

# The Rational Enquirer

2008

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A Publication of The Oregon  
Teen Pregnancy Task Force

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*Love*

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# Making It Real

*HIV*

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## A publication of the Oregon Teen Pregnancy Task Force

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# Making It Real

*By Aylett Wright, Planned Parenthood of the Columbia Willamette*

As adults, we may believe we know what's real and right for the young people in our lives. We may even convince ourselves there's only one way to present materials or provide services. But how do we know if what we do really does connect? How do we shape conversations that get to heart of what matters?

How do we turn research findings — however compelling and persuasive — into programs that truly make a difference? We can become so invested in what we've "learned" that we forget to make sure we're even on the right track. Focused closely on abstract concepts, we may forget about the real lives being shaped by the work we do.

Who decides, ultimately, what is real and what is not?

As a starting point, we can keep in mind the differences that shape us as humans, using them to make our outreach accessible in all ways we can. That certainly means creating programs and materials that appeal to a range of intelligences and learning styles. It also means providing them in the languages and cultural contexts of the communities we serve.

We must remember, too, that the young learn and respond differently than do adults. We need therefore to nurture them in ways they can understand and absorb. Are our responses to their questions and concerns timely? Do we dare to ask them what they need?

If vital youth-adult partnerships are the goal, should we not involve young people in the entire process of creating a project? Are we serious about seeking their ideas and participation, or are we just looking for their stamp of approval?

When we model authenticity and sincerity for the young people in our lives, we encourage them to become themselves in every rich way they can. When we can hold safe space for them as they grow toward their potential, we foster resilience and help them along the path to becoming fulfilled, creative people.

We can discover if we have indeed "made it real" by asking those who are affected by our programs and decisions. Then we listen, with sincerity and a willingness to let go of our own preconceptions. We learn, we teach, and we learn again.



# Youth Weigh in on the Plan for Sexual Well Being

The 2008 Oregon Plan to Promote Youth Sexual Health aims to inspire and guide action by Oregon youth and adults to foster young people's sexual well being. The plan highlights how sexual health includes the ability to experience sexual desire; engage in safe, consensual, and pleasurable sexual activity; experience intimacy in sexual relationships; and be comfortable with one's sexual identity.

The plan was developed through joint efforts of youth researchers, community members, organizations, and government officials, led by the Teen Pregnancy Prevention/Sexual Health Partnership (TPP/SHP). The participation of young people was crucial. The ideas that follow were contributed by young people in Eugene, Bend, Portland, and Medford.

## Policy

- Sex education has to be mandatory, or schools won't do it.
- Provide access to literature and contraceptives through health clinics in schools.
- Add sexual health services to the Youth Bill of Rights.

## Health Inequities

- Incorporate diverse perspectives even if a group isn't diverse.
- Focus on school retention for students.
- Offer classes in schools and communities on the importance of diversity; make them mandatory.
- Have more programs to help immigrant students successfully transition.

## Services for youth and families

- Ensure anonymity of patients in healthcare centers – especially in schools.
- Improve access to all services, not just sexual health.
- All high schools should have a health clinic.

## Assurance

- Have a reward system to help enforce sex education policies in schools.
- Give media coverage to schools with effective programs.

## Infrastructure

- Create safe places for teens to go with questions.
- Make sure to include youth who aren't connected to their communities or to people who can help them.
- Host community events to bring groups together.
- Mandate training for teachers.

## Youth Development

- Involve youth as experts.
- Respect that everyone learns at their own pace.
- Develop a youth council focusing on promoting youth sexual health.
- Offer community service hours for youth who are promoting youth sexual health.

## Education of Youth and Families

- Provide easy access to information on talking with your teen about sex and relationships.

- Encourage good family communication – more than just about sexuality.
- Have more continuing sex education. Start earlier, perhaps with anatomy in kindergarten.
- Involve youth in creating curriculum.
- Use data in creating non-biased curricula that don't prevent or encourage sex.

## Data

- Reiterate that students should take surveys seriously and that it is to their advantage to respond honestly. Give example of policies that could be improved if people are honest.
- Survey older students as well as younger and reassure survey takers of confidentiality.
- Make surveys shorter.
- Keep Youth Action Research going by teaching social research methods in schools.

## RE in the Classroom

Write an article to an elected official or community leader.

The complete draft plan can be reviewed at [www.oregon.gov/DHS/ph/ah](http://www.oregon.gov/DHS/ph/ah)

# How I Learned About Sex: Notes from the Classroom

By L. Kris Gowen and Carrie Farrar

Kris Gowen and Carrie Farrar teach Human Sexuality to approximately 300 students every year at Portland State University. Between them, they have over 20 years' experience teaching to people ranging from middle school students to parents to doctoral candidates. Over the years, they've noticed that students are coming to class with less basic knowledge about sexual health.

When we ask our students to write about their sex education, they hand in stories that are as diverse as the people who write them. Yet at the same time, their experiences have notable similarities, following a handful of common themes:

In fifth grade they took all the girls to a separate room. They showed us a movie about the reproductive organs.

My friends and I used to sneak into my older brother's room and look at his copies of Penthouse.

My boyfriend and I used to take long drives and experiment. I learned everything by doing it. All I was ever told by my parents was that I shouldn't be having sex.

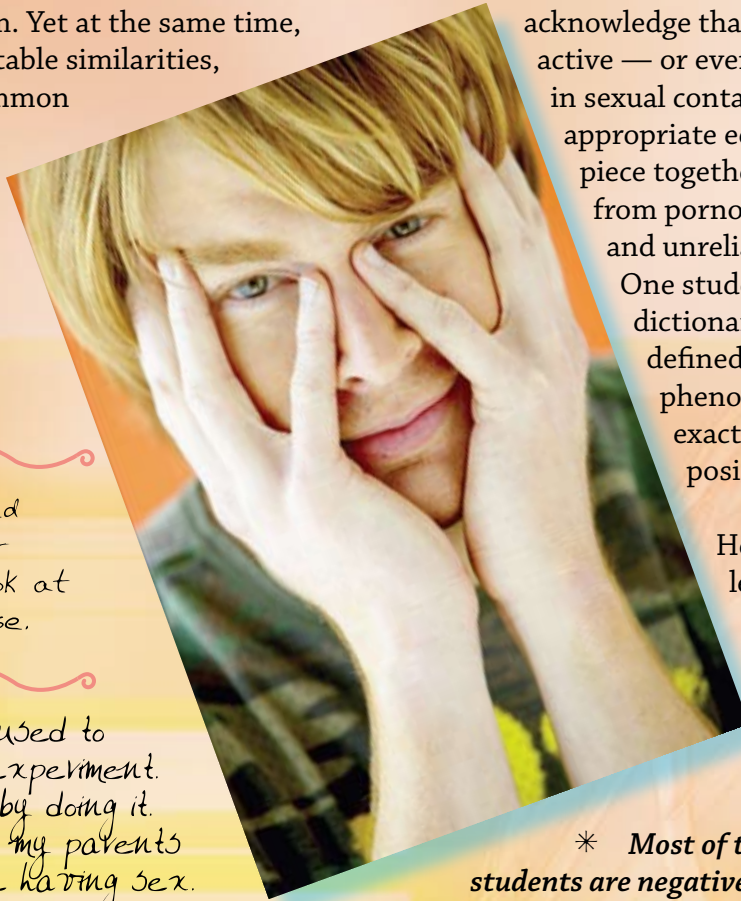
These stories raise concerns about how youth today are learning about sex — the lack of parent-child communication on the subject, poor formal sex education, sex education that comes too late in life. Their experiences reflect the confused, fragmented state of sex education in the United States today. A study by the Kaiser Family Foundation, National Public Radio, and Harvard's John F. Kennedy School of Government found that a majority of Americans agree there is a need for formal sex education. But they disagree about the purpose, content, and reach of such education.

To cite just one example: study participants identified oral sex as one of the most controversial topics in sex education. Yet, as anyone in public health can attest, not discussing oral sex puts people at risk for STD infection. As sexuality educators, we know that young people are going to engage in oral sex. Some youth consider it as a form of abstinence, some turn to it (and, increasingly, anal sex) as a way to be sexually intimate while keeping their "virginity intact."

