

The Rational Enquirer

MOVING BEYOND THE BOUNDARIES

We have reason to celebrate! With teen pregnancy and birth rates declining, there is fresh evidence that our efforts do make a difference. Yet we must not be lulled into a sense of complacency, for despite the recent drops in rates, 3,176 Oregon women under 18 got pregnant in 1998. So while we celebrate our successes, we must also ask ourselves who these women are, and who are the men involved? We must more clearly define the associated risks they face. And we must challenge ourselves to look for new and innovative research-based efforts designed to meet their needs.

This issue of *The Rational Enquirer* is dedicated to moving beyond the boundaries by addressing issues that help us examine our beliefs and challenging ourselves to ensure that our efforts are comprehensive and inclusive. We strive to acknowledge and even celebrate adolescents' emerging sexuality, by including messages that portray sexuality as a natural and healthy part of life.

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It's Check-up Time Again

Every once in a while, it's useful (and occasionally humbling) to find out how much we really know about our subject. Here are some key statistics. How many do you know off the top of your head, so you can quote them in your work? Your lifeline is on page 11.

PREGNANCIES

- 1 The number of pregnancies among Oregon teens aged 10 to 17 in 1998 was approximately:
a 300 b 3,000 c 30,000
- 2 The number of pregnancies to Oregon teens aged 10 to 14 in 1998 is about:
a 10 b 50 c 200
- 3 One of Oregon's Year 2000 Benchmarks is to reduce the pregnancy rate among females aged 10 to 17 to:
a 15 percent b 15 per 1,000 c 15 per 100,000
- 4 The percent of sexually active teenagers who do not use contraceptives who will become pregnant within one year:
a 25% b 50% c 90%
- 5 The percent of pregnancies to females 10 to 17 that were in the subset 15 to 17:
a 50% b 75% c 95%

BIRTHS

- 6 The percent of Oregon births in 1998 to teens aged 10 to 17:
a 4% b 25% c 50%
- 7 The percent of births to Oregon teens 10 to 17 in 1998 that were not first births:
a less than 5% b about 10% c nearly 25%
- 8 The percent of teens 10 to 17 who gave birth in 1998 who smoked during their pregnancy:
a 1% b 10% c 25%

SEXUAL ACTIVITY

- 9 The percent of Oregon high school students who report having had sexual intercourse:
a 10% b 35% c 65%
- 10 The percent of sexually active Oregon high school students who used a condom and/or other contraceptive (not including withdrawal) the last time they had intercourse:
a 25% b 50% c 75%
- 11 The number of reports of chlamydia to Oregon teens aged 10 to 17 in 1998 is more than:
a 12 b 120 c 1,200
- 12 The percent of births to teens 10 to 17 in which the father was 5 or more years older than the teen mother:
a nearly 30% b about 60% c 90%

THE RATIONAL ENQUIRER

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

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OREGON TEEN PREGNANCY TASK FORCE

The Oregon Teen Pregnancy Task Force (OTPTF) is a statewide organization dedicated to providing education and information and facilitating interagency communication about teen pregnancy prevention and teen parenting. It is responsible for two major annual activities: a conference that provides professional development and information to professionals and individuals working with teens; and co-sponsorship of **The Rational Enquirer**.

Quarterly Task Force meetings offer members an excellent forum for learning what is happening around the state and for connecting with other providers.

The Task Force is a non-profit corporation with an all-volunteer board of directors. Current officers are: Co-chairs: Lisa Cline, Teen Pregnancy Prevention Coordinator for the Multnomah County Health Department; and Patti MacRae, Project Coordinator for the Multnomah Network on Teen Pregnancy and Young Parenting at the Youth Services Consortium; secretary: Karen Kinder, Bend Teen Parent Program; and treasurer: Diane Cohen-Alpert, Insights Teen Parent Program, Portland. Funding comes from conference revenue, small grants, and in-kind support from members.

Membership is free, and joining is easy. For information, contact Patti MacRae at 281-6151, ext. 15, or e-mail pmacrae@yscinc.org.

THE RATIONAL ENQUIRER

is, as always, dedicated to the young people and adults working with youth in Oregon. We exist as a voice of the community, expressing your views, your ideas, and your successes; reflecting all the creative and varied approaches needed to address such a multifaceted issue. Our goal is to listen and learn from you. 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.

THE GIRLS' AGENDA 2000

The Girl's Initiative Network (GIN) is a community-based coalition of girls, young women, and their supporters united in creating social change through advocacy, education, and activism. GIN works with over 200 "girl supportive" organizations in the Portland Area. Last fall, GIN hosted the United Girls' Summit, a two day social change event planned by girls, for girls. As part of the summit, over 500 participants developed the following Girls' Agenda, a platform for action and change.

A network of Multnomah County's Department of Community and Family Services, GIN is administered and facilitated through the Girl's Leadership Center and the Center for Professional Development at Lewis and Clark College, Graduate School of Professional Studies.

**We, the girls of Multnomah County,
announce our platform for action!
We want change as it pertains to:**

**Resources We Need to Survive/
Ideally Thrive**

WE NEED Affordable/accessible housing and child care (especially if we are young moms!) Affordable, safe, and accessible transportation.

Lacking Adult Support

WE NEED Good role models. Good support systems (groups, transition homes, homework assistance, whatever). Adult advocates.

Education

WE WANT More engaging/excited teachers. Schools to teach us about communication and healthy relationships.

Relationships

WE WANT TO KNOW How to develop good ones. How to be careful of bad ones. How boys and girls can learn to be allies to one another.

Owning Our Strength

WE WANT TO KNOW How to be ourselves. How to speak our minds. How to advocate for ourselves.

**Tolerance Between Genders,
Races, and Classes**

WE WANT TO KNOW How to respect one another/ourselves.

Domestic Violence/Sexual Harassment

WE WANT TO KNOW How to prevent the abuse!

THE NEXT CHALLENGE: GUARDING AGAINST COMPLACENCY



BY SARAH BROWN

The 1990s brought good news: both teen pregnancy and teen birth rates have declined nationwide, in all states, and among all age and racial/ethnic groups—led by both less sexual activity and better contraceptive use. As a nation, we deserve to be proud of these encouraging trends. But even limited success can have a downside if it means that the public and media begin to believe the problem has been solved.

The most important challenge now is to keep the nation from becoming complacent. Teen pregnancy rates in the U.S. remain much too high—two or three times higher than those in other industrialized countries. We still confront a crisis of severe long-term consequences when 4 in 10 teenage girls get pregnant at least once before they reach 20.

At the National Campaign, we believe there are two ways to make sure the current positive trends motivate the nation to work even harder to prevent teen pregnancy: (1) enlist new partners, particularly in the entertainment media and faith communities, and (2) re-energize the people who are doing good work in local communities.

I am convinced that making a real and long-lasting difference in the teen pregnancy problem in the U.S. will require a shift in cultural values and messages. And where better to begin than with the pervasive influence of the entertainment and popular media? We need to tap into this power by involving the media as active partners in our efforts. For this reason, the National Campaign has been working *with*—rather than *against*—the producers and writers of such popular shows as “Dawson’s Creek,” “King of the Hill,” “Party of Five,” and “Seventh Heaven.” We are also

working with Black Entertainment Television, ABC, NBC, FOX, *Teen People* Magazine, and *Sports Illustrated*, among many other media leaders.

