talking about the statewide network of local communities who have joined the **Reduce Adolescent Pregnancy Project (RAPP)**. Each local RAPP committee makes a five-year commitment to fight the teen pregnancy problem at the grass-roots level—the only place where real differences can be made.

Using a variety of strategies, RAPP groups advocate for improved services, information, education, and leadership to reduce adolescent pregnancy in their communities. They identify broad-based representation, obtain community endorsement, support comprehensive approaches, advocate for change, and form collaborative community partnerships.

The RAPP network is supported with technical assistance from a number of state agencies: Department of Human Resources Director's Office, Volunteer Program and Office of Alcohol and Drug Abuse Programs; Adult and Family Services Division; Health Division; Services to Children and Families; Commission on Children and Families; Department of Education; Family Resource Coalition; and Oregon Teen Pregnancy Task Force.

For more information about the RAPP network, call Marsha Brantley, RAPP Coordinator, (503) 945-6083.

## JUST the FACTS

♀ A sexually active teenager who doesn't use contraception has a 90 percent chance of pregnancy within one year.

# OREGON'S STARS ATTRACTION

**STARS (Students Today Aren't Ready for Sex), Oregon's abstinence education program, is part of the state's comprehensive approach to reducing teen pregnancy.** As such, it's an element of the Governor's Action Agenda to Prevent Teen Pregnancy, which also includes contraceptive access and sexuality education. STARS targets sixth or seventh graders, teaching them refusal skills and discussing the consequences of early sexual involvement.

For more information, call your local Health Department or the STARS program at the Oregon Health Division, (503) 731-4059.

**The goal is to make STARS available to all Oregon sixth or seventh graders by the Year 2002.**

### STARS Profile

- ★ Active in 27 Oregon counties, both rural and urban (as of June 1, 1998)
- ★ Projected to be in 30 to 32 Oregon counties by the end of 1998
- ★ Projected to grow from 78 schools in 1996 to over 400 by 1998
- ★ Part of a private-public collaborative effort [e.g., STARS Foundation, local hospitals; Oregon Health Systems in Collaboration (OHSIC); Oregon businesses; state and national foundations; and the Portland Power Women's Basketball Team]
- ★ Coordination with and through local health departments
- ★ Administers \$300,000 in federal and state grants to local communities

### Currently Using STARS

Benton	Lane*
Clackamas*	Lincoln
Columbia*	Linn*
Coos	Marion*
Crook	Morrow
Curry	Multnomah
Deschutes*	Polk
Douglas*	Tillamook
Grant	Umatilla*
Harney	Union
Jackson	Wasco
Jefferson	Washington*
Josephine	Yamhill
Klamath*	

\*Planning Program Expansion

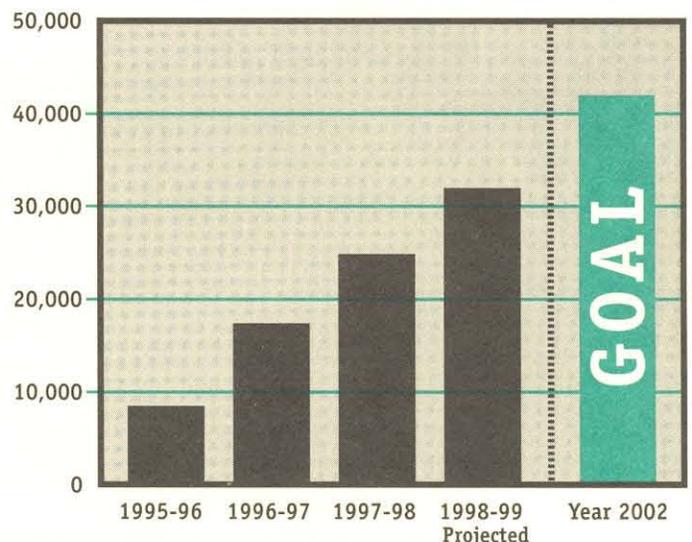
### Probable 1998 Start-up

Lake
Wheeler

### Planning to Join STARS

Clatsop
Gilliam
Sherman

Number of Oregon Students Reached by STARS



## Creating Harmony on Campus

Last May, we Oregonians, like Americans everywhere, were jolted out of our complacent attitudes toward the safety of our children while at school. We know now *It Can Happen Here*. And while extreme violence like that at Thurston High School is thankfully rare, certainly every school campus has its share of conflict.

