APRIL 1996 TEEN PREGNANCY PREVENTION MONTH

The Rational Enquirer

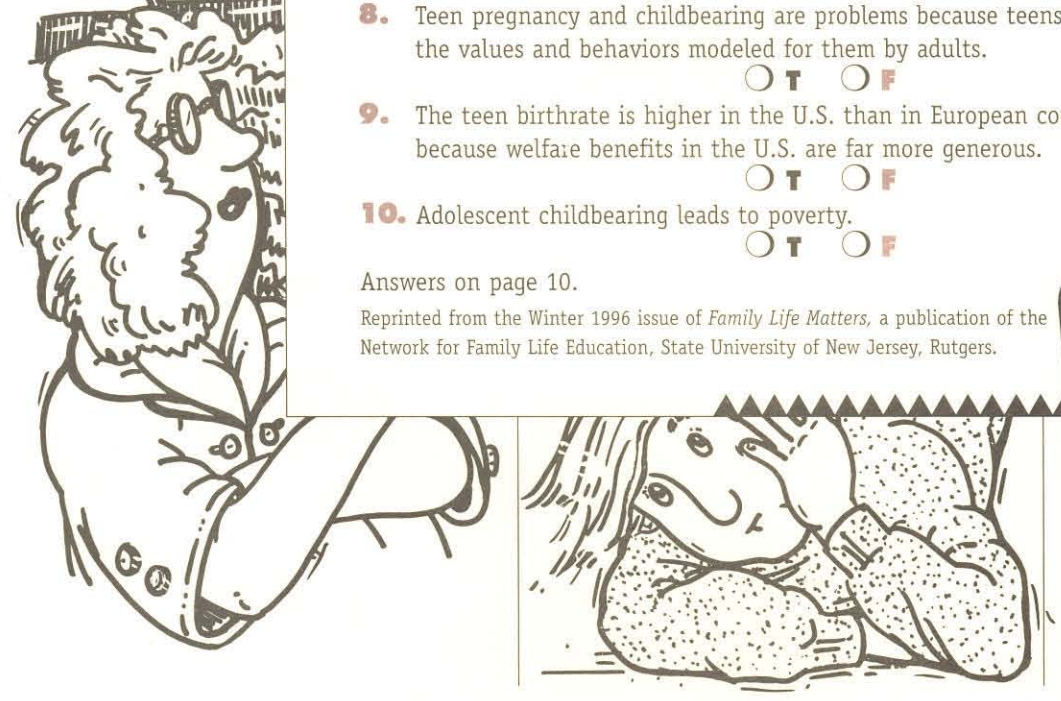
WHAT'S THE *TRUTH* ABOUT TEEN PREGNANCY?

THE ANSWERS MAY SURPRISE YOU, because while everybody seems to have an opinion about teen pregnancy these days, not everybody has the facts. So let's begin by setting the record straight. The first step to finding an effective solution, after all, is to find out exactly what kind of a problem we're facing.

1. Teenage childbearing is a growing epidemic that began with the sexual revolution in the late 1960s.
   ○ T ○ F
2. Decades ago teenage girls who got pregnant soon got married or were already married.
   ○ T ○ F
3. Before the late 1960s, there were hardly any pregnant girls in high school.
   ○ T ○ F
4. The typical teen mother in the U.S. is a 16- to 17-year old African-American girl.
   ○ T ○ F
5. Increases in out-of-wedlock pregnancies are primarily the result of moral breakdown in urban black communities.
   ○ T ○ F
6. Prior to the 1970s, a large percentage of infants born out of wedlock were relinquished for adoption.
   ○ T ○ F
7. Today the majority of teens have had sex by the time they are 15 or 16.
   ○ T ○ F
8. Teen pregnancy and childbearing are problems because teens today reject the values and behaviors modeled for them by adults.
   ○ T ○ F
9. The teen birthrate is higher in the U.S. than in European countries because welfare benefits in the U.S. are far more generous.
   ○ T ○ F
10. Adolescent childbearing leads to poverty.
    ○ T ○ F

Answers on page 10.

Reprinted from the Winter 1996 issue of *Family Life Matters,* a publication of the Network for Family Life Education, State University of New Jersey, Rutgers.