How do we approach them? With a carrot, not a stick. We try to convince them that teen pregnancy is a big problem and that they can use their tremendous power to make a real difference. Then we offer a variety of simple messages and concepts for teens that can be woven into their work. For adult audiences, we stress such messages as “if we want to reduce pregnancies among our daughters, we need to talk to our sons.”

I am happy to report that our friends in the media are beginning to include some of our ideas. For instance, ABC’s daytime drama, “One Life to Live” just completed a 9-month story about a teen character coping with an unwanted pregnancy. And a recent issue of *People* magazine featured a story on what it’s really like to be a teen mother.

Faith communities are already doing a lot to help teens navigate the often perilous route to adulthood. Among the most influential centers of leadership in the country, they remain in many ways an untapped resource in our work. Our goal is to enlist their interest in preventing teen pregnancy and to explore ways that the Campaign can enhance their efforts.

The Campaign’s publication, *Nine Tips to Help Faith Leaders in Their Communities Address Teen Pregnancy*, has been very well received by a diverse group of religious communities. For instance, the Catholic Church sent *Nine Tips* to every diocese in the nation. To continue this progress, the Campaign is holding a series of local summits with faith leaders

around the country to learn how they are dealing with issues of teen sexuality and responsibility and how we can help them.

Guarding against complacency also means supporting the people who do the real front-line work in communities. The Campaign recently published a practical three-volume manual, *Get Organized: A Guide to Preventing Teen Pregnancy*, which provides concise tips on how to develop programs and partnerships centered on preventing teen pregnancy. It covers a lot of ground—from strategies for involving boys and men, to practical advice about how to raise money and to conduct program evaluation.

One part of the Campaign that I am most proud of is our work to help communities move beyond the conflict that has so often plagued discussions of how to prevent teen pregnancy. The problem is big enough for many solutions. It’s not about choosing between abstinence and contraception; we need more of both. It’s gratifying that even in communities that have been ripped apart by controversy over previous prevention efforts, people are eager to try again—but only if they believe that everyone gets a seat at the table.

Between 1995 and 2010, the number of girls aged 15 to 19 is projected to increase by 2.2 million. The hard truth is that yesterday’s news about declining teen pregnancy and birth rates won’t mean much to the boys and girls who turn 13 next year. For them, we must redouble our efforts to make sure that they benefit from the successes that their older brothers and sisters have begun to see.

Sarah Brown is director of the National Campaign to Prevent Teen Pregnancy: www.teenpregnancy.org

BARBARA!

At this point, we're going to pause for a tribute to one of the most tireless, influential, and effective advocates for teen pregnancy prevention ever to serve Oregonians. In January 2001, Representative Barbara Ross will end her distinguished career in the State Legislature. It's fitting, then, to look back at all she has accomplished, and how her efforts have made our difficult work a little easier.

"I applaud a teamwork approach where people sustain concentrated efforts across organizations. When this happens, we see it reflected in the teen pregnancy rates and get a sense that our hard work has paid off."

—Oregon State Representative
Barbara Ross

Barbara began her involvement in teen pregnancy prevention in the early seventies as Director of Special Projects for the Oregon Department of Human Resources. From 1977 to 1987, she served three consecutive terms on the Benton County Board of Commissioners (including three years as chair). In 1994, she was elected to the Oregon Legislature from District 35. The following is a brief resume of her accomplishments:

- ☒ 1976: Worked with the Benton County Health Department to reduce the time it took teens to access family planning services from three weeks to 48 hours.
- ☒ 1980: Appointed by Governor Victor Atiyah to work with The Youth Coordinating Council, which resulted in funding for teen parent programs.
- ☒ 1987-1989: Directed the Student Retention Initiative, a program initiated by Governor Neil Goldschmidt to reduce the high school dropout rate.
- ☒ 1989-93: Staffed the first legislative task force to focus on teen pregnancy prevention.
- ☒ 1992: Led the state Department of

Human Resources in the development of Reducing Adolescent Pregnancy Partnership (RAPP). Took a lead role in forming the state RAPP steering committee.

☒ 1993: Worked with Governor Barbara Roberts to develop Sex, Teens and Oregon's Plan: An Action Plan for Teen Pregnancy Prevention.

☒ 1995: Served on a state task force and worked closely with First Lady Sharon Kitzhaber to implement the statewide Teen Pregnancy Prevention Action Agenda.

THE WORD ON BARBARA

"Barbara Ross is both practical and wise and brings a vast amount of experience to our work in teen pregnancy... She is the catalyst that brings us together, builds our strengths, and moves us in constructive ways."

—Linda Doyle, former Chair, State Teen Pregnancy Task Force

"Because she was so action oriented, you wanted to get involved. She just worked hard, it didn't matter if it was early or late if the work needed to get done, she did it."

—Michael Balter, Director, Boys and Girls Aid Society of Oregon

"[If not] for Barbara's tenacity, focus, and leadership, the Oregon's Action Agenda would have very likely derailed. In many ways she was the glue that held us to-gether to launch this very critical effort."

—Sandie Hoback, Administrator, Adult and Family Services

As one who never leaves loose ends, Representative Ross has taken care to pass the torch on to another of Oregon's talented legislators:

"Barbara Ross has been a tireless advocate for teen pregnancy prevention. She inspires others with her passion and commitment. And so, when she approached me about taking her place as legislative advocate for teen pregnancy prevention, I did not hesitate before answering yes."

"I represent House District 18—inner North and Northeast Portland—and many of the problems we face will sound familiar to those of you who live elsewhere. Issues like unemployment, the lack of affordable housing and health care—those issues that plague families struggling to make ends meet, but affect all of us."

"I told Representative Ross that I would be interested in helping prevent teen pregnancy because I want to work to break the cycle of poverty that traps so many of our friends, family, and neighbors. I want to help clear away the obstacles to success and stability for thousands of Oregonians. I am honored to join Barbara Ross, and you, in the effort to reduce teen pregnancy."

—State Representative Deborah Kafoury

1 THE NATIONAL COMMISSION ON ADOLESCENT SEXUAL HEALTH has identified four characteristics and behaviors of a sexually healthy adolescent in relationship to self, parents and other family members, peers, and romantic partners.

THE SEXUALLY HEALTHY ADOLESCENT

- * appreciates their own body
- * takes responsibility for own behaviors
- * is knowledgeable about sexuality issues.

Call to Action: 2000 Year

Preventing adolescent pregnancy requires action. Youth, parents, teachers, community leaders, state officials, and others all have a role to play. Fortunately, individuals and communities alike can find plenty of guidance in Oregon's Adolescent Pregnancy Prevention Action Agenda 2000.

As with the 1997 version, the year 2000 agenda maintains an emphasis on the importance of local efforts, offers suggestions on how coalitions can be effective, and calls on state agencies to provide assistance. It, too, emphasizes that all Oregonians share responsibility and that a comprehensive approach is critical to success. But Action Agenda 2000 also features a number of new principles and an increased emphasis on

accountability and results.