Just as there are many reasons for the tensions that inflict our school yards, there are many strategies that can work toward a solution. One case in point involves Portland Public Schools' Monroe Teen Parent Program, which works with a diverse group of African American, Hispanic, Native American, Asian, and Caucasian pregnant and parenting teens.

The program's staff determined to make cultural harmony one of the program's goals once serious conflicts (including racial and ethnic slurs) started to become commonplace—as happens at many schools throughout the state. A series of facilitated meetings with groups of students and staff led to the **Cultural Diversity Project**.

School rules were revised to put a major emphasis on treating each other with respect. The rules are enforced by a system of incident reports and immediate consequences. A student named in three incident reports is called in for a required conference, attended by staff and an important person in the student's life. The next incident report results in a suspension.

The creation of "Peace Week" followed. Rotating groups of students participated in such activities as working on anger management skills, making banners celebrating peace and love, sewing a peace quilt, and writing peace theme poetry. The activity culminated with a peace dedication on campus.

Participants noted that the Cultural Diversity Project made a difference in how they felt about and interacted with others. Comments included: "[It] helped me to tolerate differences and taught me important skills in resolving conflicts" and "[Peace Week] helped bring us all together."

To learn more about Monroe's evolution toward a place of greater harmony among students and staff, contact John McComb, (503) 916-5753.

# Get A Clue

● A 1986 study found that approximately 61 percent of 445 teen mothers in Illinois reported that they were forced to have an unwanted sexual experience at some time in their lives. Their mean age at first forced experience was 11-1/2.

● A study in Washington State confirmed that 62 percent of teens who had become mothers before age 18 were sexually abused or raped prior to their initial pregnancy. They were more likely than other women to report that their own children had been abused or taken from them by child protective services.

● Another study found that 23 percent of the young women who were sexually abused reported becoming pregnant by the perpetrator.

● The 1993 Oregon Youth Risk Behavior Survey of students throughout Oregon in grades 9 through 12 found that one-third of female students self-report as having been sexually abused within the past year.

Clearly, there's a strong connection between sexual abuse and teen pregnancy. The reasons often have to do with issues of low self-esteem and lack of social skills (see related story). In Multnomah County, **Get A Clue** is a resiliency skill-based program for girls aged 9 to 12 (prior to the sexually vulnerable years) aimed at strengthening their ability to rebound

from abuse-specific trauma and motivating them to defer pregnancy.

Get A Clue addresses low self-esteem by providing activities that help the girls affirm their strengths, and by identifying goals that will give life meaning and lead to competence and mastery. The participants develop healthy expectations about their own future and about their ability to overcome adversity.

A parallel club, **Get A Grip**, helps mothers or female mentors provide a caring, continuous supportive adult relationship to a child. The goals are to repair or strengthen the bond between mother and daughter; educate and support the mothers in their efforts to change the dynamics inherent in incestuous family systems; educate mothers about the effects of sexual abuse on normal child development; provide guidance on managing the risks of early adolescence with special emphasis on preventing pregnancy and alcohol/drug abuse; and identify and refer families who can benefit from outpatient mental health and alcohol/drug abuse treatment.

For more information, contact Lauranell Scarfo, (503) 665-0157, ext. 346.

*Get A Clue and Get A Grip are funded by the Multnomah County Commission on Children and Families and have a collaborative relationship with the Touchstone Program connected with public schools and other community-based agencies throughout Multnomah County.*

## THE SEXUAL ABUSE/ TEEN PREGNANCY CONNECTION

**S**exual abuse delays the normal adolescent developmental processes that have an impact on early sexual development. These delays may affect a girl's learning ability, making it difficult for her to acquire confidence, self-discipline, problem-solving skills, family support, and social competence needed to believe in and pursue a positive vision of the future.

Girls who have experienced sexual trauma are psychologically vulnerable. If they lack the opportunity for treatment and renewal of self-esteem, they're highly likely to have unmet emotional needs and distorted ideas about what is and is not a healthy relationship. This sets the stage for compulsive sexual behavior and early pregnancy as a way to validate themselves and increase their self-esteem.

# ARE YOU READY?

Based on the successful model developed by Dr. Michael Carrera at the Children's Aid Society of New York, **Are You Ready?** has the potential to be an effective answer to the question of teen pregnancy prevention. The program is grounded in the premise that young people have potential, and is designed to provide them with tools and skills that enable them to make constructive, healthy life-choices. Other areas that have implemented the model have seen lower pregnancy rates and better school and college attendance rates for participants than for similar youth in the same community.