INSIDE

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SHARED RESPONSIBILITY

YOUTH have the responsibility to protect themselves and others from pregnancy through abstinence or responsible behavior.

FAMILIES AND COMMUNITIES have the responsibility to provide comprehensive education to all youth on pregnancy prevention.

GOVERNMENTS have the responsibility to implement appropriate policies that support comprehensive pregnancy prevention activities and to protect our youth from sexual abuse.

A Prescription for Pregnancy Prevention

Here's how our society can help adolescents avoid the trap of teen pregnancy:

★ ***Provide a continuum of services*** that ranges from school- and community-based pregnancy prevention programs for teens who are not sexually active, to pregnancy prevention and parenting education/support for teens already pregnant or parenting.

★ ***Give a clear and consistent message*** from parents, schools, the media, and the community about the importance of responsible behaviors once sexual activity begins.

★ ***Provide all adolescents with comprehensive sexuality education*** that teaches them communication skills to postpone sex until they are ready, and that provides them with information about reproductive health and contraception when needed.

★ **Make contraceptives more accessible** to teenagers.

★ ***Integrate reproductive health*** care into general health care services.

★ **Prevent** child physical and sexual abuse and neglect.

IT'S A PUZZLE

How many of the words listed below can you find hidden in this box? Words might be spelled horizontally, vertically, forwards,

ABSTINENCE
ABUSE
BABY BIRTH
CONTROL
BREAST
CONDOM
CURFEW
DATE
FEMALE
FRIENDS
KISS
MEDIA
PARENT
PENIS
PREGNANCY
PREVENTION
RELATIONSHIP
SCHOOL
SEX

A	E	E	L	A	M	E	F	X	A	M	M	N	O	E
P	R	E	G	N	A	N	C	Y	T	R	E	W	Q	C
P	T	E	Y	O	P	M	R	V	K	Z	C	V	B	N
D	E	V	L	D	S	D	N	E	I	R	F	Q	E	E
F	S	A	B	A	C	E	B	F	S	D	Q	Z	V	N
A	U	H	P	L	T	A	U	K	S	J	H	G	B	I
C	B	H	K	D	B	I	C	V	Z	K	R	R	I	T
D	A	A	C	Y	E	M	O	R	C	H	E	C	R	S
G	G	P	E	J	H	Q	Z	N	B	A	R	D	T	B
M	O	T	N	O	C	S	D	F	S	E	X	U	H	A
Q	R	W	J	L	P	G	Y	T	C	H	T	P	C	A
D	G	F	E	R	T	H	S	L	H	O	I	S	O	M
D	B	T	J	F	M	C	G	J	O	O	P	P	N	S
M	A	J	G	J	R	T	T	T	O	S	Q	E	T	H
D	Y	G	K	R	F	U	Q	N	L	Y	M	N	R	D
A	R	Y	U	G	G	F	C	H	E	D	R	I	O	Y
I	D	R	T	E	E	N	A	G	E	R	G	S	L	S
D	U	F	G	H	R	K	D	F	H	J	A	E	E	Y
E	K	G	K	L	S	R	P	U	O	D	K	P	S	T
M	M	J	K	N	O	I	T	N	E	V	E	R	P	O

Answer on page 14

TOWARD A HEALTHY 2000 YEAR

Health objectives for the Year 2000, according to the U.S. Department of Health and Human Services, include a reduction in the proportion of adolescents who have engaged in sexual intercourse and an increase to at least 90 percent in contraceptive use among sexually active, unmarried teens. Reaching these objectives will require significant changes in the behavior of youth, brought about by programs that integrate the efforts of parents and families, schools, religious and community organizations, health departments, and all forms of media.

(Current research does not conclude that providing children and youth with sexuality education causes any psychological or moral harm. On the contrary, research shows that children are harmed by their current lack of sexuality knowledge.)

The Sexuality Information & Education Council of the U.S. (SIECUS) sets out the following components for successful comprehensive sexuality education programs:

1. Every state education agency should designate a single point of contact position for sexuality education.

2. States should develop guidelines/curricula providing strong guidance to local schools on conducting comprehensive sexuality education programs.

3. States should review Guidelines for Comprehensive Sexuality Education, K–12 as the basis for state curricula/guidelines.

4. Sexuality education should be integrated within comprehensive health education.

5. Guidance and input on the state's sexuality education program should be obtained from advisory committees broadly representative of the diversity within the state.