Reflecting slight revisions in the 1997 agenda, the Action Agenda 2000 strategies are:

1. Build positive community values and norms through public awareness, adult involvement, and cooperation of stakeholders.
2. Support and promote school- and community-based life skills development, including comprehensive sexuality education, for both girls and boys.
3. Make abstinence education available to all youth, emphasizing skill building to resist pressure to engage in premature sexual involvement.
4. Assist sexually active youth to avoid pregnancy by providing timely education, outreach, and access to contraceptive services.

5. Encourage and provide opportunities for males (youth and adults) to be actively involved in adolescent pregnancy prevention, both on a personal level and in the community at large.

6. Support uniform application of statutory rape and sexual abuse statutes to reduce teen pregnancy. Ensure that children have financial and emotional support from both parents.

For a copy of Action Agenda 2000, contact your local adolescent pregnancy prevention coalition or the Adult & Family Services Division of the state Department of Human Services.

Contributed by Sherryll Johnson Hoar, Communication Officer, Oregon Department of Human Services; sherryll.hoar@state.or.us

TEEN PARENT

My Life as a

by Stephanie Glasscock

People often ask me what is it like to be a teen parent. My first response is, "What's it like not to be a teen parent?" I have very few memories of growing into an adult that don't in some way reflect my life as a teen parent. I think, oh, there was that one time that Tyson and I went to a football game our sophomore year and it was so much fun, until the baby got cold and all our friends got sick of hanging out with us, around the baby's stroller. It was really neat when he was first born and I had him all to myself, until I realized he was all I had. I slowly began to lose all my friends, people I had known for years, but who could blame them? Would I want to hang out on Friday nights with someone who had a baby to take care of?

Being a teen parent in a way has become my identifying mark in life. When I would walk through the halls at school,

after my son was born, all I could hear were people whispering. I used to feel there should be a Teen Parents Anonymous, where I could go and just say, "Hi, my name is Stephanie and I am a teen parent." People were so judgmental of me, but worse than that, I had let myself down.

I had always known there was supposed to be more to my life. One day I reached the decision that no matter how hard it was, I was not going to let this hold me down. Children are a blessing, and God for whatever reason had chosen me to be this child's parent. Teen or no teen, that is exactly what I decided I was going to be.

I had to work twice as hard as the other kids in school for everything. I never wanted to use being a teen parent as an excuse for not being everything I was capable of. Then in 1998, when I got married and my two nephews came to

stay with me, I had to work three times as hard as other 17-year-olds. I didn't care anymore. I was determined to make everyone that ever thought I couldn't do it regret ever thinking that. At times I felt there was nothing I couldn't do, and at other times I felt there was nothing I could do. I often wanted to just give up, but in a way my kids pushed me to do better. When I realized if I didn't finish high school and go on to college, the only people I was really letting down were my kids, there was no turning back.

Today, Stephanie is active in the Reduce Adolescent Pregnancy Partnership (RAPP). She plans to return to school this fall to study journalism and law. "My kids are doing great," she continues. "Tyson and I have had a few ups and downs and life certainly isn't easy, but we are working very hard to overcome the obstacles and are very thankful for the many blessings we do have."

EMBRACING GRIEF:

Teen Mothers and Pregnancy Loss

by Connie Nykiel

Each year almost one million adolescents become pregnant in our country. Statistics on how these pregnancies are resolved differ from study to study, but it can be reasonably concluded that from 48 to 52 percent of teenage mothers suffer from pregnancy loss due to fetal or infant death, abortion, or adoption.

The studies confirm that teenage mothers who do not mourn after infant loss, fetal loss, abortion, or adoption are more likely to have a rapid repeat pregnancy (see sidebar).

This is a serious medical concern because these second pregnancies result in higher rates of low birth weight, prematurity, mortality, and morbidity than the first pregnancies. Unresolved grief can also have far-reaching psychological effects. Blaming herself for the loss and seeking to be punished, the young woman may enter into an abusive relationship. Her grief process may be inhibited until after the second birth, resulting in depression and rendering her unable to nurture her new child.

Since a baby is often an attempt at replacing the loss of love, pregnancy loss

compounds previous unresolved grief. A "replacement baby" cannot take the place of this lost love or solve larger issues such as parental neglect because of addictions, physical and sexual abuse, or learning disabilities.

Those of us who work closely with adolescents should remember a few common-sense interventions that can help these young women cope with their loss:

- Acknowledge the loss and express your feelings of empathy
- Educate about the importance of delaying another pregnancy and the risks involved with rapid repeat pregnancy
- Provide written materials, support, and instruction about the grief process, discussing a more appropriate resolution than another pregnancy

Teach coping skills to deal with the anger and guilt associated with the loss

- Assist her with exercises to increase self-esteem and to make plans for the future.

Connie Nykiel is owner of For Teen Moms Only. She can be contacted at 805 464-5465; www.forteenmomsonly.com

*Grief fills the room up of my absent child,
Lies in his bed, walks up and down with me,
Puts on his pretty looks, repeats his words,
Remembers me of all his gracious parts,
Stuffs out his vacant garments with his form.*

—William Shakespeare

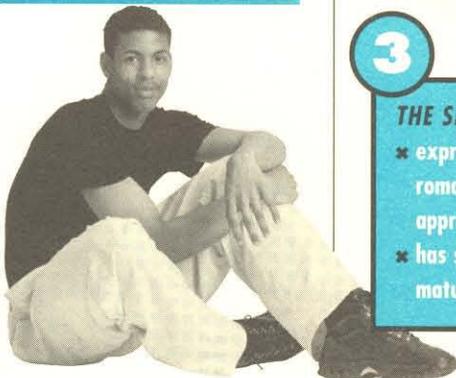
"The question seems to be whether or not any relationship exists between fetal mortality and rapid, repeated pregnancies. The subsequent conceptions might be psychological replacements for lost love objects. Were this the case, even the best contraceptive counseling will not deter conceptions in this population."

Report of a study to measure responses of teen mothers after abortion

THE SEXUALLY HEALTHY ADOLESCENT

- ✦ interacts with peers of both genders in appropriate and respectful ways
- ✦ acts on one's own values and beliefs when they conflict with peers

2



3

THE SEXUALLY HEALTHY ADOLESCENT

- ✦ expresses love and intimacy with romantic partners in developmentally appropriate ways
- ✦ has skills to evaluate readiness for mature sexual relationships

6

What We Know About TEEN Pregnancy LOSS

A roundup of information from studies on the subject

- ✦ Median time between fetal loss and subsequent pregnancy: 5 months
- ✦ Median time between abortion and subsequent pregnancy: 9.5 months
- ✦ Middle adolescents (aged 15 to 18) are most likely to have a repeat pregnancy
- ✦ Teen mothers pregnant for the third time had only a 45% chance that all three children were still living
- ✦ Teens who conceived again in the first postpartum year were more likely to have had a prior miscarriage.