Are You Ready? completed its first session last March 20. That effort involved 47 participants aged 13 to 16, primarily African American teenagers from the University Park neighborhood of North Portland. Three-hour sessions were held each weekday after school.

Four program components were offered in the inaugural effort:

**1** Education appears to offer the stiffest challenge in enlisting the support and enthusiasm of teens. In the inaugural session, however, there was notable improvement in the school grades of most participants. One student, in fact, went from a 0.75 grade point average the first term to 3.75 the last term.

**2** The Employment component teaches the essential values and skills necessary to succeed in the work world in the next century. Participants earn a stipend for completing tasks, mirroring the results of labor in the "real world."

**3** The Family Life and Sexual Education component helps youth practice ways to make decisions that positively affect their lives. Students are encouraged to recognize and build self-respect and esteem and to treat others with respect and care.

All Are You Ready? participants receive

much-needed health care services and necessary referrals through the Multnomah County Health Department's School-Based Health Centers in the North Portland area. A Multnomah County Health Department Community Health Nurse plays a key role in ongoing health and sexuality discussions with the teens.

**4** Arts and Self-Expression will take many forms throughout the course of the three-year program. Initial focus was on African dance, music rhythm, and performance. The component leader teaches the youth about the importance of the arts in their lives and encourages individual expressions of creativity.

Throughout the course of the program, a Community Organizer stays in close contact with the teens, keeping aware of issues that affect their ability to accomplish their goals and meet their potential. The teens know that their coordinator and the Are You Ready? program are available to them, whether for trips to the doctor's office, mediating discussions with parents, rides home, or just a bit of personal consoling because of a bad day.

For more information, contact the Program Director or Community Organizer, (503) 823-3697.

## JUST the FACTS

♀ Teen mothers are more likely to raise their children in single-parent households and are more likely to raise them in poverty. The percent of children living in single-parent households increased 120 percent between 1960 and 1990. This means that the teen mother and her child are likely to be poor and to stay poor.

R.A. Maynard, ed., *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, 1996.

## JUST the FACTS

♀ A child born to teen parents is less likely to complete high school than her or his peers. Approximately 75 percent of these children complete high school by early adulthood, compared with 89 percent of children born to mothers aged 20 to 21.

R.A. Maynard, ed., *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, 1996.

♀ One-fourth of teenage mothers have a second child within two years of their first.

The Alan Guttmacher Institute: *Sex & America's Teenagers*, 1994.

## Youth Has Its Say in Marion County

In 1997, the Marion County **Voices of Youth Conference** brought together 35 young people and key county leaders to discuss teen pregnancy. Most of the teens expressed concern about getting pregnant or making someone pregnant. Here's more of what they had to say:

▲ Many more sexually active teens would use contraception if there was more community support for their decision.

▲ They feel adults help very little or not at all to help them avoid a pregnancy.

▲ They believe a single approach is not the answer to preventing pregnancy.

▲ About half of the teens would advise their younger siblings to wait to have sex or to use protection against pregnancy and sexually transmitted diseases.

▲ The perception of fear, embarrassment, and lack of confidentiality were viewed as keeping young people from using community resources to prevent pregnancy.

▲ Most teens learn about sex from their friends and the media, yet they would prefer to learn about sex from their parents, schools, and churches.

▲ Most of the teens in the conference felt that local schools and places of worship could get more involved to help teens prevent pregnancy.

For a complete copy of the report, contact Kirsten Collins, Teen Parent Outreach Project, 999-A Locust Street North East, Salem, Oregon 97303-5254 or (503) 399-5517.

# Helping Teen Parents Build Better Lives

In Oregon, Adult and Family Services (AFS) initiatives are helping teen parents better their lives and giving them the tools



to make better choices about becoming parents again before they become adults. By working to improve the economic and emotional stability

of all members of welfare families, AFS and its partners are also making it more likely that teens who aren't yet parents will remain that way through their teenage years.

Oregon was unique in the nation when welfare reform began in 1990 because of the state's positive emphasis on helping teen parents, who were required to work toward their high school diploma. These efforts have paid off; more than 95 percent of teen parents now on welfare have a high school diploma or are attending classes.

AFS and its local partners continue to develop innovative programs and services for teen parents, including mentoring programs, special educational programs that combine parenting and life skills classes with high school education, and housing locations where teen parents receive support in working toward self-sufficiency.