Since sex educators often cannot acknowledge that youth are sexually active — or even that there is pleasure in sexual contact — we fail to provide appropriate education. Youth are left to piece together their own sex education from pornography, anecdotes, and unreliable Internet sources. One student who turned to the dictionary for help found sex defined as "sexually motivated phenomena or behavior." Not exactly helpful preparation for positive, healthy sexual lives.

Here is some of what we've learned from our students about how the failure of formal sex education and emerging forms of informal sex education impact their lives:

- \* **Most of the stories from our students are negative.** It's very rare they recall fond memories of learning about sex. Their stories are often full of fear, confusion, and disappointment: the voices of students who were looking forward to learning, were instead met with frustration.
- \* **Too many families don't talk.** It can be heart-breaking to read of youths' anticipation for "the talk" that never happens. The silence that replaces conversations about sex at home is deafening. When talks do take place, they're likely to take the form of a one-time deal or a threat.





*I patiently waited for my one-on-one time with Pops to talk about guy stuff. It never happened.*  
The rare occasions when a parent really tries to be open are usually written about with respect or at least a sense of understanding that the parent tried.

- \* **School-based sex education programs let students down.** Sometimes it's an ill-prepared teacher. Or a class that's too short, or one that only covers the basics. By and large, students feel their high school sex ed classes were lame or lacking or incomplete.

*In school we only had a biological look at sex. I don't think they even talked about condoms or contraceptives at all! They approached sex ed as a scare tactic, instead of a tool to insure we would be safe.*

- \* **Rites of passage.** Some sex education experiences are almost universal. That fateful day in 4th or 5th grade when boys and girls are separated to learn about their changing bodies. The time a friend finds a stash of Playboy magazines. The infamous slide show of STIs that comes straight out of a horror show. These, rather than practical information and meaningful messages, are what most students take away from sex ed class.

- \* **Sex education starts long before high school.** Almost all our student papers start with a memory from childhood — often as early as kindergarten. The notion that children 4 or 5 years old are too young to learn about sex is short-sighted. They are learning, whether we are the ones teaching them or not.

- \* **College students still lack basic knowledge about sexual health.** We ask our students to name topics they want to learn more about. The answers can be eye-opening: "I want to know about methods of birth control besides condoms and the pill"; "I have heard of HPV, but I don't know what it is"; or even more generally, "I haven't had sex ed. I guess I'm just hoping to learn anything."

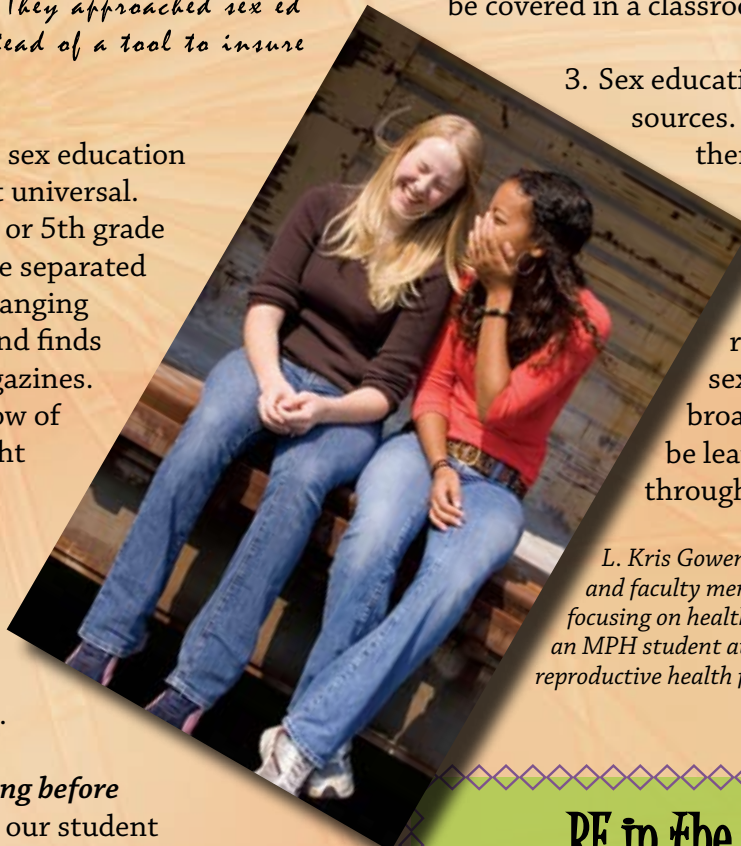
These students have shared their stories with sincerity, honesty, and emotion. Each one of them contains important lessons that, as sex educators, we believe are important to realize:

1. Make no assumptions. No matter how old or smart your students are, don't assume they have accurate (or any) knowledge of sexual health or safer sex practices.
2. We may not be able to teach them what they want to know the most. Students often tell us they want to learn more about relationships and falling in love. But are these really topics that can be covered in a classroom?

3. Sex education comes from many sources. We need to remember there may be conflicting or inaccurate messages out there.

4. Sex education is not really about sex, but about sexual health. Sexuality is a broad topic that all of us will be learning, and preparing for, throughout our lives.

*L. Kris Gowen, PhD, EdM, is a research associate and faculty member at Portland State University focusing on healthy youth sexuality. Carrie Farrar is an MPH student at PSU who has worked in women's reproductive health for a number of years.*



## RE in the Classroom

Have small group discussions or debates on article topics. Assign students to speak from perspectives other than their own – parent, religious leader, older teen, younger teen, older brother, etc.



# Wisdom from our Elders

By Molly Franks

We're fortunate indeed to be able to tap into the wisdom that comes with years of experience in the field of sexual and reproductive health. Here are interviews with three women of earlier generations who have worked to make our state a better place. Their comments have been edited for clarity and brevity.

*Lauretta Slaughter*, who calls herself "a proud octogenarian," was born in 1927 in Brooklyn, New York. Colleagues call her a legend. Lauretta has been a long-time vocal advocate for sexual health and now works as a case manager in the Urban League's seniors program.

## ***How have you seen the field of sexual and reproductive health change over time?***

I don't think things have changed that much. A classic example of how they haven't changed is that Dr. Elder can lose her position as surgeon general just for using the word "masturbation." We're still not comfortable with the language of sexuality.

If we were to talk more about prevention, if we spent more of our national resources on prevention, things would be better. We've focused primarily on

treatment, and we're slowly moving away from that, toward paying more attention to prevention.

## ***Can you share an early memory from your time working in sexual and reproductive health?***

I was doing a presentation with a colleague on eroticizing safer sex. I stayed up all night practicing, but then when it came time to talk, I think I said the wrong thing. Everyone was laughing and laughing. I still remember that, but I don't remember what I said. It just goes to show, you have to be able to laugh!

## ***What hopes do you have for the field in the next 10 years?***

I've been saying for many years that we need to be as comfortable and knowledgeable with sexuality as we are with dental health. We begin teaching children about taking care of their teeth immediately when their teeth begin to develop. Why shouldn't it be like that for sexuality? Parents ought to be comfortable from the beginning. Sexual health information should be right in front of you – like a toothbrush! No one hides it, you take care of it.



*Kathleen Saadat* was born in 1940 in St. Louis, Missouri. A long-time human rights activist, she's currently director of diversity and human resources at Cascade AIDS Project. Most recently, she's been working with a coalition of Portland African American organizations to raise awareness about HIV/AIDS.

## ***How have you seen the field change over time?***

I hear much more open and realistic discussions about sexual health, and a consciousness for the need for even more discussion. Communities are thinking about what young people need to know about sex and sexuality. When I was growing up in the '50s, people didn't even say "sex."





In the early days of the HIV/AIDS epidemic, there was a slogan – Silence = Death. HIV is one of many problems we have that we don't talk about enough.



*Judy Fightmaster* was born in 1950 in Spokane, Washington. She's retiring this year after 32 years of dedicated service to the state of Oregon. With this issue, she will have taken 11 editions of the *Rational Enquirer* from inception to publication. Her commitment, creativity, and keenly relevant sense of humor will be missed.

### *How have you seen the field change over time?*

Here's what I've noticed in more than 10 years in the sexual and reproductive health world:

- Teen pregnancy rates have declined.
- Teens today are better "contraceptors" than the previous generation.
- Comprehensive sex education has become more of a political football and "wait until marriage" has become the mantra. In the end, teens lose.
- Prevention and teen pregnancy reduction is not our sole focus. A more holistic approach expands our work to "Youth Sexual Health."