In a recent study measuring the grief of adolescents who aborted and miscarried,

- ✦ 53% experienced loss through abortions, 38% through miscarriage, and 2% through newborn death.
- ✦ No differences were found in grief responses of teens who had aborted or miscarried:
- ✦ At a 15 month follow-up, 59% were pregnant again, and this did not account for those who already delivered a subsequent baby
- ✦ The report noted: "when pregnancy loss occurs in adolescents, two outcomes are often seen: mother-daughter conflicts concerning independence accelerate and this provides impetus for re-impregnation soon afterward."

ECPs: In Case of EMERGENCY

Nearly half of all pregnancies in the U.S. are unintended. Many young women are unaware that emergency contraception exists and that it provides them with a last chance of preventing pregnancy. Making emergency contraception more widely available can reduce the high number of unintended pregnancies and the need for abortions. Here are some key questions and answers about emergency contraceptive pills:

Exactly what is emergency contraception?

It is simply a high dose of standard birth control pills. Taken within 72 hours of unprotected intercourse or contraceptive failure, ECPs can reduce the risk of unintended pregnancy by preventing or delaying implantation.

Are ECPs safe?

They're very safe. Two new FDA-approved EC products, Preven and Plan B, have become available in the past two years. Even before that, doctors safely and legally prescribed ECPs (using a combination of regular oral contraceptive pills) for more than 20 years with no reports of death or serious medical complications. Some women may experience mild and temporary side effects including nausea, breast tenderness, fatigue, headache, dizziness, and fluid retention. These symptoms can be relieved with over-the-counter remedies. If a woman is already pregnant and uses ECPs, they will have no effect on the development of the pregnancy or the embryo.

Do ECPs cause abortion?

ECPs do not cause abortions because they are taken before pregnancy occurs. ECPs prevent pregnancy by preventing fertilization, delaying release of the egg, and preventing a fertilized egg from implanting. A woman is medically considered to be pregnant at the time of implantation: it takes up to a week for a fertilized egg to travel to the uterus and implant itself in the uterine lining. ECPs are used during a 72-hour window of opportunity between the time of unpro-

tected intercourse or contraceptive failure and the time of potential implantation. Women need to make informed decisions about using ECPs: while ECPs do not terminate pregnancy, they may interfere with the implantation of a fertilized ovum. Women opposed to such interference would probably not choose to use ECPs.

Will access to ECPs increase sexual activity and encourage irresponsibility among young people?

There is no evidence to suggest so. What is clear is that the need for emergency contraception often brings sexually active young people into a family planning clinic, where they can receive other services and counseling, including help in learning how to say "no" when they choose to be abstinent. For adolescents who are already sexually active, emergency contraception can provide a bridge to effective birth control and disease prevention.

Will ECPs cause women to stop using other forms of contraception?

ECPs can have unpleasant side effects, which, although not serious from a medical standpoint, do discourage use for routine birth control. ECPs are also less effective in preventing pregnancy and more expensive than most forms of regular contraception. Emergency contraception should always be promoted and used as a back-up method.

If they know their partners can use ECPs, will men be less likely to use a condom?

Unlike condoms, emergency contraception provides no protection against STDs, including HIV. On the other hand, women and men may feel more confident about relying on condoms for birth control if emergency contraception is available in case the condom slips or breaks.

Information in this article was compiled by Population Services International as part of its Emergency Contraception Project. For more information, contact Alexandra Lowell or Allison Mobley @ (503) 294-0554.

In the 1995 National Survey of Family Growth, 48% of 15- to 19-year-old girls said they were virgins; nearly one-half of them said the main reason was that it was because of their religion or morals.

My Faith
My Strength

Research is now showing what many of us have long known from working with teens—that religious faith and a strong moral sense play vital roles in protecting teenage boys and girls from too-early sexual activity and teen pregnancy. Here are some resources that faith communities might find helpful:

♦ **Nine Tips to Help Faith Leaders and Their Communities Address Pregnancy** summarizes a wealth of experience and advice from faith leaders around the country, compiled by the National Campaign to Prevent Teen Pregnancy's Task Force on Religion and Public Values. Contact the National Campaign at 2100 M Street, Suite 300, Washington, DC 20037, or on-line at www.teenpregnancy.org.

♦ **A Time to Speak: Faith Communities and Sexuality Education** includes tools to help faith communities and sexuality educators work together, denomination statements about sexuality education, synopses on current guides for sexuality education in faith communities, and a list of resources and hotlines/referral sources. It is the first publication on religious and sexuality published by the Sexuality Information and Education Council of the United States (SIECUS): 130 West 42nd St., Suite 350, New York, NY 10036-7802; www.siecus.org.

The POWER of PEER EDUCATION

Throughout high school, Angie Schwartz was a member of a teen education group on HIV/AIDS and pregnancy prevention. She credits this work as the foundation of her commitment to public interest causes and upon which she is pursuing her education. "I realized," she says, "that being an advocate was exactly what I wanted to do with the rest of my life." Now entering law school, Angie has put her convictions to work for numerous public interest causes.

Rational Enquirer: Describe your experiences following your involvement in peer education and your values and beliefs related to the career you plan to pursue.

Angie Schwartz: I believe strongly in equal rights and equal access to information and education. I have worked for a number of organizations helping to promote this belief, including the American Civil Liberties Union, Senator Patty Murray, the National Breast Cancer Coalition, and the Women's Information Network. I plan to continue this work as I start law school. I want to work on behalf of individuals or groups who have been denied their rights or denied access to important information in order to give them the same opportunities that others enjoy.

RE: How were those values and beliefs shaped?

AS: My commitment to equal rights started when I joined a peer education group in high school that focused on disseminating information on HIV/AIDS and pregnancy prevention. I encountered a good deal of opposition, especially within my high school, when dealing with the sensitive subject of sex education. I resolved then to do everything I could to ensure my friends received this important, life-saving information.

RE: Do you think teen peer education is an important intervention?

AS: I think peer education is one of the most effective means of educating teens on sensitive subjects. Teens naturally seek out the advice of their friends. If those friends are educators, we ensure that the information being passed on is factually correct. When I was a peer educator, I was frequently approached by other students (who I had never met) who wanted information but did not feel comfortable approaching an adult. In short, we were given a voice and made to believe that our voices were important and powerful.

RE: Can you discuss the influence of the program coordinators on your experience as a peer educator.

AS: I think the program coordinators have the power to make or break the program. I think the formula for our success lies in the amount of ownership we—the teens—were given over the program. We felt like we were responsible for this program, and we took that responsibility very seriously. But we knew we had people, our coordinators, there to back us up, provide insight and advice, and make sure our facts were straight. I think it is important to work with teens, and not work at teens or for teens—in other words, to make sure that it is as much a democratic process as possible so they feel like their ideas are important contributions. Our coordinators were extremely successful in this approach, which resulted in a very committed group of teens.

RE: How do you think teen peer education benefits those teens who are peer educators?

AS: It's often been said that teens are

among the greatest activists because they have time, energy, and passion to channel into various causes. That was certainly true of me. I wanted to make a difference, and peer education enabled me to do that. It gave me a community where I felt supported, and where I knew my opinions mattered. It empowered me because I felt like I had important information that others also had a right to know. Finally, it built my confidence and allowed me to take pride in myself. It made me more willing and able to stand up to negative peer pressure and channel positive peer pressure. It was definitely one of the most influential experiences of my life. By the time you're a teenager, you are capable of anything, for better or worse. But, with proper information, trust, a sense of responsibility, and a support system (the key elements of any peer education program), that "anything" will be both positive and long-lasting.