AFS case management services now address the needs of the children as well as the adults in a welfare household. This means that services are also available to non-parenting teens in welfare families to help them stay in school, address emotional and family issues, and deal with pressures that contribute to early parenthood.

## JUST the FACTS

♂ School failure often precedes early pregnancy and childbearing.

# RISKS TAKING

The 1997 Oregon Youth Risk Behavior Survey (YRBS), a voluntary and anonymous survey of high school students, provides information about students' risk of pregnancy and early sexual involvement. The survey was administered to 32,378 Oregon students in grades 9 through 12. Its findings can be used to develop education programs and other strategies to help reduce behaviors that put youth at risk.

Here are some of the findings:

- 69 percent of all students in the 1997 YRBS would advise a classmate to "wait until older" or "wait until married" to begin having intercourse.
- Young women were significantly more likely than young men to advise a classmate to wait (83 percent versus 55 percent).
- Among ninth graders, 22 percent of the females and 26 percent of the males had ever had intercourse. By twelfth grade, 53 percent of the females and 48 percent of the males had had sex.
- For twelfth graders who ever had intercourse, the mean age of first intercourse was 15.4 years for females and 15.2 years for males.
- Students attending school in smaller cities (population under 10,000) were more likely to have had sex than those attending school in larger cities (populations of 10,000 or more) (41 percent versus 32 percent).
- Among sexually active students participating in the YRBS, 11 percent reported they had been pregnant or gotten someone pregnant (13 percent of the females and 8 percent of the males).
- Of the 2.5 percent of students who reported having sexual intercourse before age 12, a large percentage reported a history of childhood sexual abuse. Seventy-six percent of the females and 20% of the males who reported having intercourse before age 12 reported being sexually

abused ("touched sexually when they did not want to be, or forced to have sexual intercourse when they did not want to").

- Students who reported being current smokers were over four times more likely to report a history of pregnancy or making someone pregnant.
- Students who reported ever attempting suicide were almost four times more likely to report a history of pregnancy or making someone pregnant.

The complete 1997 Oregon youth Risk Behavior Survey Summary Report is available on-line at

<http://www.ohd.hr.state.or.us/cdpe/chs/yrbs/97report/tofc.htm>

## ...Talking Sense

Students in the YRBS could come up with some pretty sage advice:

"Tell the parents to talk to their kids about sex."

"Abstinence is a good method; unfortunately it is not always practiced."

"I wish I knew more about sex three years ago. I now have an STD that will never go away. Kids definitely need to be better educated."

"My friends that are having sex know little about birth control...while it seems that my friends who aren't...know a lot."

"Go work with kindergartners and try to save them...because it is too late for us."

"I know many of the mothers in the Teen Mother program at my school and many of them never meant to have a child."

## MAKING CHOICES, TAKING CHANCES

(answers to quiz on page 1)

**1-C** The number varies from year to year, but averages 3200 young women getting pregnant each year in Oregon. This is about 1.9 percent of the state's female population aged 10 to 17. This is a small percentage because of the age range included in the total. There are many 10 and 11 year olds in the denominator, very few of whom get pregnant.

**2-D** Studies show that 60 percent of young women in the U.S. have had sex by the time they reach 18 years of age.

*E.D. Laumann, J.H. Gagnon, R.T. Michael, et al., "The Social Organization of Sexuality." Sexual Practices in the United States. (Chicago: University of Chicago Press, 1994).*

In a 1988 study, teen males were asked when they had become sexually active. Here's what they said:

☞ **5** percent before their 13th birthday

☞ **11** percent by their 14th birthday

☞ **21** percent by their 15th birthday

☞ **38** percent by their 16th birthday

☞ **58** percent by their 17th birthday

☞ **79** percent by their 19th birthday

*J.J. Card & S.J. Nelson-Kilger, "Just the Facts: What Science Has Found Out About Teenage Sexuality and Pregnancy in the U.S.," Sociometrics, 1994.*

**3-C** Only 59 percent of young mothers receive a high school diploma or GED by the time they reach age 30. By contrast, 86 percent of older mothers do.

*R.A. Maynard, ed., Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing, 1996.*

**4-B** In Multnomah County, 48 percent of the births to teens under 18 were fathered by young men under 20; the fathers were aged 20 to 24 in 40.7 percent of the cases, and 25 and older in 11.3 percent of the cases.

