

The Rational Enquirer

A DAY in the Life

My name is Lisa Samson. I am an 18-year-old teen mother. I have a daughter who is 16 months old, and I am pregnant again. I live in Portland, Oregon, and I go to Helensview High School. Each day in this world is a struggle because I have to face many challenges. This is a typical day.

6:00 a.m.— The alarm goes off, but I hesitate to get out of bed.

6:30 — I decide I had better get up, because if I'm not in school by 9:00, I'm considered tardy unless I have a note. I allow myself an hour and a half to take a bath and get myself ready, to give my daughter a bath and get her ready, to gather her necessities for the day, and then to zoom out to make sure I catch the city bus in time. If I don't, I end up waiting another 15 minutes.

8:00 — It takes an hour to get to school. I have to transfer to two different buses, then I have to walk at least five city blocks no matter what the weather is like. The buses are sometimes very crowded and a lot of people don't like to give up their seat for you or even your child unless the bus driver says something.

8:45 — At school, I take my daughter to her Child Development Center room and make sure she's well organized for her caregiver. I check her diaper, put her bottles in the refrigerator, make sure she has enough diapers to last the day, make sure she has a change of clothes, make sure her daily chart is filled out so her caregiver knows what

Continued on page 13

INSIDE

- How much do kids know?...page 3
- Dating and violence...page 4
- Coping with cultural differences...page 6
- Considering options...pages 8
- Lighting up the schools...page 10
- A whiz of a test...page 14
- Plus: Youth Yellow Pages, remembering when, all teens have hormones, talkin' 'bout sex, 40 proven things, STARS, VIBES, GLAD, & more

THE RATIONAL ENQUIRER

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

Participating members include:

Linda Doyle

Multnomah County Health
Department

Anjila Eldred

Adult & Family Services,
Salem

Jennifer Gilhooly, RN, MS, CPNP,

Oregon Health Sciences
University

Judy Fightmaster

Oregon Health Division

Jacki Gethner

Consultant

Erika Wagner

Oregon Health Division

George Taylor

Editor

Carol Buckle

Graphic Design

Funded by:

The Oregon Health Division
Department of Human Resources
and the Oregon Teen Pregnancy
Task force

©1999 Oregon Health Division

VOICES of the COMMUNITY

Every young person in Oregon has a gift. Perhaps it's an experience, an idea, a special ability or point of view, or a warm heart. It may be a reserve of courage, a glow of generosity, a strong sense of commitment. It may be a need waiting to be met. Our job is to connect these young people to others in the community so that these precious gifts can be shared. The means we use include education, safety, and growth opportunities that promote personal success.

The older generation has a responsibility to serve as guides and teachers to the next generation. To do that well, adults must rediscover and value our youth. Most important, we must all understand the value of listening to youth, and of learning from them. There are, after all, many routes to personal fulfillment, and adults do not have the only maps.

This issue of The Rational Enquirer is dedicated to the young people and adults working with youth here in Oregon. We strive to be a voice of the community, expressing your views, your ideas, and your successes; reflecting all the creative, comprehensive, and varied approaches needed to address such a multi-faceted issue as teen pregnancy prevention. Our mission is to listen and learn from you about what is best for young people in Oregon, and then to share that intelligence.

The Oregon Teen Pregnancy Task Force hopes The Rational Enquirer will help all of us work together to provide brighter, healthier lives for Oregon's youth.

*When the voices of
children are heard on
the green*

*And laughing is heard
on the hill,*

*My heart is at rest
within my breast*

*And everything else is
still.*

William Blake

TAKE THE TIME

40 Proven Things to Help Teens Succeed

PROVEN THINGS

It's more than just common sense — national and local research prove that these 40 everyday things are essential to a young person's success. We can all help teenagers succeed if we just take the time to concentrate on what really matters in their lives.

#s 1-6:

Young people need support in every part of their lives.

- 1 They have a family that loves and supports them.
- 2 They talk things over with their parents and are willing to get and give advice.
- 3 They have at least three other adults in their lives giving them support in addition to their parent(s).
- 4 They have the care and support of people who live nearby.
- 5 People at school care about each other and help each other succeed.
- 6 Their parents involve themselves at home and at school in helping their children succeed.

Adapted from a publication of the Multnomah Commission on Children, Families, and Communities

HOW MUCH Do Kids Know? HOW MUCH Do They Do?

by Dawn Bearden

In November 1998, students at Salem's McKay High School conducted a survey to get a better understanding of what teens know and need to know about sex. Prompted by a request from the Oregon Teen Pregnancy Task Force, the 14-question Teen Sex Survey was developed in a brainstorming session among the staff of the school's newspaper, the Highlander. Four hundred ninety-one questionnaires were then distributed among health classes.

Specific findings include the following:

♂ Most McKay students are not sexually active. Only 31 percent of the 152 males surveyed indicated that they were sexually active; 27 percent of the 196 females said that they were.

♀ Only 68 percent of males and females indicated that they always use protection during intercourse. Twenty-seven percent of females and 22 percent of males reported that they sometimes use protection.

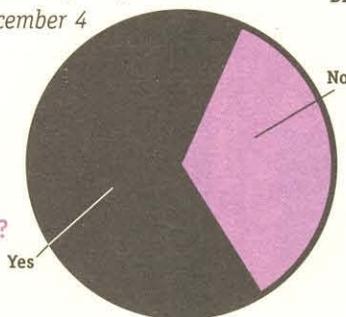
♀ The most significant reason given by those students who have chosen to abstain from sex was that of personal and moral reasons. Sixty-eight percent of males and 78 percent of female surveyed indicated this as their choice.

♀ Teens would like to know more about sexually transmitted diseases and the emotional effects of being sexually active.

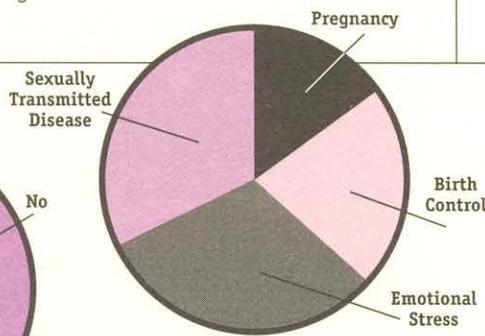
Schools that wish to conduct a similar survey of their students may call for a copy of the questionnaire used at McKay. Contact Jessica Dayson at (503) 399-3080.

Dawn Bearden is a sophomore at McKay High School. This article is adapted from one published in the December 4 issue of the Highlander.