THE SEXUALLY HEALTHY ADOLESCENT

- × communicates effectively with family about issues, including sex
- × understands and seeks information about parents' and family's values, and considers them in developing their own

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FOR ADDITIONAL COPIES OF THIS ISSUE, CALL (503) 731-4021.

IMPLEMENTING A PEER LEADER PROGRAM

There are two types of peer leader models: (1) Peer educator programs that train teens to become a resource to their peers and; (2) Peer mentor programs that

"It gives you a sense of responsibility and that is an important thing to learn growing up. You become a 'role model,' and it forces you to take a look at whether you're being the right kind of role model. For the kids...they look up to you and think, 'You're so cool' that they want to listen to what you have to say."

—Anne W., peer mentor

use older teens to assist younger teens to build resiliency and avoid participating in risky behaviors.

A significant body of behavioral sci-

ence research suggests that such models are effective at educating youth about sensitive subjects such as drug and alcohol use or sexual activity. There is also another, often unrecognized, benefit: the long-lasting impact on the peer leaders themselves. Peer leaders gain leadership skills and further explore their personal values and career opportunities. Adults involved with the programs note that these teens are very skilled in conveying experiences and knowledge that can help other young people develop healthy attitudes and behaviors.

A well-designed and carefully implemented peer leader program that utilizes teens as credible messengers and a natural resource can be an outstanding service, and a community-building asset.

Kathy Norman, Multnomah County Health Department, contributed to this article.

"High school students...take serious ownership in being a role model and teacher for these kids. [They] also see how difficult it can be and use strategies to problem solve, become better listeners and communicators while remaining accountable for their actions and behaviors. They make connections with other students who have the same interests and beliefs and this gives them an additional support system. These programs are dearly needed in our community because it is a win-win situation for all involved."

—Sharon Webster, teacher

The POWER of SPEECH

Good things happen when parents and kids speak the same language.

HERE ARE THREE PROGRAMS TO HELP.

Can we talk with our children about self-esteem, puberty and sexuality, mixed messages in the media, and peer pressure? Definitely! That's the focus of **Can We Talk?**, a program developed by the National Education Association Health Information Network. It's being implemented in communities around the country, including Umatilla County under sponsorship of the Oregon Health Division. The program features four parent workshops, each focusing on a separate topic promoting parent-child conversations about sensitive issues. The centerpiece is the Family Activity Book, which contains tips for talking, a lesson plan for parents, information on sexuality and reproduction, facts about

HIV/AIDS and STDs, and activities to break the ice with kids. In each class, parents discuss and role-play situations in the workbook prior to doing the homework with their children. For more information, contact Population Services International, 534 Southwest Third Avenue, Suite 512, Portland, OR 97204, (503) 294-0554.

In Marion County, the **Parent/Child Talks About Puberty/Sexuality** curriculum is helping bring parents and children together within the family to foster more effective communication. The curriculum consists of exercises and activities covering a range of subjects, including sexuality, communication skills, parenting styles, self esteem, and values. Much of the program's success lies in the support it gives parents for teaching about sexuality in

the context of their own family values system. For more information, call Kristin Nelson, (503) 373-3751, or Toni Welborn, (503) 361-2745 at Marion County Health Department.

"Where do babies come from?" "What is HIV?" "How do you know if you're ready to have sex?" Kids at any age can ask difficult questions. **Get the FACTs: Families Actively Communicating Together** is a workshop designed to help parents and guardians provide sexuality education for their children in the home. Parents and adults can increase their confidence in providing accurate information to their children, share family values, and counteract negative and exploitative sexual messages coming from the media or peers. For more information, call Planned Parenthood of the Columbia/Willamette at (503) 775-4931.

WHERE ARE THE

By Wayne Pawlowski, ACSW, LICSW

Why do boys behave so irresponsibly? Why don't they take more responsibility for contraception? Why don't they accept more responsibility for unintended pregnancy? Why are they so hard to reach? And, once we've reached them, why do they seem to resist our efforts.

As policy-makers, program administrators, and educators turn their attention towards the boys, these and other complicated questions arise. This article has no simple, universal truths to offer. Instead, it seeks to share observations, challenge conventional thinking about male involvement and male programs, and provoke thought and discussion about our work with boys and men.

On the one hand, our increased level of interest certainly reflects a desire to better understand men and "maleness" so we can communicate more effectively with boys and create better programs for them. But there are also, I think, unstated issues based less on our concern for males as people who may have needs/issues with which we might help, than on a perception that boys and men are irresponsible and therefore the cause of many social problems. We are interested in the guys so we can fix them,

change their behavior into something more to our liking. Of course, teen pregnancy workers want to change female behavior, too, but the dynamics of working with males are often overlooked.

Males can certainly sense this current beneath the surface, recognizing that our interest lies less in helping them than in controlling them, and that the services we offer do not address their issues. Part of the problem rests in our feelings and attitudes. In my experience working with clinic staff and educators,

professionals in our field often feel that maleness and male culture are inherently flawed and need to be changed or controlled. Instead of seeing maleness as something that perhaps needs to be nurtured better than in the past, we see it as problematic and threatening.

These feelings are supported in part by the fact that most reproductive health services (and social services in general) have grown up to serve women more than men. They are largely staffed by women, and they are often needed because of what men have done to women. While most staff and educators do not openly express male hostility, it never-

theless exists. It contributes to a "we can't do anything about them" attitude on the one side, and to a sense that staff and educators cannot understand what men really want/need on the other side.

One unfortunate result is a certain defensiveness that arises when talking sympathetically about male concerns. For instance, when discussing real problems men have with condom use (loss of feeling, loss of erection, difficulty ejaculating, sticky hands, etc.), staff and educators often undermine the effect of their concern by comparing the male's difficulties with those women have when using contraceptive methods. Similarly, staff and educators will acknowledge the

disadvantages/struggles boys have growing up, but then follow with reasons why girls have it worse. Rather than sympathetically relating to the problems of boys/men and working to find ways to alleviate/solve them, we seem compelled to compare male issues to female issues, or, worse, to minimize male concerns into unimportance.

Understandably, the lack of a male world-view makes boys feel that our pro-

grams are irrelevant, negative, unrealistic, and out-of-touch. We want to talk about taking responsibility for contraception and pregnancy; boys want to talk about "doing it." We seldom talk about masturbation; most boys are wondering if it's normal and if they're doing it

right. We want to talk about delayed first intercourse; boys want to dump their virginity as quickly as possible. We seldom talk in depth about homosexuality, although many boys are terrified that they might be homosexuals or labeled as one. We want to talk about how to prevent older guys from hanging out with younger girls. We don't ask what happened to those older guys growing up to make them crave a much younger partner. We want to talk about resisting peer pressure without taking a hard look at how it really works, how boys experience it, and what resisting it would mean to them.