### *Can you share an early memory?*

When I think back about earlier issues of the *Rational Enquirer*, there were so many things we couldn't discuss: masturbation, orgasm, the human sexual response cycle. I was told that to do an article on masturbation, I needed to have it written from the perspective of a clergyman, so I asked a Quaker minister to write it! Initially the RE was in two colors with line art only. We've made it much more modern, edgy, and evocative so it appeals to our youth audience.

### *What hopes do you have for the field in the next 10 years?*

I would love to see a K-12 approach to comprehensive sex education in our nation. Our young people are unprepared if we do not offer them factual information and guidance for their sexual health and well being. Let's normalize and expect sex education to be taught as part of the overall curricula.

In the last 10 years, there has been more involvement of faith communities. They see the need to nurture, minister to, and support people with HIV/AIDS, and focusing on that issue means a need to consider how they approach sexuality, sexual orientation, and gender identity if they are to be effective in their ministry.

I've also seen women more actively talking about sex, about their own sexual health. They are demanding that attention be paid to the sexual health of women and are ready to talk about what were once taboo subjects.

### *Can you share an early memory?*

I had a close friend tell me he was HIV positive, and at some point we realized he was not going to get well. That same year, my brother was diagnosed with AIDS. My memories of that time are full of angst and pain. And one of the saddest parts, aside from losing so many people, was people's unwillingness to talk about what was happening and why people were dying. When I said my brother died of HIV, people always wanted to know how he got it, which was not the most relevant question at that moment.

### *What hopes do you have for the field in the next 10 years?*

I hope to see even more education. I want people to be committed to ensuring the health of children by giving them clear, truthful information. I hope to see a cure for AIDS, a vaccine to protect against HIV. People need information so they are not frightened into silence and more vulnerable due to their silence.



# Embracing Teen Fathers in Multnomah County

By Simone Rede

The issue of teen parenting almost always conjures up the image of teen mothers—but what about teen fathers? Negative stereotypes have distorted the picture, causing them to remain a mystery in teen pregnancy and parenting literature.

What research exists on fatherhood tends to focus on adult men. Consequently, practitioners and policy makers tend to overlook young fathers as potential resources for their children and fail to view them as individuals with their own needs and desires. Even so, increasing evidence suggests that they want to be and are involved in the lives of their children.

Local service professionals recognize the disparity. One reproductive health care professional explained, “In anything that has to do with reproduction, sexuality and parenting, men are always a footnote at best and that presents huge problems. Echoed Bill Baney, coordinator for the Center for Healthy Inclusive Parenting at Portland State University: “A number of organizations provide services to families; however, supports and resources offered to teen parents are often gender exclusive and/or reactive in design and delivery.”

Out of this need, Portland Public Schools Teen Parent Services (TPS), Portland State University’s Center for Healthy Inclusive Parenting (CHIP), and Pathfinders of Oregon forged a partnership to assess opportunities for growth and development within Multnomah County’s system of teen parent services. In a 2006 collaboration, an AmeriCorps VISTA member was placed at Pathfinder Academy, a community-based alternative school for pregnant and parenting teens, to gather feedback from service professionals and young fathers.

In a series of focused individual and group interviews over a yearlong assessment, 39 professionals from community-based organizations and government agencies and 19 young fathers shared their perspectives on barriers that prevent young men from accessing teen parenting services. (The number of young fathers participating was limited to local organizations’ and agencies’ identification of young fathers within their programs and the transient tendency of this population.)

Evidence indicates that young fathers value fatherhood as an important aspect of their identity. Ninety-five percent of them described themselves as positively involved in their child’s life, while many cited long-term personal goals that incorporated family. But how well does the existing system help foster their involvement?

While 79% of local service professionals claimed that their services effectively support young parents, only one-fourth agreed that their agency effectively serves young fathers. Two-thirds of them felt adequately trained and/or prepared to serve both fathers and mothers. And, on behalf of their agencies, 70% were aware of the unique strengths and desires of young fathers.

Yet on the delivery end, young fathers experienced a disconnect. Only 2 out of 19 “strongly agreed” that community services and supports meet their needs. However, 12 out of 15 young fathers, enrolled in educational programs, felt supported by their school’s staff.

Multiple and complex factors explain the uneven delivery of services. Local professionals identified job commitments as the most common barrier, reflecting expectations for men to provide financially for their families. Funding specifications also limit accessibility by factors such as gender, age, ethnicity, and geographic location. Other barriers include fear of identification stemming from policies surrounding statutory rape and child support, questions of citizenship, and the perception that services are exclusive to young mothers.

For young fathers themselves, the most common barrier was that they simply don’t ask for help—either out of pride, ignorance, or both. They also identified systemic bias towards young mothers and absence and neglect among young fathers. As a result, they indicated that they most often turn to family for questions about parenting. Family members made up 49% of the responses, compared to just 19% for community services. This suggests the advisability of a comprehensive approach in which resources



and materials are made accessible to all family members, including siblings, grandparents, and other caregivers. (Two organizations, the Teen Pregnancy and Young Parent Network and Commission on Children, Families and Community of Multnomah County, have officially committed to taking this approach.)

Within their own organizations, service professionals identified opportunities for growth and development in the areas of childcare and young father-specific services. Within the greater teen parent system, they identified housing; young father-specific services; and outreach/information.

Above all, they emphasized the need for coordination and collaboration at the regional level. “You have to go through umpteen agencies to piece a plan together,” one said. “We need some kind of central coordination around these services—a one-stop center of sorts.”

Like any parent, young fathers must negotiate their child’s development and their relationship with the child’s other parent. At the same time, they’re confronted by the challenges of adolescence. One young father talked about family pressure “to step up and be a man. Stay in school. Get a job. Don’t spend time hanging out with friends when [my] daughter is around.” Many of the interpersonal skills required to make the transition into parenthood, as well as manage a long-term relationship with the child’s mother, are just emerging.

Service professionals from the non-profit and public sector must work together at the regional level to build an accessible, equitable, and inclusive community of support. This means opening a dialogue to address the inconsistency between the professionals’ and the young fathers’ perceptions of the effectiveness of existing services, undo assumptions and cultural expectations that limit the ways young fathers can contribute to the lives of their children, and recognize the entrenched obstacles they face.



Organizations and agencies must collaborate, not compete, to provide holistic support to young fathers who confront challenges of education, employment, and health as they simultaneously navigate adolescence and parenthood. As a community, service providers must acknowledge one another’s strengths and utilize their partnerships to increase their ability to meet the needs of all young families.

*Simone Rede served as Teen Parent Services Community Coordinator and AmeriCorps\*VISTA at Pathfinder Academy from 2006-07. She is now Mentor Coordinator for the Oregon Leadership Institute. For more information about this project, please contact Ely Sanders, Director of Pathfinder Academy, at 503-286-0600 or [pathfinderacademy@yahoo.com](mailto:pathfinderacademy@yahoo.com).*

# No hay lugar como el hogar

*No hay lugar como el hogar...para la educación sexual* ofrece información para madres y padres sobre como hablar con sus hijos e hijas sobre la sexualidad y la salud sexual. Se puede conseguir el documento sin costo en ingles o español en el sitio de web de Advocates for Youth. A continuación mostramos una parte del documento - ideas para padres y madres de jóvenes del noveno grado. [There's No Place Like Home...For Sex Education offers information for parents about talking with their children about sexuality and sexual health. It is available for free in Spanish and English on the Advocates for Youth website.] The following is part of the document in Spanish - ideas for parents of 9th graders.

<http://advocatesforyouth.org/publications/noplacelikehome/index.htm>

**“¿Cómo uno sabe si esté enamorado? ¿Cómo es tener relaciones sexuales? ¿Cómo uno sabe qué hacer? ¿Cuántos años tiene que tener uno? ¿Cómo uno sabe si esté con la persona con quien debería de estar?**

Estas fueron las preguntas de un grupo típico de jóvenes del noveno grado durante una clase con sus padres. La meta era ayudar a las familias a comunicar sobre el sexo. Cuando se les pidió que escribieran (sin poner su nombre) lo que *verdaderamente* querían preguntar a sus padres, resultaron las preguntas de arriba.