**5-A** On average, girls today experience menarche three years earlier than their ancestors did at the turn of the century.

*L.S. Zabin & S.C. Hayward, "Adolescent Sexual Behavior and Childbearing," Developmental Clinical Psychology and Psychiatry, Volume 26 (Sage, Newbury Park, California, 1993).*

**6-A** Only 30 percent of the men who father children of teen mothers marry the mother of their first child.

*Maynard, Kids Having Kids.*

**7-A** Only 15 percent of never-married teen moms are ever awarded child support. What's more, in Multnomah County, 59 percent of these mothers don't include the father's age on the birth certificate, which means they were unlikely even to have named the father at the time of the birth.

*Maynard, Kids Having Kids; Oregon Health Division Vital Statistics; A. Lawson & D.L. Rhode, eds., The Politics of Pregnancy: Adolescent Sexuality and Public Policy (Yale University Press, New Haven, 1993).*

**8-All are correct.** A baby's father at any age can be ordered to pay child support.

*The PAPA Program Sourcebook: A Curriculum for Teachers, Office of Attorney General, Texas.*

**9-B** About one in every two teen pregnancies results in a birth. According to the Alan Guttmacher Institute (1994) about 14 percent of pregnancies among women aged 19 and younger result in a miscarriage, 35 percent in an abortion, and 51 percent in a birth.

**10** The correct answer is "**None**": U.S. teens have one of the highest teen pregnancy rates in the world, about twice as high as rates in England, France, and Canada.

*Planned Parenthood Fact Sheet, 1993*

**11-C** The number of babies born to unmarried 15- to 19-year-old mothers increased by 165 percent in the twenty years between 1974 and 1994. During that same span, the number of babies born to unmarried mothers aged 25 to 29 increased by 400 percent.

*Maynard, Kids Having Kids.*

**12-D** Almost 70 percent of the births to teens under age 20 in Multnomah County are paid for by public assistance. This compares to 30 percent for older moms.

*Oregon Health Division Vital Statistics.*

# Ten Tips For Parents

Right at the point we were putting this issue together, The Oregonian published a timely article by syndicated columnist Ellen Goodman, reporting on research just released by the National Campaign to Prevent Teen Pregnancy. It turns out, says Ms. Goodman, "that parents are a remarkably effective anti-pregnancy program. The greater the closeness of parent and child, the lower the pregnancy rate."

Well, duh.

For those who are close to the issue, this is scarcely a revelation. At the same time it's painfully clear that too many parents are uncomfortable talking to their children about {sex} and {pregnancy}. So the National Campaign has put together a list of ten common-sense tips to help:

1. Be clear about your own sexual values and attitudes.
2. Talk with your children early and often about sex, and be specific.
3. Supervise and monitor your children and adolescents.
4. Know your children's friends and their families.
5. Discourage early, frequent, and steady dating.
6. Take a strong stand against your daughter dating a boy significantly older than she is. And don't allow your son to develop an intense relationship with a girl much younger than he is.

7. Help your teenagers to have options for the future that are more attractive than early pregnancy and parenthood.
8. Let you kids know that you value education highly.
9. Know what your kids are watching, reading, and listening to.
10. These first nine tips for helping your children avoid teen pregnancy work best when they occur as part of strong, close relationships with your children that are built from an early age.

A basic point made by the research bears repeating loud and often. In Ms. Goodman's words: "talking with kids about sex does not encourage them to be sexually active."

# Time Out For Touch

by Jacki Galloway-Gethner, L.M.T.

Today we all seem to be caught up in the pressures of surviving and thriving. What with traffic and carpools, meetings and housework, day care dilemmas, and a myriad other issues, we face 12- and even 14-hour days.

Bleepers and second jobs have eaten into togetherness. Commitments to homework, laundry, after-school jobs, personal time have supplanted evenings that used to be spent in family activities.

In my role as a massage therapist and facilitator to help empower persons to experience safe, nonsexual touch, I hear a common theme among adults and young adults alike. All speak of touch and nur-

turing, either as a positive or an insufficient part of their lives.

We parents are role models and bear a strong responsibility for educating our children. Touch and the issues surrounding it are part of that education, providing an early, direct connection to our children's decision-making about their touch "comfort zones."

As single parents, whose attention might be focused on relationships other than parent-child, do we look at ourselves from our children's point of view and see what we're modeling for them?