6. Teacher training and certification in sexuality education should be required for those who provide such instruction.

7. States should share information.

8. Local program development should be supported through technical assistance, materials development, funding of teacher training.

9. Local programs should be monitored,

10. Guidance on textbooks and materials should be provided.

12. States should provide assistance to communities in responding to opposition to sexuality education programs.

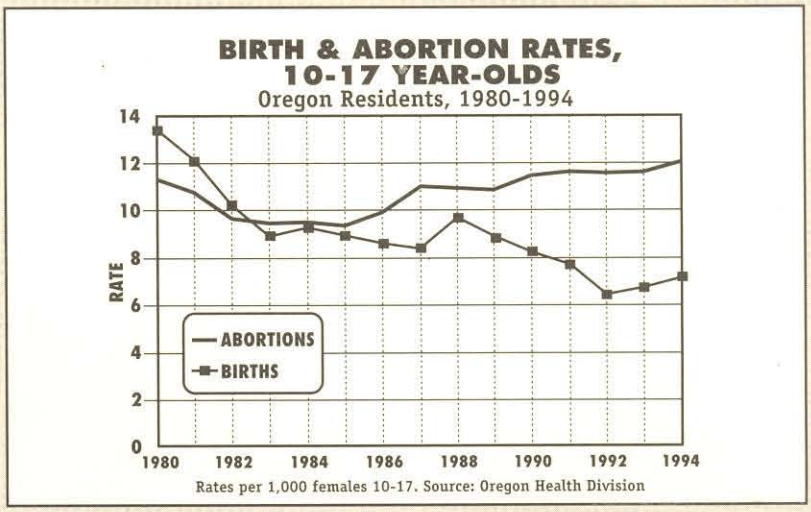
13. Skills of key personnel on advocacy for comprehensive sexuality education should be developed. Educators should be provided with the rationale for programs and how to disseminate this knowledge to parents and the community.

Excerpted from Journal of Sex Education & Therapy, Winter 1995.

Teenage Birthrate: Oregon vs. the Nation

For the past three years, teenage pregnancy in Oregon has increased 6 percent for girls age 15 to 17; the national rate was unchanged. In Oregon, the birthrate for women age 18 to 19 has increased less than 2 percent; nationally, the rate dropped for the second year in a row. The reason for the drop is unclear, but speculation is that more teens are using condoms because of the risk of catching the virus that causes AIDS.

National statistics from the National Centers for Disease Control and Prevention.



All in The Family

Parents are the primary sexuality educators of their children. So guess who's in the best position to make a difference in teen pregnancy? Right, good ol' Mom and Dad.

LET'S TALK

Some points to remember when talking to your children about sex and pregnancy:

- Share your beliefs, concerns, and values
- Let your children know they can trust you
- Answer questions honestly
- Start conversations about sexuality issues
- Do not use myths or fables
- Inform your child about sexual assault
- Help your children learn how to make good decisions

In North Carolina, the Adolescent Prevention Coalition sponsors an annual "Let's Talk Month." The purpose is to encourage individuals, community organizations, and institutions to conduct special events supporting parents in their efforts to give children accurate and healthy information about sexuality.

By emphasizing the importance of a strong partnership between community and family, the program helps young people develop responsible and positive attitudes about sexuality. Religious organizations, media, businesses, schools, and community agencies can also play a role by providing information, resources, and educational programs for both parents and children.

FOR MORE INFORMATION, CONTACT:

Adolescent Pregnancy Prevention Coalition of North Carolina
Let's Talk Month
1300 Baxter Street, Suite 171
Charlotte, NC 28204
(704) 335-1313 FAX (704) 335-8209

OTHER RESOURCES:

Oregon Teen Health InfoLine. Parents can call 1-800-998-9825 for assistance or a brochure to help them talk with their children and to answer their children's quesitons.

Let's Talk About S-E-X by Sam Gitchel and Lorri Foster, 1989, $4.95. A read-and-discuss guide (available in English and Spanish) for preteens and their parents. Describes simple activities to encourage dialogue about family values and discusses what happens physically and emotionally as a child approaches puberty.