¿Sorprendidos? También lo estuvieron al principio los padres de esa clase. Pero al pensarlo un poco, resultó que no eran tan sorprendidos por las preguntas, sino por cuán poco ellos estaban preparados para contestarlas.

**Claro que los adolescentes tienen preguntas sobre el amor, el sexo, las relaciones. Y quieren saberlo todo: Cómo, por qué, cuando. Tienen listas enteras de ansias y cuestiones y muy raramente se les anima a preguntar.** A menudo no se sienten con bastante confianza con los padres para hablar de eso. Pero piénselo: si su hijo de catorce años le fuera a hacer preguntas a Ud. sobre ese tema, ¿no le gustaría darle sus opiniones? Porque es cierto que los medios de difusión y sus compañeros ya le dieron las suyas.

**Si Ud. le fuera a dar su propio mensaje, ¿qué sería?**

Bueno—pero ¿cómo empezar, sobre todo si su adolescente y Ud. nunca—o casi nunca—hablan de la sexualidad? Primero, sepa que eso no necesita ser **la Gran Conferencia sobre el sexo. No es lo único que quieren sus hijos. Les interesa saber mucho más: aprender a entenderse a sí mismo y a los demás, a relacionarse con el mundo.** Si comparten las experiencias y los pensamientos íntimos de su propia adolescencia, no sólo que sus hijos van a conocer mejor a su padre o madre, sino que van a abrir la puerta para más comunicación ... *en particular sobre el sexo.*

Para empezar la discusión, puede usar la “entrevista” siguiente que usaron los niños y padres de esa clase. **Establezca las reglas antes de empezar, por ejemplo:**

1. Todo dicho queda confidencial;
2. Se puede hablar francamente, sin miedo de las consecuencias;
3. Si quiere puede brincar su turno;

## Preguntas para los padres:

- ¿Qué te gustó más de tus años adolescentes? ¿Qué estuvo lo más difícil?
- ¿Qué es lo más agradable sobre tener hijos? ¿Y lo más duro?
- ¿Qué pensabas del sexo opuesto a mi edad? ¿Tenías novios/novias y a qué edad te lo permitieron?
- ¿Cómo te sentías con los cambios de tu cuerpo?

## Preguntas para los adolescentes:

- ¿Qué te gusta más sobre tu edad? ¿Qué es lo más difícil?
- ¿Qué es, según tu, lo bueno y lo malo de ser hombre o mujer?
- ¿De qué te gustaría que podamos hablar de manera más abierta?
- ¿Cómo te sientes con los cambios de tu cuerpo?

Con eso, se podría sorprender sobre cuanto pueden comunicar, sobre Uds. y sobre el sexo.





# Being Smart About Sex Our Whole Lives Through

*By Aylett Wright, Planned Parenthood of the Columbia Willamette*

When the subject turns to comprehensive sexuality education for youth, the role of the faith community is sometimes overlooked. That's rapidly changing, thanks to programs like Our Whole Lives (OWL), a life-span sexuality curriculum created in the early 1990s by the Unitarian-Universalist Association and the United Church of Christ Justice and Witness Ministries. OWL does not espouse any one set of religious beliefs. Instead, it works from the concept that sexuality is a natural, normal, and positive part of being human, that people of all ages need good information taught in respectful ways, and that families and communities are an important part of learning about sexuality. (The faith component is optional, and OWL is also widely used by educators in non-faith-based settings.)

The program includes lesson plans and activities designed to address the needs of individuals at different phases of their lives, recognizing that sexuality is a life-long part of each of us. Based on SIECUS Guidelines for Comprehensive Sexuality Education (<http://65.36.238.42/pubs/fact/fact0003.html>), the curricula are designed to equip participants with accurate, age-appropriate information in six subject areas: 1) human development, 2) relationships, 3) personal skills, 4) sexual behavior, 5) sexual health, and 6) society and culture. Our Whole Lives provides facts about anatomy and human development, while also helping participants to clarify their values, build interpersonal skills, and understand the spiritual, emotional, and social aspects of sexuality.

For more information, visit [www.uua.org/religiouseducation/curricula/ourwhole](http://www.uua.org/religiouseducation/curricula/ourwhole)

## OWL in Oregon

In Eugene, Planned Parenthood of Southwestern Oregon (PPSO) has coordinated three OWL facilitator trainings since 2004, thanks to funding from a local donor and the Meyer Memorial Trust. By all accounts, the program is having an effect. "We just finished our third session tonight," said the youth leader for the Unity of the Valley. "The topic was sexual language.... By the time we finished, there had been a lot of laughter, nervousness, fun, and freedom shared by everyone." Melanie Oommen, Associate Pastor, First Congregational Church, noted that OWL has helped open lines of communication between adults and young people. "It has demonstrated that church can be a place where we truly can bring our whole selves, at every stage of our development as human beings."

## Our Whole Lives

*is currently being evaluated for effectiveness and inclusion into the group of "programs that work" – curricula that meet high standards for supporting healthy attitudes and behaviors over time. Evaluation is due to be completed in 2008.*

# Silent No More



# Taking a Stand

## Against Sexual Assault

*By Savenia Falquist*

The year is 2004 and Madras High School is buzzing with activity. Nearly 850 students are searching for classrooms, catching up with friends, setting up turf areas. The student body is about one-third American Indian, one-third Hispanic, and one-third white. Very few students socialize outside of their identified race; walls within the school are “claimed” as “Mexican” or “Indian” gathering sites. This gives some a sense of belonging, but it also emboldens groups of students to ridicule others, express gang behavior, and call out sexual comments. Calls of “choo-choo” ring out, a code phrase signifying that there has been a sexual assault in the form of gang rape – “Hooking up a train.” The mocking cries turn the assaults into a form of socially accepted behavior in which the victim is somehow to blame. “She shouldn’t have gotten so drunk,” say some; “she’s a slut,” say others.

Clearly, Madras High, like many other schools today, needed to take some serious steps toward changing students’ attitudes toward sexual assault victimization. Through a partnership between the Jefferson County 509J School District and Jefferson County Juvenile Community Justice, a youth development coordinator/juvenile officer was installed full-time into the high school. The coordinator provided case management and gender specific classes, and started a youth development team.

Soon students began attending a series of weekly meetings covering a wide range of issues: sexual assault, child sexual abuse, gang rapes among them. Much work was done to help the

teens recognize victim blaming and acknowledge its effects in the community.

The following year, the National Center for Victims of Crime awarded the Madras High Youth Development Program a grant to attend trainings on the dynamics of teen victimization and development of advocacy skills. The Madras Youth Development Program Team (MYDT) included a diverse group of 10 to 15 students, with leaders selected by vote.

While attending training in Washington, D.C., the team learned that a 14-year-old girl from Warm Springs had been raped and murdered. The horrific news prompted team leaders to start talking about their own lives and others that have been affected by sexual assault. On the flight home, they began brainstorming ways of using the tools and skills gained from the training sessions to address sexual assault at home. The tragic loss of their fellow student brought the problem alive for them, but for many other students, it remained very much a silent issue.

“Survival  
comes from  
strength, and silence  
defeats that strength.”

—Marissa Biggs (age 16),  
MYDT Member

Perhaps the power of film could break that silence. The MYDT contacted locally based Hudson Productions to gauge their interest in collaborating on a project. Once he heard the teens’ stories, Hudson producer Duke White couldn’t say no. After two months of weekly meetings with the team, White had a screenplay. The youth development coordinator began a campaign to raise community



“Walking  
within the Spirit  
sets forth the greatest  
example. Those who are in need of  
healing could clearly see the walk  
and will walk with you. So share  
your Love in your walk!”

—KONA Foster J. Kalama,  
Tribal Liaison

awareness and support. Team members took on key roles in the production: Victoria Katchia as casting and set manager; Nicolas Katchia as lighting and sound person; Carlos Aguirre as behind-the-scenes camera operator. Alyssia Meannus and Janette Alonso accepted lead character roles. Nicolas Katchia reflected the dedication of the entire team: “I feel very good about sharing this knowledge with other people and standing up for people who are afraid to do it for themselves right now.”

“Silent Message” tells the stories of three fictional teenage characters who have been sexually abused and their reactions to the abuse. The message is that child sexual abuse, which can lead to future sexual assault, has affected everyone in our communities, and that teens want to talk about it. “Silence is OK for a sec; silence for a lifetime is pain,” said MYDT leader Marcus Zacarias.