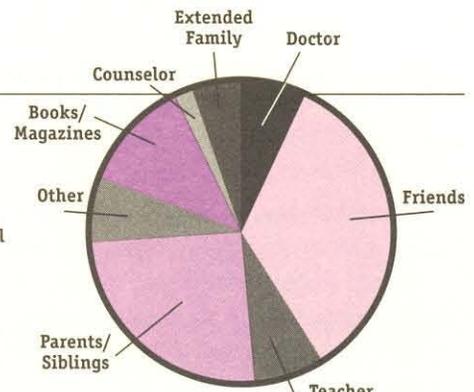
Do You Think Birth Control Should Be Available In Schools?



What Do You Want More Information About?



To Whom Do You Go For Information About Sex?



Their Fingers Do the Walking

by Pat Curran

The lucky teens in the Salem-Keizer area have their own resource directory. Just like the familiar Yellow Pages that comes from the phone company, the directory is free, and it's full of information and phone numbers. But this "Youth Yellow Pages" specializes in subjects and categories of interest to teenagers. Originally intended for middle school students, the directory has been popular with high school students as well. It's also proven to be a valuable resource for adults who work with teenagers.

The directory was created by the Salem-Keizer Teen Activity Network (T.A.N.), from a concept introduced by Lorene Moore of the Salem YWCA. The initial run of 2500 copies was published in the spring of 1997 and proved so successful that a second edition was released in August 1998. This one included a Spanish version.

For those interested in producing their own Youth Yellow Pages, here's how the folks in Salem-Keizer did it:

The first step involved surveying students on the issues they'd like to know more about. Through the survey, several hundred middle school students helped T.A.N. determine the chapters to be included: Alcohol, Tobacco & other Drugs, Education, Health Care & Nutrition, Mental Health, Rape & Sexual Assault, Running Away, Services for People with Disabilities, Sexual Relationships, Pregnancy, Suicide Prevention, Teens & the Law, Violence, and Things To Do.

Each member of T.A.N. then took a chapter and found local resources that students could access for information. A rough draft was circulated to various youth service agencies, the school district, and other appropriate groups for input. All listed agencies and businesses were notified and all phone numbers were verified. To make the booklet reader-friendly, the phone numbers of some general help topics (such as alcohol & drugs) were limited to public agencies, which could then give referrals to private agencies when needed.

Youth Yellow Pages are free to anyone in the community. Printing funds came through small grants and donations, and all sponsors

are listed on an inside page. The directories are distributed through a variety of sources, including members of the Teen Activity Network, counselors of the Salem-Keizer School District, social service agencies, and the Salem Police Department.

Copyright for the Youth Yellow Pages can be obtained by calling the YWCA of Kansas City, Missouri, at (816) 842-7538. Included are instructions for compiling your own directory, as well as a sample booklet, letters, and surveys. For additional information, please call Pat Curran at (503) 588-6261.

Pat Curran is Youth Programs Coordinator of the City of Salem.



When Dating and Violence Go HAND in HAND

by Heidi Schlentner Hurst

We know this about teen dating violence: it parallels the cycles, patterns and types of abuse found in adult relationships. But we also know that teens have far fewer resources for help with the victimization than do adults.

Dating violence involves a pattern of repeated actual or threatened acts that can extend to physical, sexual, and/or verbal abuse. It happens because abusers believe they have a right to have power and control over their partner — it is not about anger, alcohol use, or drug abuse. Some disturbing statistics:

- ✦ More than 70 percent of pregnant or parenting teenage women are beaten by their boyfriends.
- ✦ Acquaintance rape accounts for 85 percent of all rapes, with the majority of victims aged between 16 and 24.
- ✦ The majority of abusers are teenage boys from all socioeconomic, ethnic, and religious groups. Dating violence occurs in every part of our society. No group or community is immune to it.
- ✦ 30 percent of teen women aged 15 to 19 that are murdered are killed by their partner.

Issues Specific to Teens

- ✦ Teens often do not seek help for their problems, especially from parental figures. At a time when they are vying for their right to make choices as young adults, teens are often afraid they'll be judged and punished for their relationship.
- ✦ Teens often may lack experience or information about relationship issues and may be confused by our society's stereotyped sex roles and expectations. As a result, a teen woman may not be aware of red flags that indicate an abusive relationship.
- ✦ Teens have few resources to help them leave an abusive relationship. They're not

protected by restraining orders and often cannot rent an apartment on their own. Many services require parental consent, which can be a barrier for teens who are resistant or fearful to tell their parents.

How Our Communities Can Help

- ✦ Teens are reached most easily through the school system. So it makes sense to establish education and prevention programs in conjunction with the community's domestic violence program. Teachers, guidance counselors, and administrators also benefit greatly from training that addresses dating violence.
- ✦ Support groups for teen women can assure them that they're not alone, that the violence is not their fault, and that support is available. The best venue is at school, during school hours. Make sure these groups are accessible for all teen women: heterosexual, lesbian, bisexual, women of color, and women with disabilities.
- ✦ It's vital to communicate throughout our communities that abuse and violence are unacceptable and that perpetrators will be held accountable. State and local laws are good only if they're enforced.
- ✦ Communities should take a collaborative stance for coordination of teen services. Hold open forums, develop task forces, and make recommendations. The players should be parents, teachers, school administrators, guidance counselors, therapists, battered women's advocates, doctors, nurses, teens, law enforcement, youth advocates, judges, attorneys, victim's assistance media representatives, elected officials, children's protective services, adult and family services, and anyone else active with youth in our community.

Remember, if we work together, we can end dating violence.

Resources

- ✦ King County Sexual Assault Resource Center, PO Box 300, Renton, WA 98057. (206) 226-5062
- ✦ Mid-Valley Women's Crisis Service, PO Box 851, Salem, OR 97308. (503) 378-1572 (collect calls accepted)
- ✦ Oakland Men's Project, 440 Grand Avenue, Suite 320, Oakland, CA 94610. (510) 835-2433

Heidi Schlentner Hurst is Youth Services Coordinator with the Mid-Valley Women's Crisis Service

AN ABUSER ↓

- ✦ is extremely jealous
- ✦ is possessive and controlling of what you do, who you see, and where you go
- ✦ is overly charming and charismatic
- ✦ pressures you to have sex
- ✦ says insulting, hurtful, and/or humiliating things to you
- ✦ shoves, slaps, threatens violence, and/or is physically abusive
- ✦ is sexist and demeaning towards women
- ✦ wants you to spend all your free time with him — is isolating
- ✦ may be violent toward animals and/or other people
- ✦ may be dependent on alcohol and/or drugs
- ✦ has a past history of abusing partners

If your relationship scares you, or if any of the above are true in your relationship, you may be in an abusive relationship. Please call your local domestic violence hot line to get information and support. You can call the national hot line, 24 hours a day, to find the program nearest you: 1-800-799-7233 (SAFE).