So where does all of this leave us and what can we do about it? Again, there are no simple answers.

First, I do not suggest that only males can work with males. On the contrary, boys want and need to communicate with females. The issue is not the gender of the educator/clinician/counselor, but whether that person can really listen to what boys are saying and be willing and able to address/discuss their needs.

Second, my comments about anger, distrust, fear, and negativity are not meant to be judgmental, but reflect the observations and experiences of one male trainer/educator/counselor who has worked in reproductive health and sexuality education for 15 years, and who has trained on male issues for over 10.

I believe the most important thing we can do is train our female staff to work with males in the same way that we must



BOYS?

train our male staff to work with females. Each communicates in unique ways, and each has issues and needs that differ



from the other. We should approach gender in the same way we approach culture.

Neither gender is better than the other, and they both need to be respected and understood. This can only come from training and experience.

By the same token, males also need training in this work. Being of a culture does not make one knowledgeable about that culture, nor does it make one an effective communicator with others of that culture.

Third, we must take a hard look at ourselves as sexuality educators and professionals in reproductive health. We must examine our biases, blinders, agendas, and assumptions. We must ask difficult questions: Why are we now so interested in the boys? Is it merely because foundations or government agencies are funding programs for



males this year? What do we really want and/or expect from males when we say we want them to be more involved and more responsible?

To be sure, these are not easy strategies, and they will not bring clear, concise answers to the male involvement questions. Yet, unless we can begin to take a fresh look at what we are doing, we will continue to ask, "Where are the boys?"

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Wayne Pawlowski is Director of Training for Planned Parenthood Federation of America - www.plannedparenthood.org

It's Check-up Time Again

(answers to quiz on page 1)

Pregnancies

1: b [3,176]

2: c [191]

3: b [15 per 1,000]

4: c [90%; source: Harlap S, Kost K, & Forrest JD, *Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States*, New York: Alan Guttmacher Institute, 1991, Figure 5.4, p.36]

5: c [93.9%].

Births

6: a [4%]

7: b [9%]

8: c [25%].

Sexual Activity

9: b [35%; source: 1999 Oregon Youth Risk Behavior Survey]

10: c [76%; source: 1999 Oregon Youth Risk Behavior Survey; U.S. Healthy People 2000 Goal: 90%]

11: c [1,351; source: Oregon Health Division]

12: a [28% where the father's age was known].

TAKING "HEALTH CLASS" TO A WHOLE NEW LEVEL

Student Based Health Clinics (SBHC) started in 1986 at a single school in Portland. It has now spread to 45 schools in 13 counties across Oregon, affecting students in grades K-12. The smart idea behind the centers is that kids should have access to health care, mental health care, and information resources where they spend a great deal of their lives—in school.

The centers can provide a range of reproductive health services (with abstinence education an important component), as well as information and referral for family planning and sexually transmitted disease services. Many offer diagnosis and treatment of STDs; some have complete contraception services on-site. All SBHC services are open to all students in the school, even if they can't afford them. And care is confidential: providers will keep all information private except for clients whose lives are in danger or those who pose a threat to themselves or others.

Centers are staffed with office assistants, qualified mental health providers, nurses, nurse practitioners, physician assistants, and doctors—all of whom are strong advocates for youth and their families, and all of whom are specially trained to appreciate the unique needs of students.

An important side benefit is that the health centers provide an excellent opportunity to learn more about risk behaviors and health promotion, which can, in turn, guide the development of other smart programs to serve our youth.

A G A I N S T T H E O D D S

Meeting The Needs Of Sexual Minority Youth

Gay, lesbian, and bisexual adolescents face tremendous challenges growing up physically and mentally healthy in a culture that is often unaccepting.

A recent study published in the May/June 1999 issue of *Family Planning Perspectives* suggests that adolescent women who identify as lesbian, bisexual, or unsure of their sexual orientation may be at increased risk of pregnancy and poor contraceptive practice.

Researchers compared behavior, risk factors, and pregnancy history among a subsample of public school students aged 12 to 19 who participated in the 1987 Minnesota Adolescent Health Survey, a comprehensive, anonymous survey measuring young people's health, risk behaviors, and protective factors.

The study demonstrates that reproductive health care and family planning providers should not assume that their pregnant patients are heterosexual or that those identifying as bisexual or lesbian do not require family planning counseling.

Another study, as related in the May 1998 issue of *Pediatrics*, examined the association between sexual orientation and health risk behaviors among an anonymous representative sample of both male and female adolescents.

The study was based on students in grades 9 through 12 in public high schools from Massachusetts' expanded Centers for Disease Control and Prevention (CDC) 1995 Youth Risk Behavior Survey. Massachusetts chose to add questions about sexual orientation to the standard survey. Among the findings:

- Gay, lesbian, and bisexual orientation was associated with having had sexual intercourse before 13 years of age.
- Gay, lesbian, and bisexual orientation was associated with having sexual intercourse with four or more partners both in a lifetime and in the past three months.
- Gay, lesbian, and bisexual orientation was associated with having experienced sexual contact against one's will. Clinicians who work with adolescents need to be sensitive to the multiple psychosocial and health risks facing gay, bisexual, and lesbian youth, including physical and sexual abuse, early sexual debut, frequent heterosexual intercourse, and ineffective contraception use.

Information in this article was adapted from articles that appeared in the SIECUS publication Shop Talk.

WHAT THE STUDY SHOWED

The subsample of adolescent women in the Minnesota study consisted of 3,816 participants: 182 identified as bisexual or lesbian; 1,753 identified as unsure of their sexual orientation; and 1,881 identified as heterosexual.

SEXUAL ACTIVITY

- Bisexual/lesbian respondents (33%) were as likely as their heterosexual peers (29%) to have ever had penile-vaginal intercourse, while those unsure of their sexual orientation (22%) were less likely to have engaged in intercourse.
- Of the respondents who had ever had intercourse, 62% of bisexual/lesbian young women said they had first done so before age 14, compared to 45% of heterosexual respondents and 46% of those unsure of their sexual orientation. However, when controlled for self-reported history of sexual abuse, this difference was no longer

statistically significant.

- Among sexually experienced respondents, bisexual/lesbian women were significantly more likely to engage in penile-vaginal intercourse daily or several times a week (22%) than their heterosexual peers (15%) or those unsure of their sexual orientation (17%).

CONTRACEPTION USE

- Among sexually experienced respondents, 44% of those unsure of their sexual orientation reported no use of contraception, as compared to 30% of bisexual/lesbian respondents and 23% of heterosexual respondents.

PREGNANCY

- Bisexual/lesbian respondents reported twice the prevalence of pregnancy (12%) as either heterosexual women (5%) or those unsure of their sexual orientation (6%).
- Among respondents who had been

pregnant, 24% of bisexual/lesbian respondents reported multiple pregnancies as opposed to 10% of heterosexual respondents and 15% of those unsure about their sexual orientation.

OTHER RISK FACTORS

- Bisexual/lesbian respondents were more likely to report physical abuse (19%) than heterosexual adolescents (11%) and those unsure of their sexual orientation (12%).
- 22% of bisexual/lesbian respondents reported a past history of sexual abuse versus 13% of heterosexual respondents and 15% of those unsure of their sexual orientation.