The film premiered at the Bend Tower Theatre in October 2005, followed by screenings at Madras High School and other local sites. Team members were interviewed by newspapers, radio, and television stations, and made presentations to groups throughout Oregon, including the Attorney General’s Sexual Assault Task Force. The film was embraced by other advocates, including Sarah Frank, Women and Children Services Coordinator of the Warm Springs Reservation, who has screened it at correctional facilities, women’s shelters, and before the general public.

In February 2007, it was the subject of a front-page story in the Oregonian. That same month, a public Silent Message March took place in Madras to raise awareness of sexual assault. Through the power of the Internet, an estimated three million people across the U.S. have learned of the film. With so many people seeing and talking about “Silent Message,” we can hope sexual assault will not be a silent pain forever.

*Savenia Falquist is the Youth Development Coordinator at Madras High School. To learn more about the MYDT and “Silent Message,” contact her at [Savenia.Falquist@gmail.com](mailto:Savenia.Falquist@gmail.com) or 503-245-4138.*



For additional copies of this issue,  
call (971) 673-0259,  
or download a copy at  
[www.dhs.state.or.us/publichealth/ah](http://www.dhs.state.or.us/publichealth/ah)

### Cool sexual health sites for youth

[www.advocatesforyouth.org](http://www.advocatesforyouth.org)  
[www.ehealth4teens.org](http://www.ehealth4teens.org)  
[www.teenwire.com](http://www.teenwire.com)  
[www.sexetc.org](http://www.sexetc.org)  
[www.goaskalice.com](http://www.goaskalice.com)

# *Teens and Crisis Counseling: Connecting with the 15-Year-Old Brain*

By Satya Maness

Jamie shuffles in with her mother, wearing an oversized sweatshirt and a guarded expression. Now 15, Jamie is one of 1,859 adolescent girls in Oregon who became pregnant last year. Her mother brought her into our office for options counseling. In the beginning, she slouched, crossed her arms, made little eye contact, and gave one-word answers. Like many other teens who find themselves pregnant, Jamie felt ashamed and had been afraid to tell her parents; she just hoped the pregnancy would go away. So there she was, facing a complex, life altering decision, during a developmental stage involving intense brain reorganization.

The U.S. teen pregnancy rate remains notably higher than in other industrialized nations. We have to question ourselves about our efforts to educate adolescents about sexual health. What is society's responsibility regarding teen pregnancy? How can we ensure teens are empowered to make educated choices? How can we make certain that teens like Jamie are given accurate, up-to-date information about all of their options, from abortion to adoption to parenting, and that they feel supported and empowered?

If adults want teens to truly understand their options and the ramifications of each possible decision, adults need to be willing to see through the teens' eyes, have empathy for their feelings, and speak their language. Understanding adolescent brain development and how it affects teen emotion, behavior, and decision making is a good place to start.

Studies show that the high level of activity of some areas of the brain and the reorganization of others affects how teens manage their behavior and emotions. (For more on this subject, see "The Brain at 15" in the 2007 *Rational Enquirer*; available online at [www.dhs.state.or.us/publichealth/ah](http://www.dhs.state.or.us/publichealth/ah).)

During adolescence, a part of the brain, the amygdala, becomes highly active, releasing excitatory hormones such as adrenaline into the bloodstream. As emotions flood in,

teens can find it challenging to process or articulate what the feelings mean.

While adolescent fearlessness, boldness, and spontaneity can be admirable, those traits can also create challenges when teens are presented with life-altering decisions such as an unplanned pregnancy. With less experience to draw on and the strong influence of peer pressure, they're more apt to avoid or delay the decision-making process, or make decisions quickly.

As everyone who has lived through their teen years recalls, adolescence is a period of differentiation from parents; there's an inborn drive to make decisions independently. This may create a wariness of adults who offer advice. The challenge for adults is to respect and encourage this need for independence and self-determination while helping teens gather information to make decisions.

The idea to keep in mind is that effective, developmentally appropriate communication is the goal. Building good rapport is vital to creating an open environment where information shared is also information heard. Using a few common-sense approaches can effectively keep the lines of communication open in both directions.

- Maintaining a casual environment with open, relaxed body language and an informal speaking style can help teens feel comfortable.
- Use reflective listening skills that include open-ended questions and paraphrasing what the other person says to ensure you have understood.
- It's important to balance information with support and to use communication door-openers — open-ended questions that don't convey evaluation or judgment.
- Teens who respond "I don't know" may honestly not know how to respond to a question. Using a 1-to-10 scale can help them identify the strength of their feeling or what direction they're leaning.



# NEWSFLASH: Oregon Students Get a Sex Ed Upgrade



*By Mary Gossart, Planned Parenthood of Southwestern Oregon*

Oregon's public school students now have the promise of improved sexuality education thanks to a revised Oregon Administrative Rule (OAR). The old rule was limited to requiring education about AIDS/HIV and other contagious diseases.

The new rule mandates "an age-appropriate, comprehensive plan of instruction focusing on human sexuality education," including HIV/AIDS and STI prevention, in elementary and secondary schools. Course material and instruction "shall enhance students' understanding of sexuality as a normal and healthy aspect of human development."

The courses must include information that promotes abstinence as the safest choice for school-age youth to reduce the risk of unintended pregnancy and exposure to HIV, hepatitis B/C and other STIs. They must also provide balanced and accurate information on the risks and benefits of contraceptive and other measures. Information must be medically accurate, and it must be designed to encourage family communication and involvement and help students learn to make responsible decisions.

This revised OAR aligns more closely with state health content standards, and reflects the work of The Teen Pregnancy Prevention and Sexual Health Partnership, a state-level committee developed at the request of the Governor. For the complete text of OAR 581-022-1440, visit [www.ode.state.or.us/search/page/?=1452](http://www.ode.state.or.us/search/page/?=1452).

- Rolling with resistance is far more effective than pushing up against it. Help teens imagine all the pros and cons that anyone in that position might identify.
- Attention spans can be short, so answers should be kept factual, simple, and brief.
- Finally, respect the teen's decision once it's made and provide follow-up resources and/or referrals.

Pregnant teens like Jamie need to be surrounded by caring adults and professionals who help them learn specific skills and gain access to up-to-date information so that their decisions are informed. They also need a safe place to express their feelings and emotions.

Positive learning experiences during difficult situations can help them make more educated decisions and at the same time help them to build complex, adaptive brains. Learning how to make educated, complex decisions will provide a structural foundation that will assist teens as they face the many forks in the road that lie ahead.

*Satya Maness is Counselor/Mediator for Open Adoption & Family Services. [www.openadopt.org](http://www.openadopt.org)*

## RE in the Classroom

Write an article to submit  
to the Rational Enquirer.

# Is Being Male Hazardous to Your Health?

By Molly Franks

control at all times, and they should not need or ask for help. Placing people in strict gender roles prevents them from exploring aspects that don't conform to societal expectations. Those who don't conform may suffer social ostracism or physical abuse.

In extreme cases the abuse can be fatal. In the U.S. between 1995 and 2005, at least 50 people under age 30 were killed in gender-related hate crimes. All the known assailants were male, most were young, and attacked people near their own age. The reports suggest that they were using violence to enforce standards of masculinity and assert their own manhood.