Remember When...

"Adolescence is a stage that everyone goes through; it is not terminal, most move through it (almost always awkwardly) and become productive adults." —

Gretchen Miller Kafoury, former Portland City Commissioner

Back when you were a teen, remember making that transition from childhood to adulthood? What a confusing and challenging time! Now imagine trying it with the added responsibility of parenthood. You, too, might have needed someone to give you a chance...

One of the greatest challenges faced by teen parents is finding safe, affordable housing. Perhaps you can help by giving them a chance to prove to the community that they can be responsible young parents and tenants. You might even be surprised to hear that renting to teen parents is a pretty safe bet.

- Teen parents are committed to providing a safe, stable home in which their child can grow and develop in a positive way.
- Many teen parents are getting information and training to live independently:
 - they have consistently met with case managers
 - they have attended housing readiness classes
 - they have followed through many steps to make their housing plan work.
- Young parents are starting fresh in their lives, taking on adult responsibilities. They may not have rental and/or credit history, but most do not have bad history. And if they do, they are willing to improve that situation.
- Teen parents often receive support from social services agencies to help them and you with issues affecting their living situation:
 - case managers will work with the teen parents to help them succeed in their goals

- case managers are available to provide landlords and property managers with support and help in resolving conflicts.

As members of the communities in which we live, we adults have a responsibility to the children of teen parents — to contribute to their health and well-being.

For more information contact: Patti MacRae at Youth Services Consortium, (503) 281-6151, ext. 15.

"I have many success stories of teens renting my units. I believe we must do our share as human beings to help teens get off the streets and into safe housing so they can get on with their lives." —

Sharon Fleming-Barrett, President, Executive Property Management.

50 PROVEN THINGS

#s 7-10:

Young people need to know that our community believes they're important.

7 They know they're valued by the adults in their community.

8 They serve useful roles in their school, family, and community.

9 They volunteer one hour or more per week to help others.

10 They feel safe in their home, school, and neighborhood grounds.

For additional copies of this issue, call (503) 751-4021.

Share the Good Feelings; Banish the Bad

We all thrive according to how much positive energy we receive from and give to others. Take this quick survey to see how much you added to someone's well-being today. ("Youth" means any young person, including your own, or even an adult's inner child.)

- I gave my undivided attention to a youth today for
10+ min5 min1 minnone
- I learned something from a youth today
yes.....no
- and thanked him/her sincerely for it.
yes.....no
- Today I complained about a youth out loud.
all dayseveral timesoncenone
- I was a great example today (ie., I would be happy to see a youth acting and speaking as I did/do.)
AgreeDisagree
- Today I sincerely complimented a youth every timeseveral times....oncenone
- I felt threatened by or anxious today in the presence of a youth every day.....several times.....once.....none
- I really enjoyed being with a youth today every timeseveral times....oncenone
- I stood up or advocated for a youth today
several timesonce.....none
- Today I put myself in the shoes of a youth several timesonce.....none
- I was more the person I really want to be today
AgreeDisagree

To learn more about Health Realization, the Familyship Project, positive youth development, or adulthood, please call:

Victoria Clevenger at (360) 906-9136 or (503) 635-9167, or Susan Smallsreed at (503) 281-6151, ext. 12.

REMEMBER LA DIFERENCIA

By Isabel Toleda

Case managers and social workers need to be aware of the cultural differences among ethnic groups in our work with teenage clients. Among Latino youth, for instance, such concepts as age, motherhood, contraception, and gender roles often carry vastly different meanings than for members of other ethnic groups.

The very concept of "teenager" illustrates the point. Among Latino youth in this country, especially recent arrivals and first generation immigrants, the age span from 16 to 20 is generally considered appropriate for marriage and childbearing. Teenage conception and motherhood are therefore seen as customary and expected. But second- and third-generation Latino-Americans adopt the typical U.S. construct of "teenage," which sees teen pregnancy as deviant.

Likewise, recent immigrants do not view abortion or adoption as alternative options; later generations are likely to be more accepting. The point is that we should keep in mind the specific generation of each Latino woman we work with so we can deal with her specific cultural definition of age.

The idea of "motherhood" is another point of difference. In the United States, the parents' socioeconomic circumstances generally need to be stable for motherhood to be welcomed. Pregnancy during the teen years is considered unstable and risky in part because the mother-to-be is not financially independent. The Latino culture is more likely to see motherhood as a blessing notwithstanding any socioeconomic burdens.

In most Latino countries, mothers enjoy a strong kinship support network. Many immigrant Latino women try to replicate these networks in their new homes, often living in apartments close to friends or relatives.

But the vastly different society in which they now find themselves throws up obstacles of language, customs, and values. The village market is no longer within easy walking distance. (Imagine taking the bus home from Fred Meyer

with two toddlers, one infant, and four grocery bags.) Medical services are no longer publicly supported; school can be expensive. Isolated by limited English and inability to drive, many Latino women stay home most of the day, and their children have less social interaction.

When talking to these women about how many children to raise, it's important to emphasize that they no longer live in their countries of origin, and that it is harder and more expensive to raise a child here.

The macho culture is still present and vibrant among the Latino immigrant population in this country. The man is more likely to determine how to approach contraception, and, unfortunately, the woman is typically afraid to confront him. It's important for women of any ethnic background to empower themselves; Latino women should be encouraged to discuss contraception issues with their partners. Case managers can help by organizing workshops and discussions about machismo, sexuality, and contraception.

Understanding another culture requires time, understanding, and humility. When I meet a new teen Latino mom or couple, I try to put my own cultural values to one side and listen carefully to their ideas on family and pregnancy prevention. They share with me their cultural backgrounds and customs, and I share mine with them. A dialog based on mutual trust and respect gives me a foundation to help them begin to make changes in their lives.

Isabel Toleda works with Latino and non-Latino youth in the Insights Teen Parent Program in Portland.

PROVENTHINGS

#s 11-16:

Young people need rules for success and help in following them.

- 11 Their families set clear rules and consequences, and know where their children are and what they do.
- 12 Schools set clear rules and provide consequences for breaking them.
- 13 Neighbors share with parents the responsibility for monitoring young people's behavior.
- 14 Parents and other adults set good examples for young people.
- 15 Young people have friends who set good examples.
- 16 Parents and teachers push young people to reach their full potential.

People with Developmental Disabilities

Have Hormones Too

Puberty and the emergence of many hormone-driven changes to our bodies and ways of thinking can be a confusing time for anyone, but especially so for those who have developmental and cognitive disabilities. Often these youth are not seen as sexual beings, and so are not given much information about sexuality. But all adolescents have hormones. Parents, educators, and health care workers need to remember that developmentally delayed youths need to know about puberty and how their bodies function to be prepared for the changes they will experience.