Findings published by: Elizabeth, M. Sawyer, et al, "Sexual Intercourse, Abuse and Pregnancy Among Adolescent Women: Does Sexual Orientation Make a Difference?" Family Planning Perspectives, 1999 31(3), 127-31.

ESTRELLAS (STARS) TO SHINE FOR LATINO STUDENTS

Latino youth will soon be able to hear the STARS message (Students Today Aren't Ready for Sex) in a linguistically and culturally appropriate manner, thanks to the STARS Foundation's new Latino Outreach Project.

Latino students make up more than 30 percent of the enrollment in at least 10 Oregon school districts. Reaching them is an important part of the goal to make the program available to every middle-school child in Oregon by 2002.

To date, approximately 120 Latino high school students have participated in focus groups conducted in Nyssa, Ontario, Hermiston, Umatilla, Madras, Medford, and Woodburn.

"We hope to gain insight into their traditions and values and effective ways to access their parents. The information will assist the project in developing appropriate outreach materials and activities."

— Maricela Urzua, Latino Outreach Project Coordinator

The program is being designed to be sensitive to challenges posed by generational differences between Latino parents and their children, and to reach children who are not yet fully bilingual. Curriculum review and translation are now underway.

For more information, contact Maricela Urzua at (503) 709-1060. The Latino Outreach Project is funded through a grant from the Meyer Memorial Trust.

GET REAL

by Sean D. Griffiths

Not long ago I saw a film that really jogged my memory about my youth. **Get Real** is a coming-of-age story about two boys growing up in Britain. One was a typical jock adored by all the girls and admired by most of the boys. The other boy was more subtle and unassuming, yet witty and kind. I related to the jock, because that was who I was in high school—especially the part about his being gay.

I knew growing up that I was different from the rest of "the guys." Early on, I struggled with the fact that I was not well-coordinated or athletic, wishing I wouldn't be the last one chosen for dodge ball. The "nerds" and "sissies" always ended up being chosen last, and I didn't want to be considered either of those. I made a commitment to myself that I would become the best dodge ball player in school. Then I would be picked first and I would be liked by my classmates, especially the other boys.

By the end of eighth grade, I had matured into an athletic young boy who was able to make friends easily. Like the jock character in the film, I had established myself as an athlete, a scholar, and a good friend. Yet I was still struggling with the feeling that I was different, hiding the fact that I was sexually and physically attracted to other boys. It would not go away, no matter how fast I ran or how well I did in class.

Toward the end of my eighth grade summer, I had my first sexual experience. I don't remember her name, but I do remember the feelings I had: I hoped to prove to myself, and to my peers, that I was a "real guy." Once I had sex with her, I began to relax the fear that I might be gay. Like the character in **Get Real**, I continued to overcompensate through sports, academics, and having a "girlfriend." This worked until eleventh grade, when I developed a crush on a boy, and

the little world I had painstakingly created began to unravel.

The crush turned into a sexual experience that caused me a great deal of pain. Society had told me all my life that being gay was wrong, immoral, indecent—a bad "choice." I believed that I couldn't be gay and live a safe, happy life, so I made the deliberate "choice" to hide my true identity. Throughout my junior year and into the summer of my senior year, I dated and dated and dated...girls. I believed that having intercourse with many girls would somehow make me more of a man.

The person I was then, I realize now, was a sweet, naïve, ignorant, young man who happened to be gay. As a public health educator today, I cringe at the fact that I was having unprotected intercourse with several young women to hide the fact I was gay. Had I been able to see something like *Get Real* in high school, I may have not acted out like the character in the film. Maybe that experience would have helped me "get real" so that I could have explored the reality of my sexual orientation in a much safer and supported way.

Get Real, a film directed by Simon Schoor and written by Patrick Wilde, is available in video rental stores.

NOW PLAYING: THE TEEN FILES: THE TRUTH ABOUT SEX

Parents and teenagers are often too uncomfortable or embarrassed to discuss the risks associated with sex. One solution: show them this hard-hitting 30-minute film that forces viewers to face the realities of having sex too young, including unwanted pregnancies and STDs.

\$149.95; order from
AIMS Multimedia, 1-800-367-2467;
www.aims-multimedia.com.

What Europe Can Teach Us ABOUT TEEN SEXUALITY

by Lori Weintraub

"We are not trying to prevent teen sex. We are trying to prevent unsafe sexual behaviors" —message from The Netherlands

In June 1999, I had the opportunity to travel to the Netherlands, Germany, and France to study teen pregnancy. All three countries have lower rates of teen births, abortion, and STDs than the U.S. But surprise—youth in these countries report being sexually active a full year later than kids here. So what do they do that we could learn from?

In fairness, I must state my own biases that I packed along with my one suitcase. I believe firmly that teen birth in the United States is linked to poverty. I know that sexual abuse is a huge factor in relationship choices and the behavior of young women. And I also know that adults here tend to view adolescents with great suspicion. I went in search of these links and causes in Europe, curious about how those countries mitigate some of the root causes of teen pregnancy and birth. What I observed and heard gave me much to reflect upon.

In the Netherlands, the rate of teen births is 4.3 per 1,000, compared to 51 per 1,000 in the U.S. The few girls who do have babies tend to be from immigrant families, so the connection is more to culture than poverty. (This was also true in Germany and France.) Significantly, minors who become parents in the Netherlands do not retain custody. Instead, the children are made wards of the state; young women who want custody must petition for it before they turn 18.

Sexual abuse does exist in the Netherlands (the rates were not provided during this tour), but no link can be established with teen births because there are effectively no teen births. Girls who have undergone sexual abuse do tend to become sexually active earlier than their peers, but they access the pill, and they use it.

Youth are part of the community in all three countries—I simply did not see the adult-youth divide we have here. Those who are sexually active receive the same messages about safe sex behaviors as adults. From our discussions with youth (ranging from amazing insights on relationships and child development, to Jerry Springer and other aspects of U.S. popular culture!), one truth came through: United States' youth need a clear, consistent message about sexual health and sexuality from the adults they trust. The consistency needs to be in our behavior, our media, and our public policy.

Our country is truly a melting pot of ideas, cultures, values, and religions. But if we care deeply about our children and their health, we will all work together toward a message we can embrace and believe in.

In Europe, HIV/AIDS spurred parents, community leaders, and governments to address sexuality; pragmatism has kept the messages and media sex-positive and public health-focused. Clearly, their efforts are working. Americans abroad might feel stunned at first by the frank discussions and explicit ads that run on public TV channels in Europe, but I at least evolved to a sense of frustration that such clear information would probably never reach U.S. youth.

With over 80 percent of United States parents supporting sexuality education in schools, why are we still so afraid of giving our kids honest answers? It is time to join together by following Europe's example, and giving our youth messages about sexuality that will serve them well throughout their lives.

Lori Weintraub is Executive Director of Advancing Solutions to Adolescent Pregnancy in Washington State. She can be contacted at (360)786-8292; lweintraub@asap-wa.org

LOOKING TO THE FUTURE

My name is Candace Schmidt. I am 16 years old and have a two-year-old daughter. I guess you can say I'm way too young to be a parent. In fact, I know I am. But now I have to deal with that fact and take on all the responsibilities of being a parent.