As spouses in a two-parent family, do we show the respect and "touch" of our relationship in a respectful, loving way? Or is it "business as usual" because we're too busy to face the fact that our own touch needs are ignored?

I challenge you to look at your own touch patterns and how these issues affect you and ripple out to your children. Take the time to hug, snuggle, kiss, whatever works for your needs and your family's. Remember, in these days of full schedules, stress, and life in general, there is no substitute for human touch.

## JUST the FACTS

♀ One of two teens say they "trust" their parents most for reliable and complete information about birth control.

Princeton Survey Research Associates for the Henry J. Kaiser Family Foundation, "The 1996 Kaiser Family Foundation Survey on Teens Sex, What Teens Today Say They Need to Know, and Who They Listen To," June, 1996.



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# When Kids & Adults Connect

Recent local and national research show conclusively that young people who are positively connected to school, parents, and at least three other supporting adults have a better chance of avoiding risk behaviors.

Structured mentoring programs have proven to be successful in reducing risk behaviors by bringing a quality adult into the life of a child. According to Public/Private Ventures, the Big Brothers/Big Sisters Program demonstrated mentoring to be cost-effective and had a major impact on the attitudes and behaviors of at-risk children. Mentored children:

- were 46 percent less likely to start using drugs
- were 27 percent less likely to start drinking
- were one-third less likely to hit someone
- skipped half as many days of school
- felt more competent about their ability to do well in school
- received slightly higher grades
- reported more positive relationships with their peers and parents

An evaluation of the State of Oregon, Department of Human Resources Mentor Program for School Year 1996/97 found:

- 90 percent of parents believed mentoring benefited their child's school performance
- 100 percent of parents believed mentoring helped their child's ability to get along with others
- 70 percent of teachers noted improved school attendance and improved self-esteem.

## Why Mentor? by Janet Allan

The mentor is the lucky one  
The mentor is the one honored  
Privileged to be eye-to-eye with a child  
whose inner life is where we are not.

Another world, another culture  
You take a flight each week  
You enter her inner world  
Where adults seldom travel.

My mentee (that funny word she never uses)  
Is the pace-setter  
The social director  
She does her job well.

Mexican-American and bilingual  
Spanish at home, English in school  
She's curious about these words  
So similar yet so different.

I gave her a Child's First English Dictionary  
And she asked "Is this English or Spanish?"  
Once that issue was resolved  
She gave a sigh of relief.

Grasping the book up close  
(She wears glasses she says are dorky)  
She painfully yet successfully  
Sounds out each word with perfect  
sounds, phonetic.

One day a child asked Vickie  
Pointing curiously at me  
"Who is she? a teacher or what?"  
"Well, not really. Well, a special kind."  
She stood so still and thought a minute  
"We color, we read, we draw, and we take  
walks

And we go places together."  
And I couldn't have said it better.

My mentee has a nine-year-old mind  
And so the questions tumble:  
"What's your favorite color?  
What's your best friend like?"

And questions from the heart:  
"Did you like your stepdad?  
Why doesn't she like me?  
Why do they cut down so many trees?"

There are conversation ploys:  
"When's your birthday?  
What animal would you like to be?  
Can we play hangman?"

And strongly held opinions:  
"I hate snakes, I love horses  
I hate those kids, I love Jesus  
It's not fair." She ponders all life's puzzles.

Other strongly held beliefs  
Are culture-bound and serious  
"You know down there  
the Mexicans hate Americans."

And because she's both  
And never been "there"  
She asks big questions  
"Will I tell them I'm American?"

And because she speaks  
but does not read or write in Spanish  
She asks, "Will I go back to the first grade?"  
If her family moves "down there."

But this nine year old who remains  
The one with the biggest eyes  
A gargantuan heart and liveliest humor  
Will do what she does best.

She never fails to praise, she loves fiercely  
She asks poignant questions  
And she goes to the core  
She'll conquer other hearts and minds.

Religion and ethics are important to her:  
"Don't you know about the Arc?  
Who's your favorite saint?  
My grandfather's in heaven, you know."

Each week I wonder what we'll talk about  
Oh, I bring books and stuff  
But she orchestrates our time to write,  
color, talk, plan, ponder, wonder out loud.

And I thank the mentoring program  
For drawing us together  
I wondered once if I had the time  
Now I know what I was missing.

Though I hope I've enriched her life  
Been a resource, a guide, a friend  
Anyone who knows us sees  
There are two of us who'll never be the  
same.