Explaining male and female anatomy, puberty, conception, and pregnancy, along with appropriate and inappropriate behavior, can be a daunting task. It takes time to help young people understand what it all means, and contradictory media images about sexual behavior can add to their confusion.

It's also critical to recognize that people with developmental disabilities grow into adults. In the past, many were institutionalized and denied the opportunity to have relationships or to marry. Often they were taught nothing about their bodies, making them more vulnerable to victimization. Many were involuntarily sterilized.

But today, we recognize that developmentally disabled people have rights. The support of group homes and other arrangements enable many to live as normal a life as possible, going to school or vocational trainings, holding jobs, and having relationships. When a developmentally disabled individual, youth or adult, decides to become sexually active, we must determine how best to help him or her make wise choices.

A lot of people with cognitive disabilities are very capable of participating in

health decision-making. It's important to consider what accommodations are needed to ensure informed consent and provide good service. Tools and techniques include the use of communication assistants, having an advocate or support person present, and scheduling extra time.

Information needs to be presented as concretely as possible, through models, pictures, and videotapes. When teaching about sexuality issues, begin with simple language and check for comprehension. *An Easy Guide to Loving Carefully* (see list of resources) is one resource that provides helpful information as well as clear visual materials. The information may need to be repeated in different ways and from different angles and over time. Using different media materials can also help. If possible, include and involve partners who can contribute to the success of the method used.

RESOURCES TO HELP TEACH AND PROVIDE RESPECTFUL CLINICAL SERVICES INCLUDE:

An Easy Guide to Loving Carefully; An Easy Guide for Caring Parents, Lynne McKee and Winifred Kempton. Covers anatomy, sexual feelings, and birth control for the mentally disabled. Companion guide is a book for parents of people with mental disabilities.

Human Sexuality: A Portfolio for Persons with Developmental Disabilities, 2nd edition. Planned Parenthood of Seattle-King County. (206) 328-7716. Ten large color drawings on posterboard designed to teach developmentally disabled persons about sexuality. Topics include puberty, menstruation, anatomy, intercourse, relationships, sexual behaviors.

Sex Education for Persons with Disabilities that Hinder Learning – A Teacher's Guide. Winifred Kempton & Frank Cararulo. James Stanfield Publishing Co. 1-800-421-6534. Focuses on the qualities and techniques necessary for effectively teaching people with various disabilities.

Helping TEENS Consider the OPTIONS

A 15-year-old girl in Coos Bay is two weeks late for her period — where does she go for help? A mother in Salem is concerned that her 14-year-old son is sexually active with his girlfriend — whom can she talk to? It's 12:30 a.m. and a teenage couple from Tigard just had a mishap with a condom — whom can they call? The single answer for all these concerns and more is the **Options** Pregnancy Counseling Program through the Boys and Girls Aid Society of Oregon.

The **Options** Program was established in 1990 as a source of unbiased counseling and information about all legal options for pregnancy. The program's goal is to empower young people to make healthy, informed decisions about relationships, sexuality, and sexual activity. The program seeks to serve women of all ages and their partners and families through two major components:

 The statewide Pregnancy Talkline (1-800-342-6688) is available around the clock to provide early intervention with individuals experiencing unplanned pregnancies and/or pregnancy scares. Callers receive confidential, unbiased information, counseling, and support for decisions regarding pregnancy, sexual activity, and pregnancy prevention.

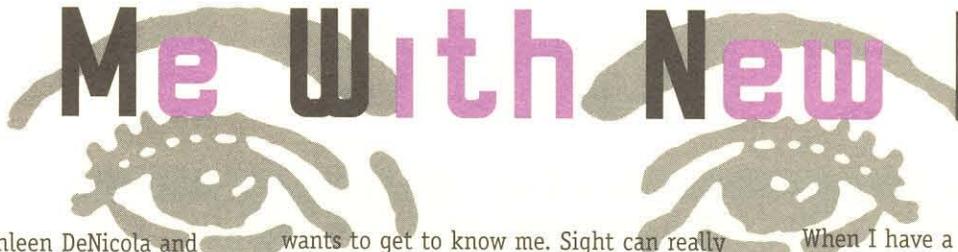
 Face-to-face all **Options** Counseling provides more extensive pregnancy counseling through the following steps: (1) help the young woman explore pregnancy options and make a plan; (2) assist in rallying the support of her partner, friends, and/or family members; (3) provide resource information and linkage necessary for the success of the plan. Post-abortion counseling is available as well.

Options counselors also connect young people with other Boys and Girls Aid Society programs, such as adoption, teen parent services, and housing for pregnant and parenting teens. Linkage is made to medical, family planning, housing, financial, educational, and legal resources.

For more information about the **Options** Pregnancy Counseling Program or for printed materials, contact Susan Wallace (503) 222-9661.

The Boys and Girls Aid Society of Oregon is a member of the Child Welfare League of America and is accredited by the National Council on Accreditation of Services for Families and Children, Inc. Funds for the **Options** Pregnancy Counseling program come from United Way agencies around Oregon and private contributions.

See Me With New Eyes



by Kathleen DeNicola

Hi, my name is Kathleen DeNicola and I am 17 years old. I've been blind for 14 years due to cancer, but I'm really just like any other teenager. There are a number of things that my visually impaired friends and I have experienced and want you to think about.

For example, if there is a pretty sighted girl and a pretty visually impaired girl, boys will generally talk to the sighted girl first. There is still a stigma about blindness — it's really not catching, you know!

We visually impaired folks find flirting difficult because it often involves eye contact, smiling, and other facial expressions. If a boy approaches me offering to help in some way, it's difficult to figure out if he's doing this just to help me because I'm blind or because he really

wants to get to know me. Sight can really make a difference here.

Several of my visually impaired friends and I have gotten into some regular teenage behavior problems this year. (Even my mom and dad were surprised that I could make bad decisions like anyone else.) Without the aid of "sight," we sometimes use sex to make ourselves more accepted by guys, and to get their attention. I've learned that, afterwards, I feel real empty, realizing they just like me for sex. I know visual girls experience this too, but I'm insecure about being accepted for being myself.

Eating out is part of dating. Sometimes certain foods are harder to deal with when you're trying to make a good impression.

When I have a piece of spaghetti on my cheek, or if I've spilled coffee because the top wasn't put on properly — it's OK to tell me. You do that for others, right? We all need that kind of help and support.