When I was 13, I wasn't exactly thinking about the future. All I thought about was parties, or what I was going to do on the weekend. I didn't have any real goals. That is where I messed up.

Soon after my thirteenth birthday, I began to fall in with the wrong group of people—people, like me, who didn't have any goals for the future. Then I found a boyfriend who was way too old for me. I thought it was cool. I didn't even know I was pregnant until after he was in jail. I was 13 and dealing with something way beyond my maturity. I was still in junior high, and the kids looked at me as if I were from outer space.

Five months after my fourteenth birthday, I delivered my daughter. From that day on, my life changed completely. I had a responsibility. I couldn't go to parties or be in sports. I had to stay with my child and love and nurture her.

Two weeks after giving birth, I started my freshman year in high school. That is when I started thinking, "What am I going to do so that I can provide my daughter with a stable home?" I decided that the best thing I could do was stay in school and go to college. Education is a must for a successful, stable life.

When I was 13, I never thought I would be where I am now. My daughter changed my life for the good, but it is a very tough job to be a mother. I have to think about things that kids my age don't even reflect upon. Now I have real goals for my life and for my daughter's life.

Now a junior in high school, Candace is taking college prep classes and "successfully pursuing my goals."

TEACH → EMPOWER → CONNECT

Many teens who come to Multnomah County Juvenile Corrections are identified as being at risk for STDs, HIV, unplanned parenthood, or drug addiction. They engage in behaviors that increase their chances for disease. Their lives are complicated by diagnoses such as depression, attention deficit disorder, post-traumatic stress disorder, oppositional defiance, and conduct disorder. Some live on the streets, some in foster homes, and many in chaotic families. It is rare that they know how to get help or information, and most cannot identify their health insurance provider.

Now there's a promising program that offers new hope for these kids: **Healthy Connections** has three goals: (1) to teach basic life skills, including sexual health, pregnancy prevention, communication, anger management, and problem-solving; (2) to empower the kids to use

these tools by providing them with bus passes, appropriate phone numbers, and knowledge about accessing health care; (3) to connect them with community-based resources, such as school-based health clinics and walk-in clinics.

Under the program, community outreach workers from school-based health clinics come to JDH once a week to connect with the youth and teach them about preventing pregnancy, STDs, and HIV. Equally important, they hand out business cards and encourage the youth to call them once they're released to the community. A Family Planning grant through the Oregon Health Division made it possible to help fund transitional care items, such as bus passes, information packets, condoms, and birth control information. The program will also soon expand to include a **Baby, Think It Over**® component, with a curriculum that covers

pregnancy postponement, how to care for a baby, the costs of caring for a child, and child development.

It's important to note that Healthy Connections started with a survey of the kids themselves to learn what services they'd offer their peers. The program was then developed by a Process Improvement Team with members from Corrections Health, Multnomah County Education Service District, Juvenile Justice, School-Based Health Clinics, and Behavior Health.

Approximately 300 youth have participated to date. A survey six months after Healthy Connections was initiated shows that they feel the information is useful, and all stated they knew how to get medical help in the community.

For more information about Healthy Connections, contact Michael O'Shea; (503)248-3530

SENSITIVE SUBJECTS TOUGH QUESTIONS

Answering young people's questions about sensitive issues can be as sweat-making as facing Regis on "Who Wants to be a Millionaire?" First thing, don't panic! Take a deep breath. Showing shock may intimidate a youth from asking in the future or create barriers to communication. It may also encourage shock questions just for the sake of shocking. Here are 10 more tips that can better equip us to help young people make informed and responsible choices:

1. Validate the question and affirm the asker. ("That's a good question." "Many people are curious about that.") Although some youth may want to shock, others may truly need the information and don't know how else to ask.
2. Make sure you understand the question. Reword it in a non-judgmental way. ("When you ask me _____, by that, do you mean _____?")

3. Assess whether the question is a value question (based on beliefs) or a fact question.
4. First, answer the factual part of the question keeping in mind the age, cultural background, and diversity characteristics of the asker.
5. If it's a value question, discuss a range of answers and values found in your community. ("Some people believe _____, others believe _____, and still others believe _____.")
6. Refer the asker of a value question to their family and/or clergy to discuss their values and beliefs on the subject. ("It is important to find out what your parents or religion believe to help you come to your own conclusions.")
7. Avoid making general assumptions like: All students come from a traditional

nuclear family; All students are heterosexual; No students are sexually involved; All students are sexually involved; All students' sexual experiences have been consensual.

8. Allow for youth to use their own language, yet when you answer, use appropriate technical or scientific language and link it back to the slang. ("When two people are 'getting it on' or having sexual intercourse...")
9. Give yourself time to answer if you need it ("That's a tough question. Let me think about it.") and always get back to the person.
10. Confirm whether the question has been answered or if any other questions have arisen. Address them in the same way. Positive communication feeds on itself.

Adapted from resources designed by Wayne Pawlowski and Elizabeth Reis.

INFORMATION ON LINE

Here are some of our favorite web sites. Please check them out; you'll find a wealth of information.

SIECUS (Sexuality Information and Education Council of the United States):

www.siecus.org

Great site for program planners, educators, and parents:



The website features information on programs, international activities, religion, sexuality, parenting, SIECUS publications, and additional resources. SIECUS is a national, nonprofit organization that affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices.

National Campaign to Prevent Teen Pregnancy: www.teenpregnancy.org

Great site for program planners and policy makers.

The website provides state and national data, facts and stats, publications, current updates, and resources. The National Campaign to prevent Teen Pregnancy establishes a national presence and leadership to raise awareness of the issue and attract voices and resources to the cause, and provides concrete assistance to those working in the field. The Campaign strives to improve the life prospects of this generation and the next—and, in particular, to reduce child poverty—by influencing cultural values and building a more effective grassroots movement. It is a nonprofit, nonpartisan initiative supported almost entirely by private donations.

ARHP (Association of Reproductive Health Professionals): www.arhp.org

Great site for health care professionals, public policy makers, and the public.

The web site features updated legislative news about reproductive health from



Washington, D.C., a bookstore, conferences, a newsletter and advocacy efforts.

A new questionnaire aims to help people confused about contraceptive options. ARHP also offers data about

efficacy, cost, and ability to protect against STDs, as well as side effects for each method of contraception. The Association's aim is to foster research and advocacy to promote reproductive health.

Teenwire: www.teenwire.org

Excellent site for teens.

Teenwire is a private place on the



Internet where teens can get information and news about teen sexuality, sexual health, and relationships. Information is from Planned Parenthood of America.

iwannaknow: www.iwannaknow.org

Terrific site for teens and parents.

"iwannaknow" is designed to get teens started learning what they need to know about sex, dating, and communication. It gives short answers to questions and offers the chance to find out more. The topics are broad in range: STDs, HIV, the difference between love and sex, date rape, and puberty, etc.

THE RATIONAL ENQUIRER

Adolescent Pregnancy Prevention

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