## Gender and health

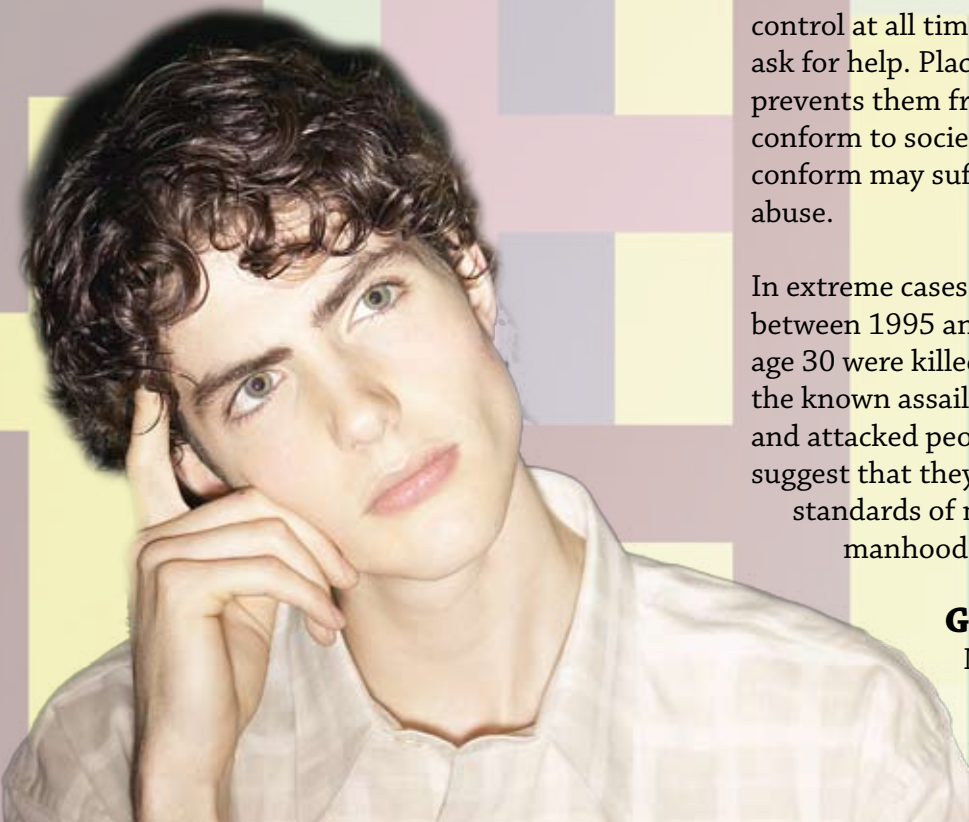
Male-female disparities in morbidity and mortality should encourage us to think about the influence of gender on men's health. We've taken important steps toward including young men in sexual

health promotion. It is vital that we also engage young men in critical reflection about gender to help them build genuine, equitable relationships and act to promote their own wellbeing.

Young men may express masculinity by having sex at an early age, refusing to use protection, fathering children, or having multiple partners. If racial and economic barriers present obstacles to life success, having a partner and/or child can seem like a way to assert authority or feel like a provider.

Gender norms also affect self-care. Women are socialized early to look after their bodies and participate in health care. They're encouraged to have annual pap smear exams, and those who are heterosexually active visit clinics for birth control. The association of HIV with gay and bisexual men led health care professionals to target them with health promotion messages. No similar work has been done with young heterosexual men.

*Molly Franks is a consultant to the Oregon Public Health Division for Youth Sexual Health Promotion Issues.*



What is it with men and health? In the U.S., men's life expectancy is five years shorter than that for women; they have a higher mortality rate for 12 of the 15 leading causes of death. Yet men have (on average) higher incomes, more education, and more social privilege than women. With most other groups, such as white people or heterosexual people, these benefits correlate with better health. These other inequities impact men too – men of color and men who have sex with men fare even more poorly than white, heterosexual men.

While biological differences may play a part, many health disparities are clearly linked to gender socialization. Based on the “male” or “female” labels attached to us at birth, we're taught to behave in certain ways – girls play with dolls, boys play with trucks. Thankfully, some of the rigid gender roles have been erased over the years for girls and women. For boys and men – not so much.

Being strong, brave, confident, and assertive are all positive qualities. But the positive side has a negative: boys often hear that it's not manly to express fear or pain; they should be in



In one study of black and Latino young men, participants attributed a reluctance to seek health care with their “being men.” They describe wanting to maintain an image of strength and being able to manage without asking for help or information, especially about sexual matters. Some describe waiting until symptoms are serious before going to the doctor. Unfortunately, sexually transmitted infections are often asymptomatic, and effective sexual health care involves education, prevention, routine screening, which these men then miss.

Gender role expectations combine with racism and homophobia to create even worse outcomes for young men of color and young men who have sex with men (YMSM), especially those of color. Half of all new HIV infections occur among black men, and in 2001 the Chlamydia rate among black males age 15-19 was 12 times higher than among white males. Studies show African American and Latino YMSM have disproportionately high rates of HIV infection. In one study, 4% percent of white YMSM were HIV-infected, compared to 11% of African Americans and 7% of Latinos.

### **Involving young men in sexual health promotion**

The attitudes and decisions of young men impact their own lives and those of their partners and children. Taking a positive approach that sees them as important and positive contributors to their relationships and communities is most likely to



successfully engage them.

Here in the United States, most approaches to sexual health focus on the prevention of sexually transmitted infections and unwanted pregnancy. Few encourage young men to examine the way gender influences their health and relationships. Some even reinforce stereotypical gender roles, emphasizing “male responsibility” or men’s role as providers for their families. Responsibility, respect, and self-control are desirable qualities, but connecting them specifically to manhood or masculinity perpetuates rigid gender categories and reinforces a single, confining standard to which men are pressured to conform.

Many sexuality education programs also assume that all participants are heterosexual and traditionally gendered. Invisibility or outright condemnation marginalizes transgender, gay, and bisexual youth, increasing their likelihood of engaging in risky behaviors.

Individual level consciousness-raising and behavior change among young men are important to pursue. At the same time, we must address broader social inequities inherent in racism, homophobia, and patterns of incarceration that disproportionately penalize black, Latino, and low-income men. We need to end race and class-based discrimination in the legal system. Promoting equal access to education, living wage jobs, and political leadership are also fundamental to promoting young men’s health.



# Scrotal Warming and Other News on the Male Contraceptive Front.

*By Aylett Wright*

Men take responsibility for one-third of the birth control practiced in the U.S. today. This is all the more remarkable when you consider that just four forms of male contraception are available (see sidebar). Now, a few more methods are on the drawing boards.

**Scrotal Warming:** In order for sperm to develop normally, the testicles need to be kept a few degrees cooler than body temperature. The scrotum, the skin sac that holds the testicles, acts as a thermostat, pulling the testes close to the body for warmth when necessary and holding them away when things get too, um, hot. A device known as a suspensory, a type of briefs that hold the testicles in the inguinal canal, may drop sperm counts enough to prevent a pregnancy. The problems: Men need to wear the briefs through their waking hours, which can cause discomfort and/or chaffing. It can take up to nine months for the briefs to have an effect, and they may cause long-term sperm development problems.

**Sperm blocker:** In a vasectomy, surgeons cut the vas deferens, the tubes that carry sperm from the testicles, a procedure largely considered permanent. Now researchers are working on devices to block the tubes temporarily. Results for a set of removable plugs called the Intra Vas Device are expected to show effectiveness approaching that of surgical vasectomies in a study of 90 men. Further research will help determine if the process is reversible.

**Male Hormonal Contraceptives (MHC):** Will there ever be a male “pill”? It’s more likely the delivery system will not be a pill, but an implant or an injection that stops the secretion of one or more of the hormones responsible for sperm production. Because males produce sperm every day through most of their lives, this is a harder process to interrupt than ovulation, which occurs on a fairly predictable schedule. The MHCs being studied also add replacement testosterone to the bloodstream to maintain male characteristics like muscle mass and facial hair. The methods seem to be reversible within a few months, but current versions don’t appear to work for 5% to 20% of men. Research into formulation, dosage, and delivery system is still needed, but the MHC is the closest to market of any male contraceptive and may

reach the public in Europe within the next 10 years. **Non-Hormonal Methods:** Medicines used for such conditions as cancer and high blood pressure may be effective at stopping sperm production. Potential side effects and other issues still need to be addressed before they can be used effectively for birth control. The drug Adjudin is known to disrupt the process of sperm maturation, but dosage and administration still need to be determined, and studies on humans have not as yet begun.

These and other methods are a long way from being safe and usable. Data is limited on the efficacy of these methods. In the meantime, men can continue using the approaches already available. They can also be a support to their partners by accompanying them to appointments, helping pay for prescription and non-prescription methods, and helping them remember to use their methods correctly and consistently.