It's Perfectly Normal: Changing Bodies, Growing Up, Sex and Sexual Health by Robie H. Harris, 1994, $19.95. A wonderfully illustrated, good-natured book that covers such basics as What is sex; Our Bodies; Puberty; Families and Babies; Decisions (postponement, abstinence, birth control); and Laws and Rulings (abortion). Suitable for middle school family life education classes or for the school library resource shelf, and for families as a starting point in discussing sexual health issues.

HAVE YOU HUGGED YOUR CHILD TODAY?

Recent research suggests that reaching out to touch older children with reassuring pats and hugs actually helps them feel and behave better.

Researchers in Bedford Park, Australia, evaluated questionnaires completed by 271 children age 13 to 15 on their "touch experiences" with people close to them. Those who described lots of hugging and pats on the back, especially girls, were generally "less depressed, delinquent, and aggressive" and had a more positive attitude about their bodies than those who reported less contact. Seventy-two adolescents with emotional problems who received daily back massages slept better, were more cooperative, and had lower levels of stress-inducing chemicals in their bodies.

All humans are born with a deep need for skin contact. When we're touched in a loving, nurturing way, we: (1) tend to be more open, warm, and less hyperactive than those deprived of such contact; (2) radiate a positive sense of our own worth; and (3) exude an energy that seems to flow effortlessly through our bodies.

Deprivation of contact, on the other hand, can lead to loss of appetite, loss of growth, decline in intelligence, and forms of depression that may lead to abnormal and violent behavior patterns. Teenagers whose needs for loving and nurturing touch are being met will need to rely less on substitutes such as drugs, alcohol, sugar, or promiscuity.

Sadly, children today often receive too little contact because of increasing concern about inappropriate touch. Healthy family touch can be fun, nurturing, bonding, comforting, relaxing, and soothing – if done in ways that are respectful, aware, and full of caring.

Information in this report comes from "Hug Your Adolescent" by Nuna Alber, American Health, July/August 1995; and "Touch Deprivation" by Deborah P. Stovall, M.Ed., Massage Magazine, June/July 1989.

LET'S ALSO LISTEN How do adults react when teenagers advocate for: Better family life education, particularly for more information about birth control? Condom availability in high schools? Building self-esteem in a society where being a virgin makes a person terrible; having sex makes a person terrible; having a baby makes a person terrible? Teen pregnancy prevention programs? Finding a one-size-fits-all policy to prevent teenage pregnancy is a challenging task. When teens speak out on sexual health issues that concern them, adults should listen and learn before reacting. **LET'S ALSO LISTEN**

GIVE "Little Willy" A REST

A University of Colorado psychologist has studied the effects of teaching the correct names for body parts to preschoolers and determined that the practice has clear benefits.

Dr. Sandy K. Wurtele reports that the Head Start children she worked with began by knowing the correct names for nongenital body parts. When taught names for genital parts (by their parents), the children showed more positive attitudes about their sexuality.

Wurtele emphasizes that not knowing the correct names may make it difficult for children to ask questions about sexuality and – more ominously – to report inappropriate activity, such as child sexual abuse. The research is reported in the Spring 1993 issue of *Journal of Sex Education and Therapy*.

Excerpted from the Spring 1995 issue of *Family Life Matters*, a publication of the Network for Family Life Education, State University of New Jersey, Rutgers.

Male Responsibility & Adolescent Pregnancy Prevention

This year's essay contest drew more than 100 entries from teenagers between the ages of 12 and 18 throughout Oregon. The first-place essay follows, with the second and third place essays on pages 11 and 14. Three other students won honorable mentions: ***Mercy Cuellar,*** *age 17, Gladstone High School;* **Zach Dean,** *age 14, Evergreen Junior High School, Hillsboro;* ***Chad Harp,*** *age 14, Evergreen Junior High School, Hillsboro.*

REAL MEN ASK QUESTIONS

In my thirteenth year, a yellow Post-It appeared on my bathroom mirror. Rendered in my mom's distinctive scrawl, the message read; "When struggling with a difficult decision, ask yourself, 'what choices will make me a better man?'"

In my peer culture, masculinity is equated with sexual activity. The more, the manlier. Magazines and television reinforce this image continuously. Yet when I consider men I admire, it is not their sexual prowess which draws me, but rather their respectfulness, their forthrightness, their continuing commitment to those who depend on them, even when it's hard. And their questioning.