There's so much more I could share with you, but I guess the bottom line is that we're all really no different. Not being able to see isn't a tragedy, just a difference. I've adapted in so many ways, if I were to get my sight back, I really would not know what to do!

So take a risk. When you meet someone who's blind or visually impaired, don't feel sorry for him or her, don't feel uncomfortable. Get to know the person instead. You just might be making a good new friend.

Kathleen DeNicola is a home-schooled student from Multnomah County.

GOOD VIBES IN JACKSON COUNTY

In 1997, a Jackson County needs assessment was compiled and distributed to teenagers in five Jackson County high schools. The survey sought, among other things, to measure teen views on opportunities for healthy social outlets. The word came back strong and clear: "We need more options to socialize and dance."

In the winter of that same year, a team of youth professionals and concerned community advocates in Southern Oregon established **VIBES** — Vitality In Becoming Educated Socially. The goal was to create not just a safe and fun

atmosphere for teens on the weekends, but to further the ideology that "positive can be cool." **VIBES's** mission is to deliver educational and recreational activities through the medium of teen culture.

VIBES is in fact a teen nightclub that holds weekend dances. Since opening its doors in May 1998, **VIBES** has provided more than 10,000 teenagers from throughout Southern Oregon with a healthy social outlet. The facility boasts one of the Northwest's most spectacular sound and lighting shows, a unique part of which is its ability to project sophisticated color patterns infused with positive messaging. The facility has over 20,000 square feet of dance club — plus indoor basketball courts, juice bar, sofa lounge, and arcade area.

Accolades have come from media, school districts, law enforcement, business community, and most importantly, the kids themselves.

Schools and communities seeking more information on **VIBES** or **Kids Unlimited** can call Tom Cole at (503) 774-3900.

"There are no great acts, only small acts with great love"
Mother Teresa

And Kids & Unlimited Too

"Providing opportunities for youth to empower themselves while bettering their communities."

In the summer of 1998, **VIBES's** owners established a nonprofit sister company, **Kids Unlimited**, which currently serves over 300 youth, provides after-school programs at two local elementary schools along with life-skill services to Medford Alternative High School. The agency has also contracted with the Commission on Children and Families to deliver male pregnancy prevention and youth leadership programs throughout the county.

Kids Unlimited services are free and operate primarily through a community school model. The only tuition comes from a mandatory five hours a month of parent volunteerism. The volunteer time occurs through the site programs or as collaborative efforts with other community projects during evenings and weekends.

The model also provides collaborative partnerships with more than eight other community service agencies. This strategy reaches parents and youth while simultaneously building more resilient communities.

PROVEN THINGS

#s 17-20:

Young people need to invest their time in activities that help them grow.

17 They are involved in music, theater, or other arts at least three hours per week.

18 They are involved in sports, clubs, or organizations at least three hours per week.

19 They are involved in spiritual growth.

20 They have a balance of time at home with their family, structured activities, and hanging out with their friends.

Lighting the Way to BETTER Behavior



Statistics show that crime, teen pregnancy, substance abuse, and other unhealthy youth behaviors increase after school hours. Now, the Salem-Keizer School District, in concert with community partners, may have lighted up one solution. Its name is the **Lighted Middle Schools Project**, an integrated program to expand supervised after-school education and recreation activities at three high-need, ethnically diverse middle schools.

The result is a set of school-based community learning centers designed to benefit teenagers at the same time they reduce adolescent problem behaviors and strengthen youth, families, schools, and neighborhoods. Students can participate in a variety of educational, health, cultural, social and recreational opportunities in a safe, drug-free environment. The centers aren't just for the benefit of the kids, of course. They're designed to serve parents and families and others living within the school's attendance areas.

The three Salem-Keizer-area schools

are especially needful of progressive efforts like the Lighted Schools Project. All three have high rates of youth at risk of educational failure and high special education populations. Student mobility is excessive, as are dropout rates. The area is the most densely populated part of Salem/Keizer, but has little existing community gathering space. The city does not provide any community centers here.

The **Lighted Middle Schools Project** has support and direction from members of the Salem-Keizer Youth Compact (a consortium of elected representatives from the Salem-Keizer School District, Cities of Salem and Keizer, and Marion and Polk Counties) and community agencies working with children, including the YMCA, the YWCA, and the Boys and Girls Club. The project is an expansion of the Salem POWER program (see sidebar).

*For more information on the **Lighted Middle Schools Project** or the **POWER** program, contact Sandy Swanson at (503) 399-3305*



The Power of

POWER

It stands for **Promoting Outstanding Work, Education, and Recreation** skills in youth, and it began four years ago as a pilot project at one middle school. In its first year, the number of students participating in after-school activities increased by 40 percent.

A survey by the Salem-Keizer Together Community Drug Prevention Network showed that school attendance improved when the pilot program was implemented.

After such a successful first year, the program was replicated at three other schools and has since been expanded to include all nine middle schools in the district. At each school, the program includes tutoring, community service, recreation, and other opportunities for students to expand learning and connection with peers, adults, the school and the greater community.

POWER receives support from city government, nonprofit groups, and various youth agencies.

BEND

LIGHTENS UP TOO



The Bend Metro Park and Recreation District, in partnership with the Bend/LaPine School District and many other local organizations, has followed Salem/Keizer into the light. The Lighted Schools program turns four Bend schools into after-school-hours community centers offering a mix of opportunities for

children and adults. Those opportunities cover a wide range of activities — from homework clubs and arts clubs, to Family Fun Nights, to internetting, to classes on parenting, car care, clowning, and "How to Become a Millionaire...in Three Simple Steps."

TALKING ABOUT SEX WITH YOUR KIDS

There comes a time in every parent's life when that dreaded "little talk" becomes necessary. Here are some common-sense tips on getting through the talk, and getting through to your kids.

- Answer questions as they come up. Don't put them off — your child may not ask again.
- Listen carefully to all questions. Make sure you understand what's being asked, and respond directly and honestly.
- Anticipate your child's questions, then practice your responses ahead of time. Become familiar with typical sexual questions and behaviors that occur at various ages. This will reduce the chance of being caught off-guard.
- If you're feeling embarrassed or uncomfortable, say so. Acknowledging your own discomfort allows your children to acknowledge theirs.
- Use specific and correct terminology. Of course, parents and children need a common vocabulary. If your child knows only the slang terms, be sure to translate. Then encourage the use of proper terms.
- Initiate the conversation. Use "teachable moments" — everyday, naturally occurring events. Books, news articles, and TV shows can be wonderful discussion starters.
- Be clear about your values. This doesn't mean to be judgmental. Children want and need to hear the family's values around sexual issues. They also need to know that their opinions and feelings are respected.
- Be concerned about telling too little, too late rather than too much, too soon. Provided in an open, honest, and loving manner, information need not cause fear, nor does it encourage experimentation. Remember, your children are hearing about sex everywhere else. They deserve to hear it from you.
- Establish an environment where children feel free to ask questions. Let them know that you honor their right to be informed about sexuality.