# Everything You Always Wanted to Know About Teen Pregnancy Data

## Who is a teen?

Data users must first define which age groups they'll be using. Common categories:

Very young teen ..... < 15 years old  
 High school age..... 15-17 years old  
 Older teen..... 18-19 years old  
 Used for state benchmark... 10-17 years old  
 Used in historical  
 & national data ..... 15-19 years old

## What numbers are used to measure teen pregnancy?

Teen pregnancy is measured by taking the number of births to teens plus the number of abortions to teens:

$$\text{Births} + \text{Abortions} = \text{Pregnancies}$$

## How do you compute the teen pregnancy rate?

It's a measure of the frequency of pregnancy among female teens. The rate is the number of births plus abortions during a specific time period, divided by the estimated teen population during the same time period, multiplied by 1,000:

$$\frac{\text{Births to teens age 10-17 in 1995} + \text{Abortions to teens age 10-17 in 1995}}{\text{Estimated population of females age 10-17 in 1994}} \times 1,000$$

$$\frac{2,081 + 1,203}{170,807} = \frac{3,284}{170,807} = 0.0192 \times 1,000 = 19.2$$

There were 19.2 teen pregnancies per 1,000 females age 10-17 in 1995.

When calculating teen pregnancy rates, be sure to use:

- The same age groups in the numerator and denominator.
- The same year in the numerator and denominator.
- The same geographical area in the numerator and denominator.

Take caution while interpreting rates calculated on fewer than five pregnancies.

## How can the rate be per 1,000 teens when there are not that many teens in our county?

Rates give us a meaningful way to compare the frequency of teen pregnancy between places with different populations. Comparing the *number* of teen pregnancies

in Washington and Harney counties (322 vs. 9) is not meaningful: Washington County will always have a larger number simply because it has a larger teen population at risk of getting pregnant.

But when we multiply the rates by 1,000, we effectively negate the population difference. We're saying that if Washington and Harney counties each have 1,000 females age 10-17, the frequency of pregnancy would be 15.9 per 1,000 in Washington County versus 20.9 per 1,000 in Harney County. The rate in Harney County is higher even though its number of teen pregnancies is lower.

## How do I convert the teen pregnancy rate into a percentage?

The rate is calculated per 1,000 people; a percentage is per 100 people. Therefore, to convert a rate into a percentage, just divide the rate by 10. Thus, 1.92 percent of the females age 10-17 were pregnant in 1995.

## How do I compute the change in teen pregnancy rate from one year to the next?

The best way is to calculate the percentage change in the rate. For example, the pregnancy rate for females age 10-17 was 18.9 in 1994 and 19.2 in 1995. This computes to an increase of 1.6 percent - thus:

$$\frac{\text{New data} - \text{Old data}}{\text{Old data}} \times 100 \text{ in this case, } \frac{1995-1994}{1994} \times 100$$

$$\frac{19.2 - 18.9}{18.9} = \frac{0.3}{18.9} = 0.016; 0.016 \times 100 = 1.6\%$$

## How can I tell if the teen pregnancy rate has increased or decreased over the last five years or more?

When there are rates for at least five years, a Chi Square for Trend Analysis is a good method to look at teen pregnancy over a period of time.

## Can I get the rate for an overall age group by adding the teen pregnancy rates for separate age groups?

Sorry, you'll have to add the number of pregnancies across age groups and the population across age groups, then calculate the rate. Check the difference:

	Adding rates	Adding numerator and denominator separately	
	Teen pregnancy rate	Pregnancies	Population
Age 15-17.....	49.3.....	3,093.....	62,679
Age 18-19.....	120.36.....	4,999.....	41,555
Age 15-19.....	169.6.....	8,092.....	104,234
		$\frac{8,092}{104,234}$	$\times 1,000 = 77.6$

## Where can I get more data?

■ Teen pregnancy: *Oregon Vital Statistics Annual Report*, Center for Health Statistics, Oregon Health Division, (503) 731-4354.

■ Youth Risk Behavior Survey: Center for Health Statistics, Oregon Health Division, (503) 731-4449.

■ Internet: <http://www.ohd.hr.state.or.us>

## The Media & The Message

After four-plus years of planning, community discussions, and support from Governors Roberts and Kitzhaber, Oregon is ready to launch a media campaign to help in reducing Oregon's teen pregnancy rate. Components will include research, media events, a mass media campaign aimed at teens and adults, skills-building workshops, and a web site. Messages will focus on:

- access to birth control for sexually active teens
- support for parents as sex educators for their children
- access to available community resources and services for teens, parents, and adults who work with youth.