Deciding to be sexually active involves questions, lots of questions: Are you ready? Is your partner ready? Really? How do you expect becoming sexually active will change you? your relationship? How will you avoid pregnancy and STDs including HIV/AIDS? Are you prepared to trade a future full of possibilities for one intimate afternoon? Would you rather buy a car, or pay maternity and child support bills? Can you imagine your life being entangled with your partner's for the next eighteen years? What kind of father will you be nine months from now? What are your plans for the rest of your life?

By Mat Lewis Grandin, Age 16, Lake Grove

1st Place

SCRAMBLING FOR ANSWERS

NDCMO

MIADPARHG

TEH LIPL

INBCNEASTE

LTORPNAN

PODE-AEVPORR

Unscramble these words to name six things that, if used consistently and effectively, protect against unwanted pregnancy. Then arrange the circled letters to form another way to answer the same question.

THE OTHER ANSWER:

ANSWERS ON PAGE 14

"The gunman runs in, shoots the cashier, and speeds away in the getaway car. The person in the getaway car is just as responsible for the crime as the gunman. In the case of adolescent pregnancy, the male in a sense is the driver of the getaway car."

Mercy Cuellar, Gladstone

TEENAGE FATHERS AND THE LAW

by Herman Brame

Becoming a teen father can negatively impact a young man's life in ways that are far beyond his understanding. Paternity and legal fatherhood bring major life changes – and responsibilities – for which most teenagers are not prepared.

Yet, until recently, the focus of most programmatic efforts to prevent teen pregnancy has been on young women. Even those males who are interested in taking a responsible role in pregnancy prevention or teen parenting have often found themselves left out and relatively ignorant of the facts.

True, today's sexuality education and teen pregnancy prevention programs have helped to remedy the relatively low level of sexual knowledge by teenage males. But still more needs to be done to drive home the teen male's legal responsibilities and rights with regard to fathering a child out of wedlock.

The law is relatively clear on the subject – and a knowledge of that law may help deter at least some teenage males from becoming part of the growing teen pregnancy problem. The Oregon Department of Justice has published a brochure on paternity laws that should be common knowledge for most male teens. Here are some of the important facts:

The child of unmarried teenage parents is legally entitled to financial support by both parents. This includes a right to the father's social security benefits, insurance benefits, inheritance, and military benefits, as well as wages. The state can force the father to make payments by attaching his payroll, unemployment benefits, or tax refunds, and it can make liens against his property.

If necessary, the state can prosecute the father to gain financial support for his child. The biological father can be required to make support payments even if he lives in another part of the country and even if the mother marries another man. Teenage fathers under age 18 can be legally named as a parent and be required to make limited child support payments. (These actions are intended not to punish the father, but to protect the rights of the child.)

The child has a right to a legal and biological identity tied to an extended family – in case, for example, the child suffers an inherited health problem. To ensure effective treatment, the physician may need to know the child's complete medical history. The child also needs positive relationships with both sides of its family in order to have a fair chance to grow emotionally.

A child's mother can request that the district attorney or the state take legal steps to have the father named. If the teenage male is not sure he's the father, blood tests and genetic tests can settle the issue. Paternity affidavits can be signed by the father and/or the mother. Paternity should be established as early as possible because the child deserves the support – and because the father may face significant back child support payments from the time of the child's birth.

If the father and mother disagree on visitation rights, they can be resolved through the court system. Custody issues can also be settled in court, but the parent with physical custody has legal custody until the court proceedings are completed.

For specific information on legal rights and responsibilities, teenage fathers should contact an attorney or the district attorney. Information is also available from the Multnomah County District Attorney, Support Enforcement Division, 1120 SW 5th Avenue, Room 1520, Portland, Oregon 97204.

Mr. Brame is Coordinator of Male Responsibility Programs for Multnomah County Health Department.