KIDS ASK THE DARNEDEST THINGS

They want to know about body parts, genital differences, reproduction, birth, and sexual activity. And you want to know how to answer. Here are some guidelines.

- When asked, always try to answer.
- Answer the question that was asked; don't add a lot of other information.
- Don't answer with myths or untruths.
- Use simple, yet accurate terms.
- Don't talk just about animals or plants when the child has asked about people.
- Talk about feelings and values, as well as the facts.
- Be patient; be consistent.
- Be an active listener.
- Keep the child's age and understanding level in mind.
- Acknowledge if you:
 - don't know the answer
 - are embarrassed or uncomfortable
 - are caught off-guard
- Let your child know that you are glad he/she asked you for the information.
- Set up the opportunity for future communication.
- Remember, sexuality education can be an everyday part of life and is a lifelong process.

Thanks to Mary Gossart, Planned Parenthood Health Services of Southwest Oregon, for these helpful tips.

PROVENTHINGS

#s 21-25:

Young people need to act on the belief that learning is important.

- 21 They try to do their best in school.
- 22 They are enthusiastic about learning and come to school prepared.
- 23 They spend at least one hour per day completing homework.
- 24 They care about their school.
- 25 They enjoy reading on their own for at least 3 hours per week.

"With Deepest Thanks..."

by Staci Foster

When we receive a gift, good manners require that we offer our thanks, and that we treat the gift with respect. Our sexuality, as an expression of who we are as male and female, is a gift from God. Here is one way to show thanks and respect for this very special gift:

"I recognize my responsibility to protect, respect, and care for the gift of my sexuality. This includes eating healthy foods, exercising mind and body, and not having unprotected sex or casual sex. Putting myself and my partner in jeopardy of getting a sexually transmitted infection, HIV, or an unintended pregnancy shows obvious disrespect for God, myself, and my partner.

"But diseases and unwanted pregnancies are only part of the consequences. My sexuality gift includes the emotional as well as the physical, which makes sex all the more special and all the more complicated. Though casual sex may be physically gratifying for a few minutes, it does not satisfy emotional needs. Relationships are fragile; they can be destroyed by engaging in sexual activity prematurely.

"I know magazines, television, and movies often equate love with sex, and sex is mistakenly used as a means to prove love. But to truly love others, I must love myself. That requires having respect for my body and my own ideas of right and wrong. I shall not be talked into doing something I don't want to do, whether bungee jumping, getting a tattoo, or having sex.

"Love, the Bible tells us, is many things: It is kind and patient, never jealous, boastful, proud, or rude. Love isn't selfish or quick tempered. It doesn't keep a record of wrongs that others do. Love is always supportive, loyal, hopeful, and trusting. It is a gift I shall always treasure, for it shines with the glow of the one who gave it."

Staci Foster is Director of Youth Ministries First United Methodist Church, Salem, Oregon

GIRLS + LEADERSHIP GLAD

When girls take on leadership roles, they increasingly discover their self-concept and voice, build self-esteem, and develop leadership qualities and skills that empower them to make responsible, healthy choices allowing them to reach their full potential.

Those words sum up the guiding philosophy of **GLAD**, the Boys and Girls Aid Society's Girls Leadership Development Program. In this structured all-girl peer support group, young women are encouraged to take a variety of leadership roles through community and school involvement. The girls plan and participate in weekly educational sessions at their schools, monthly community service and recreational activities, and are connected with adult women mentors.

"Through GLAD, I have gotten to know a lot more people at school and in the community....I learn leadership skills, self-defense, communication skills, and groups skills....I really like this program."
— a **GLAD** participant

The **GLAD** program seeks to recruit girls in seventh and eighth grade and follow them through the difficult academic and emotional transition into high school. Teams made up of youth advocates and **GLAD** participants work together to: (1) develop curriculum unique to the girls' needs, (2) encourage girls to become active in the program and get to know their neighborhoods and schools, and (3) provide opportunities for girls to realize their physical as well as emotional strengths and abilities by providing monthly recreational events.

Now in its third year, the **GLAD** program currently has 90 participants aged 11 to 17 in three Southeast Portland schools. The participants are economically disadvantaged youth with one or more risk indicator. Participants have reported:

- ◆ 35 percent increase in school attendance
- ◆ no school dropouts
- ◆ one pregnancy (of 100 participants) over the life of the program
- ◆ improved student grade averages
- ◆ increased self-esteem
- ◆ increased participation in extracurricular activities
- ◆ increased participation in community activities

"Teens need to feel they are a part of something larger... that they are emotionally connected to the whole."

— Mary Pipher in *Reviving Ophelia*
(Pub. 1994)

In benefiting themselves, the girls have also helped their communities. They've planted trees, painted murals, fed the homeless, planned neighborhood litter and waste clean-ups, challenged stores that sell tobacco to minors, hiked many woods, swum in the Columbia, participated in an organized walk, painted children's faces, taken self-care health training, and taken part in a 6-week career awareness project.

For more information, contact Susan Wallace at the Boys and Girls Aid Society, (503) 222-9661.



by Jennifer Nelson

SEX!

Now that I've gotten your attention with that sneaky old device they use to sell supermarket tabloids, I want to tell you about my experience teaching students about the effects of this powerful word.

During the spring of my junior year, I was a **STARS** teen leader. **STARS** — Students Today Aren't Ready for Sex — is a statewide abstinence education program to teach sixth graders about the realities of being sexually active at a young age.

As a person who's been there recently, I can tell you that young people — especially those in their early teens — have a lot of misconceptions about sex. So I was interested in **STARS** as soon as I heard about it. I figured that if I could help just one person try to make the right decision about sex, I'd be helping keep a life on the right track. It makes me feel good about myself to know that I could have such an important impact.

In **STARS**, we taught 12-year-olds a great deal about sex. This was not a sex-ed class; we didn't cover the technical side. We taught the consequences of becoming sexually active at a young age and methods of resisting peer pressures. Big surprise: Not only did I teach the kids, I also taught myself. I became more aware of the realities of sexual involvement, which help me make decisions that are right for me.

Becoming a **STARS** teen mentor convinced me that middle-school kids should be taught the truth about sex. At that age, they're going through many different changes in their lives. Knowing that I taught these kids how to make good decisions is a great feeling. One day, a girl or boy may not get into the wrong situation, all because of what was taught by a **STARS** teen leader like me.