*Aylett Wright is Community Education and Training Coordinator for Planned Parenthood of the Columbia Willamette in Central Oregon*

## How to Prevent a Pregnancy (Male Version)

- Avoid sexual activities that risk pregnancy. This may involve abstaining from all sexual activity, enjoying only sexual activities that can’t lead to pregnancy, or following natural family planning and fertility awareness methods that involve tracking a woman’s fertility cycle and abstaining from intercourse during her fertile times.
- Use condoms. They can be 97-98% effective in preventing a pregnancy if used correctly and consistently.
- Opt for surgical sterilization. Usually vasectomy is done for men who have had all the children they choose to have, or for those who have decided they don’t want any children.
- Use withdrawal (pulling out) method if you have to. Sperm do not enter a woman’s body and do not reach the egg if a man pulls his penis out and away from a woman’s vagina BEFORE he ejaculates (cums). This method is risky if a man does not pull out on time. Recent ejaculation can cause some sperm to be in the pre-ejaculate fluid. Take emergency contraceptive pills if this happens. To find ECPs in your area call 1-800-SAFENET.



# Right to the Point on Condoms

Some of the biggest improvements in youth sexual health in the past 15 years have come from increases in condom use. Let's spread the word.

- Put the condom on before your penis touches your partner.
- Lots of guys say a drop of water-based lube on the inside makes things feel even better.
- Once you're hard, hold the tip of the condom and roll it all the way down.
- After you come, pull out while you're still hard. Hold the base of the condom so nothing spills out.



It's important to challenge stereotypes. Speak out when you hear people putting others down based on appearances or abilities saying guys or girls have to look or do certain things to be "real men or women."

# A GUY'S GUIDE TO BODY IMAGE

Guys can worry just as much as girls do about their looks. In the face of all the pressure society places on guys — and guys place on themselves — what can you do to fuel a positive body image? Here are some ideas, excerpted from KidsHealth. For the full scoop, check out [www.kidshealth.org/teen/sexual\\_health/changing\\_body/male\\_bodyimage.html](http://www.kidshealth.org/teen/sexual_health/changing_body/male_bodyimage.html)

- Recognize your strengths. Different physical attributes and body types are good for different things. Also, exploring talents that you feel good about — sports, drawing, singing, writing, etc. — can help your self-esteem.
- Look into starting a strength training program. Exercise and a healthy diet can help you look good and feel good about yourself.
- Don't trash your body, respect it! Smoking and other things you know to be harmful will take a toll after a while. Practicing good grooming habits also can help you build a positive body image.
- Be yourself. Your body is just one part of who you are — along with your talent for comedy, a quick wit, or all the other things that make you unique. Try not to let minor imperfections take over.

If you're like most guys who take care of their bodies and wear clothes that look good, you probably look great to others. You just might not be aware of that if you're too busy being self-critical.

*This information was provided by KidsHealth, one of the largest resources online for medically reviewed health information written for parents, kids, and teens. For more articles like this one, visit [www.KidsHealth.org](http://www.KidsHealth.org) or [www.TeensHealth.org](http://www.TeensHealth.org). ©1995-2008. The Nemours Foundation*



# What Youth Know – and Don't Know – about the HPV Vaccine

The Centers for Disease Control and Prevention (CDC) recommends the human papillomavirus (HPV) vaccine for girls and women aged 11 to 26, preferably before they have any sexual contact. According to the CDC, the vaccine is highly effective in preventing cervical cancer and other diseases caused by certain types of HPV. The vaccine protects against four HPV types, which together cause 70% of cervical cancers and 90% of genital warts. It has been tested in over 11,000 females (aged 9-26 years). Studies have shown no serious side effects.

Here are some comments made by Oregon youth when asked about the vaccine by their peers. It's important for girls, young women, parents, and guardians to have accurate information to make informed decisions. A good place to start is with a health care provider or school-based health center. Information can also be found on-line at [www.cdc.gov](http://www.cdc.gov).

"I think it's good protection and I would recommend it to my peers"  
—Elmira female, 17

"I'd recommend it because it's a smart idea to protect yourself from things like HPV."  
—Portland female (loosely defined), 16

"My mom wants me to get it but it seems a little bit sketchy. I probably wouldn't recommend it to other people, but whatever, it's kind of a personal choice."  
—Eugene female, 17

"I haven't heard anything."  
—Riverdale male, 13

"I did a health report for HPV for a class last year, so I know a lot about it. Sign me up for the male study!"  
—Bend male, 23

"At the moment I'm decided against getting it. I'm skeptical of Merck's motives in marketing the drug so heavily, and I fear they're just trying to maximize their profits before their patent runs out. One of Merck's products was recently discovered to have harmful side effects. Fortunately, I can get an annual Pap smear to detect early signs of cervical cancer."  
—Eugene female, 16

"It's been controversial because some people think it's just for young people to have sex. I would get it, it's not like it's promoting anything. It's just for protection."  
—Gresham female, 18

"I have no idea."  
—Ashland female, 15

"It's the first vaccine for a type of cancer. I think it's mandatory in some places for younger girls to get it."  
—Bend female, 18

"My aunt died from cervical cancer. I've known about the vaccine for a while but I thought it would be too expensive. But I got it not too long ago and it was really cheap."  
—Bend female, 20

"It's a three part injection. I've had the vaccine and I'm glad I did."  
—Bend female, 17

"I tested positive for HPV a while ago but at my last exam I tested negative. I didn't know that could happen. My doctor said I should have the vaccine. I got the vaccine and I'm glad I did."  
—Bend female, 19

"The HPV vaccine is to prevent genital warts or something."  
—Bend female, 18

"There are over 100 different types of HPV; 37 are transmitted through sexual contact. For females, yes, it wouldn't hurt to get it."  
—Portland male, 19

"I've heard that there's some weird side effects but not very many people get them.... I'm definitely going to get it, I just haven't had time yet."  
—Eugene female, 16

*Kira Annika, Natalie Edson, Molly Franks, Emily Nguyen, Harrison Pride, Leah Reisdennis, Maggie Tallmadge, and Colt Taylor contributed to this article.*



# HPV

**The youth comments are a reminder that consistent public education is critical.**



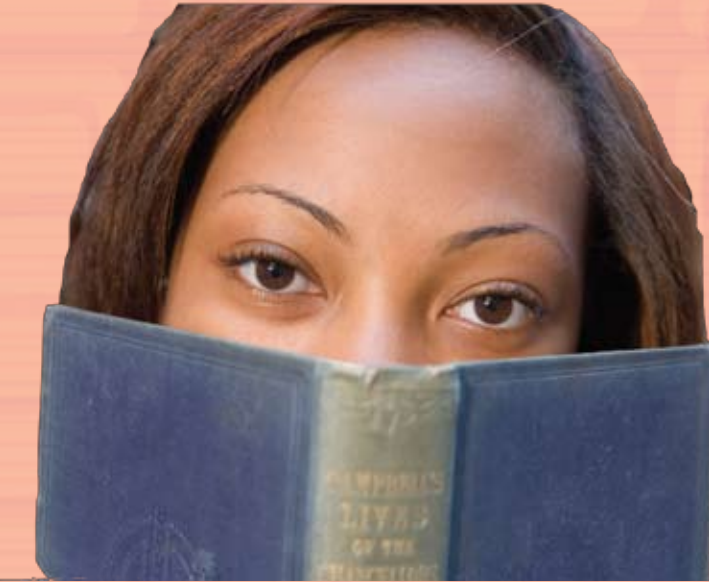
## Watching Out for Number One

by Doug Harger

It's been around for centuries and is now number-one in Oregon and the United States. But this is not a good thing, because the subject is Chlamydia, our most prevalent bacterial sexually transmitted infection (STI). Up to 4 million people become infected with it each year, according to Centers for Disease Control and Prevention estimates. In 2006, nearly 9,600 cases were reported in Oregon, and many others were probably not identified. Here are the key things to know:

- Chlamydia, like other STIs, is transmitted person-to-person through unprotected sex — including vaginal, oral, and anal sexual contact. It can be extremely serious because it often hides its initial symptoms, and complications may occur if the infection isn't identified and treated appropriately.
- The most critical complication for men and women involves damage to the reproductive tract. In women, this may lead to infertility, increased risk of tubal pregnancy, and need for surgery. Babies born to a mother with Chlamydial infection can acquire eye and lung infections, which may lead to serious consequences without appropriate treatment.
- The best forms of prevention: avoid penetrative sexual contact; restrict sex to just one uninfected partner who only has sex with you; use condoms for vaginal, anal, or oral sex.
- Because initial symptoms often don't show up, regular screening is good idea. People who are sexually active with more than one partner and do not use condoms should be tested at least once per year. Logically, the more sex partners, the higher the risk of acquiring an STI.
- Anyone who does become infected should notify all recent sex partners to be evaluated and treated. The greatest risk of getting another infection is having sex with an untreated partner.