The campaign will be designed and implemented by PSI, an international social marketing firm, working in partnership with Portland's Borders, Perrin and Norrander advertising Agency.

PSI created Project Action in Portland, a program at reducing the risk of HIV among teens, now being replicated in Washington and California. They were also involved in California's Teen Pregnancy Prevention Initiative and the Annie E. Casey Foundation's Plain Talk Initiative, a five-state program designed to improve communication between parents and children about sexual issues.

## INFORMATION ON LINE

You'll find a wealth of timely, helpful information at these web sites and phone numbers. Keep them handy for easy reference.

### WEB SITES

- ◆ Adolescent Directory On-Line: <http://education.indiana.edu/cas/adol/adol.html>
- ◆ Advocates for Youth: <http://www.advocatesforyouth.org>
- ◆ American Medical Association: <http://www.ama-assn.org/adolhlth/adolhlth.htm>
- ◆ Ask NOAH: <http://noah.cuny.edu>
- ◆ Campaign for Our Children: <http://www.cfoc.org>
- ◆ Family Planning Online: <http://www.familyplanning.org>
- ◆ Girl Power: <http://www.health.org/gpower>
- ◆ Girl Tech: <http://www.girltech.com>
- ◆ Girls Incorporated: <http://www.girlsinc.org>
- ◆ Go Ask Alice: <http://www.columbia.edu/cu/healthwise/alice.html>
- ◆ Planned Parenthood: <http://www.plannedparenthood.org>
- ◆ Puberty 101: <http://www.jgeoff.com/puberty101>
- ◆ Purple Moon: <http://www.purple-moon.com>
- ◆ SEX, etc. newsletter by teens for teens: <http://www-rci.rutgers.edu>
- ◆ SIECUS: <http://www.siecus.org>
- ◆ Teen Pregnancy Clock: <http://www.cfoc.org/clock.html>
- ◆ Teen Sexuality Index: <http://www.intac.com/~jdeck/habib/profiles.html>
- ◆ TROOM: <http://www.troom.com>
- ◆ YouthInfo Directory: <http://youth.os.dhhs.gov>

### RESOURCES

- ◆ American Lung Association: 1-800-LUNG-USA or 1-800-586-4872
- ◆ CDC National STD Hotline: 1-800-227-8922
- ◆ Childhelp USA (abuse): 1-800-4-A-CHILD or 1-800-422-4453 or 1-800-222-4453 TTY
- ◆ Covenant House Neline: 1-800-999-9999 or 1-800-999-9915 TTY
- ◆ National AIDS Hotline: 1-800-342-AIDS or 1-800-342-2437 or 1-800-243-7889 TTY
- ◆ National Domestic Violence Hotline: 1-800-799-SAFE or 1-800-799-7233 or 1-800-787-3224 TTY
- ◆ National Hotlines (substance abuse): 1-800-378-4435
- ◆ National Runaway Switchboard: 1-800-621-4000 or 1-800-621-0394 TTY
- ◆ Oregon Alcohol and Drug Helpline: 1-800-923-4357
- ◆ Oregon Boys & Girls Aid Society: 1-800-342-6688
- ◆ Oregon Teen Health InfoLine: 1-800-998-9825 V/TTY
- ◆ Portland Women's Crisis Line: 1-503-235-5333

## TEEN HEALTH INFOLINE

**1-800-998-9825**

### Toll-free connection to:

- ◆ Birth control, abstinence, and reproductive health information
- ◆ Information and referrals for testing and treatment of STDs and HIV
- ◆ Assistance in locating primary care and mental health services
- ◆ Information on the Oregon Health Plan and other insurance
- ◆ Referrals to teen pregnancy prevention and support services
- ◆ Links to drug and alcohol treatment
- ◆ Assistance to parents with concerns about age-appropriate sex education
- ◆ Clearinghouse of community resources through a comprehensive database.

The **Teen Health InfoLine** is a program of **Oregon SafeNet**, the state's seven-year-old maternal and child health hot line. Started in 1995, the InfoLine is a source of accurate, non-judgmental health information for adolescents, parents, and professionals who work with youth. Its goals are to improve access to health information and services, advocate for callers with complex needs, and document gaps in services.

## THE RATIONAL ENQUIRER

### Adolescent Pregnancy Prevention

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