At the time she wrote this article, Jennifer Nelson was at Westview High School. Today, Jennifer is a college student.

CHOOSING BIRTH CONTROL

Today, you can choose if and when to have a baby. The first thing to do is think about how a baby will affect ≈ your job ≈ your schooling ≈ your social life ≈ your relationship with your partner ≈ your health ≈ your plans for the future.

The surest way to prevent pregnancy is not to have sexual intercourse. However, if you do have sex, there are ways you and your partner can protect yourselves.

Before deciding, think about each method:

- ❑ Do you need an exam? a prescription?
- ❑ Does your partner need to be involved for the method to work?
- ❑ Does it protect against HIV and STDs?
- ❑ How much does it cost?
- ❑ How effective is it?
- ❑ Will it be easy to use?

You can get help selecting the method that's best for you and your partner from your health care provider, family planning counselor, school-based health center, county health department, Planned Parenthood, or community clinic.

PROVEN THINGS

#s 26 -31:

Young people need to be self-directed by strong moral values.

- 26** They feel it's important to help others and make the world a better place.
- 27** They believe in fairness and equality and are committed to social justice.
- 28** They do what they believe is right.
- 29** They tell the truth — even when it's not easy.
- 30** They're responsible for doing the right thing and owning up to their mistakes.
- 31** They believe it's important for teenagers to abstain from sex and from using alcohol or other drugs.

A DAY in the Life...

(continued from page 1) time she woke up, was last changed, when she last ate, and any special instructions or comments I have.

9:00 Once my daughter's organized, I walk down the hall to my classroom. A lot of the time, I try to concentrate on one particular assignment until I've finished it. I then feel proud of myself because I can say that I actually accomplished an assignment during my school day. I'm the type of person who likes to try to accomplish as many assignments as I can throughout my school day so I don't have to worry about doing them at home.

My daily school schedule consists of four blocks that are each about two hours long. We (teen parents) get two ten-minute breaks and one half-hour lunch break.

Morning Break Almost all the teen parents use their two breaks to associate with each other and go smoke a cigarette. I just sit in my nice comfortable chair concentrating on my school assignments. I feel that when I do take a break, it's too hard to get back on task.

12:00 I eat my lunch in a hurry so I can use the little bit of time I have left to visit my daughter before I have to make my way back to my classroom.

3:10 The bell rings, and the teen parents all rush out to pick up our children. I slowly make my way to the Child Development Center room because I feel my daughter should be able to spend as much time as possible with her caregiver so they can bond better with each other.

I gather my daughter's belongings and get her ready to go home. I sign her out on her daily attendance sheet and then we slowly make our way to the bus stop. I board the bus (it can be a struggle getting on and off with my daughter), and are on our way home.

4:15 When I get home, I'm exhausted, and usually my daughter is too, because she's had a hard day at school just like me. I take her coat off, give her a bottle, and we both take a nap.

5:30 After our nap, I check my daughter to see if she's wet (and change her if she is), and then put her in her highchair for a snack. I clean her up and then let her play.

7:30 She begins to get tired after about two hours and falls right to sleep when I lay her down.

8:30 When she wakes up, I try to spend more time with her before I get too exhausted and can't do much, especially concentrate on her needs. Then I cook dinner and put some in a small dish just for her. After it cools a bit, I put it on her highchair tray for her to eat and make myself a plate of food. When we're finished, I clean her up, make her a bottle, dress her in her pajamas, and put her in her crib for the night.

10:00 I finish what I need to do before going to bed — clean up my dinner mess, clean off my daughter's highchair tray, do the dinner dishes, and straighten up the house a little bit. Then I then get into my pajamas and go to bed.

Doesn't this sound like an exciting day? It isn't. It is a day filled with responsibilities and hard work. There is no time for movies, dinners, going to concerts, or even going out to visit friends. I love my daughter and the new child that is in me now, but I don't know if I will be able to go to college to become a teacher like I had dreamed about when I was young.

Lisa Sampson's day is typical for the many teen mothers in Oregon who are working hard to balance the demands of being both good mothers and good students. She recently gave birth to her second child and remains committed to her school work. Lisa is active in many activities through school and will graduate from Helensview High School in June 1999.

Chlamydia: Symptoms & Complications

The majority of reported cases are among females (81 percent, most among women aged 15 to 19). Studies suggest that chlamydia is also common in males, but they are much less likely to be tested. Chlamydia may infect the urethra, cervix or rectum. Women may present with vaginal discharge, pain with urination, pain with sexual intercourse, lower abdominal pain or abnormal vaginal bleeding. Men often present with urethral discharge, pain with urination, or pain and swelling of the testes. As many as 75-80 percent of woman and 25-50 percent of men infected with chlamydia may be asymptomatic.

Chlamydia is the most common cause of cervicitis in females and urethritis in males. It is estimated that 30 percent of untreated women with chlamydia will develop pelvic inflammatory disease (PID). Females who contract PID are at increased risk for infertility, chronic pelvic pain, and ectopic pregnancy (tubal pregnancy). Chlamydia may also cause pre-term labor, and cause neonatal infections of the eye or pneumonia. Complications for males include epididymitis, which may cause pain and swelling in the testes. Individuals with chlamydia infections also appear to be at higher risk of acquiring and transmitting HIV.

PROVENTHINGS

#s 32-34:

Young people need lots of everyday social skills.

32 They're good at planning ahead and thinking about consequences before they act.

33 They're good at making and being friends.

34 They know and respect people of different racial and cultural backgrounds.

For many youth, pain and embarrassment create a barrier to the evaluation and treatment of sexually transmitted diseases. But now, there's a non-invasive test for chlamydia that represents an important technological breakthrough for sexually active youth.

This new urine-based test is significant because of chlamydia's prominence as Oregon's most frequently reported disease, as well as the most common curable sexually transmitted disease here and the country as a whole. Oregon's chlamydia rates have remained unchanged for the last three years — in 1997, 5,254 Oregonians were infected.

Teenagers are at greater risk for contracting chlamydia than any other age group due to their physical immaturity, poor compliance using barrier methods of protection (condoms), multiple sexual partners, alcohol, and drug abuse. Forty-one percent of all cases occur in youth aged 15 to 19, and 73 percent in youth aged 15 to 24.

Improved Screening for Men and Women

The biggest barrier to treatment of chlamydia is the inability to effectively screen those at risk. In the past, diagnosis required a pelvic exam or a painful urethral swab. New "nucleic acid amplification" technology now allows testing either with swabs of the cervix or urethra or on a first-void urine sample.