Doug Harger is a Team Leader in the STD Program within the DHS Public Health Division



## For Your Reading List

### ***Walk in My Shoes: A Black Activist's Guide to Surviving the Women's Movement***

by Marcela Howell

"The women's movement has never been an 'everywoman's' movement. I have always been drawn by its promise of equality, yet continually taken aback by its failure to embrace the very real needs of women of color."

Walk in My Shoes is a collection of inspirational essays seeking to empower young African American women to become involved in the fight for reproductive justice. The essays examine the history of African American women in the women's rights movement and provide guidance on: avoiding the pitfalls of becoming the black "expert" in white women's organizations; knowing when and how to assert leadership; building a support base; and setting goals to diversify the movement to meet every woman's needs.

Marcela Howell is V.P of communications of Advocates for Youth. Walk in My Shoes draws on her 30-plus years of experience as a black woman working in the reproductive rights movement. It was published in 2007 and can be downloaded free from [www.advocatesforyouth.org/publications/walkinmyshoes.pdf](http://www.advocatesforyouth.org/publications/walkinmyshoes.pdf).





**Dear Rational Rita, I know masturbation doesn't make hair grow on your palms, but is it true that everyone does it? —Wondering in Wilsonville**

**Dear Wondering,** People have been attributing negative stuff to masturbation for ages, and the hairy palms myth is just one example. It is true, though, that masturbation seems to be a near universal practice across cultures and age groups. In several studies of U.S. adults, 40-60% of women and 50-90% of men reported indulging. Contrary to all the bad press, studies also show that masturbation offers health benefits like these:

- Provides an alternative to sex with a partner that is completely risk-free for pregnancy or sexually transmitted infection
- Relieves stress and releases tension (including the obvious, sexual tension)
- Alleviates cramps and other pre-menstrual symptoms in some women
- Helps induce sleep, or conversely, helps start the day with an energized calm
- Strengthens muscle tone in the genital region
- Promotes a couples' level of sexual satisfaction in their relationship
- Provides treatment for some types of sexual dysfunction

Masturbation can also help us get to know our bodies better and figure out what feels good sexually — good information to be able to pass along to sexual partners.

All the negative messages and secrecy can make some people feel uncomfortable or guilty, but the point to remember is that masturbation is normal and healthy. If you try it and don't

like it, that's ok too. Not everyone masturbates, and some people only do it occasionally. There's no right or wrong way — the key is doing what feels good to you!

**"My mom would freak out..."**

**Dear RR, My girl and I have been together for 8 months now. I've been getting tons of pressure from my friends to "go all the way", but I think I want to wait. I usually go to my mom for advice, but my family's Mexican and my mom would freak out if she knew some of the stuff we've done already. I'm afraid she's going to find out anyway. —Pressured Guy in Prineville**

**Dear Pressured,** It's cool that you can usually count on your mom for tips and support. Many people seem to struggle when it comes to talking about sex. But many parents and youth alike report they really want to talk about it, they just don't know how. You're right, the messages your family members who grew up in Mexico heard are probably different than what you hear today in the U.S. That doesn't mean you can't find common ground and learn from one another.

The changes your mom sees may be scary to her. She may not have your ease with U.S. culture. On top of that, you probably have much more access to information about sex than was common in your parents' generation. The fact that many young people today date and are physically intimate with one another may make her uncomfortable. She's probably also concerned for your safety and your future, so if those are priorities for you too, you have some common ground to start a discussion. Moms often have words of wisdom to share, and hopefully yours would feel honored that you trusted her enough to ask.

Here are some ideas for conversations about sex:

- Pick a time you're both feeling calm and there are minimal distractions.
- Start with something positive, like the fact that you really value your mom's advice.
- Remember it's ok to feel uncomfortable — but it's likely that the more you talk, the easier it'll get.
- Remember what your parents say is probably



based on love and concern for you, even if it doesn't seem that way. If they seem angry, it may be because they're worried.

In terms of feeling pressured to have sex, it's important to think about what you and your partner really want and feel ready for. Sometimes people say guys need to have sex to be a "real man," but the reality is most guys in high school aren't having sex and sex does not define manhood. Your friends probably feel pressure too, and they're just passing it on. They might be relieved if you remind them that being a man isn't about being a player. Whatever intimacy you and your partner decide to share, whether it's intercourse or not, it's important to talk things through together and be safe.

## NEWSFLASH: New 3Rs Now on DVD

By Mary Gossart

When Oregon's New 3Rs: Rights, Respect, Responsibility initiative was launched in 2001, it offered a new, youth-positive way to think about adolescent sexual health. In just a few years, the New 3Rs has made strides in promoting a climate that supports young people in making informed, responsible decisions about sex. It is a viable organizing principle backed by a host of programs, projects, curricula, and policies.

Now, a new DVD, "We Can Do Better: The New 3Rs in Oregon... and beyond" provides a discussion guide and interviews demonstrating practical ways Rights, Respect, Responsibility has been adapted in Oregon and across the country.

"We Can Do Better..." can be shown as part of an educational forum for anyone who is concerned with the well being of young people. Limited copies are available from Planned Parenthood of Southwestern Oregon for \$24.95. Contact Joanne Alba at 541-344-1611 x 14 or email [New3Rsinfo@pphssso.org](mailto:New3Rsinfo@pphssso.org). And read more about the initiative at [www.New3Rs.info](http://www.New3Rs.info).

## Answers to quiz on back page (don't peek!)

1. B. Youth can also give mental health care consent at 14 and medical care consent at 15.
2. B. Sheaths made of linen were used to protect against disease in ancient Egypt.
3. A. The Tuskegee Experiment lasted from 1932 to 1972; 399 men were involved.
4. D. Info from [www.glsen.org](http://www.glsen.org).
5. A. In 2000, Oregon had only 34 abortion providers.
6. C. "I think that it is part of human sexuality, and perhaps it should be taught."
7. True. However, some pharmacists decline to provide EC because of personal beliefs.
8. C. However, nationally, 30% of high school principals report their schools teach abstinence only.
9. True. EC is different from mifepristone – the "abortion pill."
10. D. See survey results at <http://blackyouthproject.uchicago.edu/>.

### RE in the Classroom

Make up your own sexual health quiz.

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Have students be advice columnists. The teacher can distribute questions, or students can invent questions for one another.

## A Quick Sex Test

Test your smarts on a wide variety of issues having to do with sex. Be prepared for some surprises!

Answers at top of page 23.

1. At what age can Oregon youth give their own consent to receive birth control or STI information and services (i.e., they don't need a parent's permission)?  
A. 12 B. There is no age limit C. 18 D. 14
2. When was the first known use of condoms?  
A. 1932 B. 1220 BC C. 1843 D. 1500
3. The infamous Tuskegee Syphilis Experiment, in which the U.S. Public Health Service knowingly denied syphilis treatment to African American men in order to study the disease, ended in which year?  
A. 1972 B. 1950 C. 1923 D. 2003
4. How many registered gay-straight alliances (GSAs) are there in the United States?  
A. 720 B. 1220 C. 2598 D. More than 3000
5. In the year 2000, what percent of counties in Oregon didn't have an abortion provider?  
A. 78% B. 55% C. 83% D. 24%
6. Which surgeon general was forced to resign for suggesting masturbation might be an acceptable thing to discuss in sex education classes?  
A. Antonia Coello Novello B. C. Everett Koop  
C. Joycelyn Elders D. David Satcher
7. According to the law, people 18 or over can get emergency contraception without a prescription at pharmacies in Oregon.  
True False
8. What percent of adults in the United States think sexuality education should include information on contraception?  
A. 83% B. 55% C. 94% D. 24%
9. Emergency contraception can prevent pregnancy. It will not cause an abortion if you are already pregnant.  
True False
10. According to a Black Youth Project survey of Latino, black and white young people, approximately what percent think "men and women should share equally in childcare and housework"?  
A. 33% B. 51% C. 75% D. 94%

### The Rational Enquirer

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