Several different tests use nucleic acid amplification techniques, including L.C.R., T.M.A., and P.C.R., and all are superior to previous non-culture techniques (antigen or antibody tests). In many labs, these tests are more sensitive and specific than traditional cultures. While more expensive in the short term, the tests have been found to be cost-effective by greatly

A WHIZ OF A TEST FOR CHLAMYDIA

by Jennifer Gilhooly, R.N., M.S., C.P.N.P.
and C. Wayne Sells, M.D., M.P.H.

reducing long-term complications. Urine-based testing has also been used effectively for community-based intervention efforts.

Treatment and Prevention

The treatment of choice for uncomplicated chlamydia urethritis or cervicitis is a single one-gram oral dose of azithromycin. Alternative therapy includes 100 mg of doxycycline twice a day for seven days, or 300mg of ofloxacin twice a day for seven days. While azithromycin is more expensive, a single-dose treatment greatly improves patient compliance and provides long-term savings.

Health care providers should encourage their patient's sexual partners to seek assessment, testing, and treatment if they have had sexual contact 60 days preceding the diagnosis of the chlamydial infection. The most current sexual partner should seek treatment even if the last sexual activity was greater than 60 days ago. Patients should be instructed to practice abstinence from sexual intercourse until they and their partners have finished the prescribed treatment. Abstinence should be continued for seven days following a single-dose treatment or after the completion of a seven-day course of doxycycline.

Pro-active screening should be available in both traditional and non-traditional locations as we attempt to prevent, diagnose, and provide treatment. Programs that will be effective in reducing the impact of chlamydia in our community must provide education, effective screening, condoms, and refusal skills.

Jennifer Gilhooly and C. Wayne Sells are on staff at Division of Adolescent Health, Departments of Pediatrics and Internal Medicine, School of Medicine, Oregon Health Sciences University

IT'S THE LAW

While abstinence is the only 100-percent-sure way to avoid an unintended pregnancy, Oregon laws recognize teens who do not choose abstinence need contraceptive services to help reduce pregnancies and the incidence of sexually transmitted diseases (STD).

But many Oregon teens do not know about these laws that give minors the right to obtain confidential family planning and STD services. When asked why they did not seek family planning services, they often cite fear that their parents or guardians will be contacted. It's vital to let young people know that this fear need not be a barrier.

The Teen Health InfoLine can help. Trained staff are ready to answer questions, explain what birth control methods are available, and help teens find confidential and low-cost services in their area. 1-800-998-9825.

OREGON REVISED STATUTES: Sexually Transmitted Diseases

A minor who may have come in contact with any venereal disease may give consent to treatment. The consent of parent, parents, or legal guardian shall not be necessary; having not given consent, the parent, parents, or legal guardian shall not be liable for payment for care recorded (ORS 109.610).

Family Planning

Any physician may provide birth control information and services to any person without regard to the age of such person (ORS 109.640).

BUILDING BLOCKS OF SELF-ESTEEM

- Individuality: Appreciation for the traits, talents, and foibles that make us unique.
- Integrity: Living according to our own values.
- Connection: Feeling a part of a group of people whom we love and admire.
- Personal power: Confidence in our ability to create our own destiny.
- Achievement: Accomplishing our goals, no matter how small.
- Self-respect: Belief in the right to be treated fairly and courteously.

My Decision Didn't Ever Waver

Anonymous

I felt stupid. My boyfriend and I used condoms and one broke. I knew better than this. My mom was very open about sex education. I was worried a little that this might affect my ability to have children even though logic said it's not going to be a problem. The main emotion was sadness and fear of disappointing my mom and disappointing myself for letting this happen at the worst possible time.

I had decided about choice when I became sexually active...I thought of it as a 'what if' situation. I had decided that I would have an abortion...If I carried a child, I would not be able to give it up. There was no way I could keep the child. I would not have married him because we had a child.

Being unmarried, being in school, and not being financially stable enough for children was not the right situation. I had no right to ask my mom to be a mom again. If I had the child, I wouldn't be able to continue nursing school. Dropping out of school wasn't an option.

I told my mom the day after I found out I was pregnant. I did the two-day procedure. After it was over, it was really painful.

My boyfriend and I split the cost since it was equally our fault. He told me we could get married and I said 'No.' My decision didn't ever waver. After that, I looked at the people I dated and waited a lot longer to get involved in sexual relations. I definitely practice much safer sex. I made the decision that is going to be best for me and my future and the future of the children I am going to have.

Excerpted from Real Voices, Oregon NARAL Foundation, Portland, Oregon; reprinted with permission.

"I believe we can lessen the need for abortion by improving health care services to women and enhancing everyone's self-respect around sexual decision-making."

- Liz Newhall, M.D., Portland, Oregon

"Success? Don't you know it is all about being able to extend love to people? Not in a big CAPITAL-letter sense, but in the everyday, little by little, task by task, gesture by gesture, word by word."

Ralph Fiennes

PROVENTHINGS

#s 35 - 40:

Young people need to feel their strength and purpose guiding them to the future.

35 They can effectively say no to the things that might harm them.

36 They can resolve conflicts without violence.

37 They believe they have control over the direction of their life.

38 They feel good about who they are.

39 They believe their life has a purpose.

40 They're hopeful and confident about their future.

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>
- ♦ Adolescent Pregnancy Prevention, Inc.: <http://www.appifw.org>
- ♦ Advocates for Youth: <http://www.advocatesforyouth.org>
- ♦ Alan Guttmacher Institute: <http://www.agi-usa.com>
- ♦ 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>
- ♦ Girls Incorporated: <http://www.girlsinc.org>
- ♦ Go Ask Alice: <http://www.goaskalice.columbia.edu>
- ♦ National Campaign to Prevent Teen Pregnancy: <http://www.teenpregnancy.org>
- ♦ National Strategy to Prevent Teen Pregnancy: <http://aspe.os.dhhs.gov/hsp/teenp/intro.htm>
- ♦ National Organization on Adolescent Pregnancy, Parenting & Prevention: <http://www.noapp.org>
- ♦ Oregon Health Division: <http://www.ohd.hr.state.or.us/cdpe/chs/teenp.htm>
- ♦ Planned Parenthood: <http://www.plannedparenthood.org>
- ♦ Puberty 101: <http://www.virtualkid.com>
- ♦ SEX, etc. newsletter by teens for teens: <http://www.sxetc.org>
- ♦ SIECUS: <http://www.siecus.org>
- ♦ Teen Sexuality Index: <http://www.intac.com/~jdeck/habib/profiles.html>
- ♦ 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 Nineline: 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 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

800 NE Oregon Street, #21
Portland, Oregon 97232

Bulk Rate
U.S. Postage
P A I D
Portland, OR
Permit #701