Tough Questions About Adult Men Who Have Babies With Babies

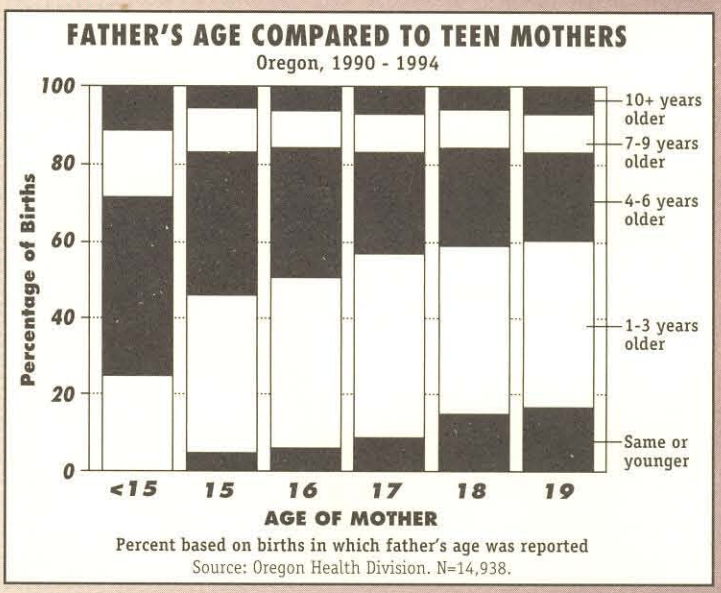
Even if every school-age male abstained from sex, two-thirds of the births among teens would still occur. Why? Because 70 percent of the births to mothers ages 10 to 18 across the nation are fathered by post-high school adult men.

Teenage mothers are characterized by officials and the media as "babies having babies," but why do the adult men who have babies with babies escape ridicule?

How can young girls enforce abstinence or contraception upon adult men several years their senior when many of them refuse to take NO! for an answer?

Has the teen pregnancy issue been misperceived by society? Popular speculation blaming "media sex," "negative peer pressures," "teen hormones," and "high-risk adolescent behaviors," omit possibly the greatest contributor: the irresponsibility of adult males who prey on teen girls without punishment or reprimand.

Isn't it about time we start enforcing statutory rape laws or charging fathers for the support of their child(ren)?



Percent based on births in which father's age was reported
Source: Oregon Health Division. N=14,938.

BABY THINK IT OVER

"I'M GOING TO DO EVERYTHING POSSIBLE NOT TO GET PREGNANT." So said one young woman who participated in the **Baby Think It Over** workshop sponsored by Mt. Hood Council of Camp Fire Boys and Girls. By the end of the program, many of the now tired and cranky participants agreed with her.

Baby Think It Over uses computer-programmed dolls to give adolescents a hands-on experience of some of the realities of parenting – 24-hour responsibility, loss of personal freedom, middle-of-the-night crying. The dolls – at 7 to 8 pounds, the size of newborn infants – come with an electrical plug ("feeding probe") to be carried by the "parent." Instructors can adjust sleep times for a normal, sick, or easy baby. Indicators on the computer tell if the infant has been neglected or abused.

The "parents"– students from high schools in Clackamas, Multnomah, and Washington counties – were required to carry their babies to all activities and through their daily routine for 24 to 48 hours. They kept a log on their experiences and completed an evaluation at the end of the workshop. Initial entries in their logs included such comments as "Not that bad" or "Annoying but fun" but turned to less enthusiastic comments as the hours wore on.

*For more information or to try the Camp Fire **Baby Think It Over** workshop in your area, call Tracy Callan at (503) 656-2530.*

JOINING THE FIGHT

Here's how some Oregon communities are joining the fight against teenage pregnancy. The key word is "joining": Many effective programs are partnerships forged with organizations public and private, with families, with communities at large.

FIGHTING TEEN PREGNANCY COUNTY BY COUNTY

The Department of Human Resources in cooperation with local RAPP (Reduce Adolescent Pregnancy Program) committees have placed 20 AmeriCorps members in local youth programs with a strong commitment to preventing teenage pregnancy. For more information or to join the effort, contact your county health department, Oregon RAPP at (503) 945-6083, or the Oregon Adolescent Pregnancy Prevention Coordinator at (503)731-4021. Counties with RAPP/AmeriCorp members include:

Clackamas	Hood	RiverLinn
Clatsop	Jackson	Sherman
Coos	Josephine	Umatilla
Deschutes	Klamath	Union
Douglas	Lane–West	Wasco
Gilliam	Lane–Central & Southern	Yamhill

ARE YOU READY?

Here's an update on the effort by the Boys and Girls Aid Society of Oregon to implement a comprehensive, holistic teen pregnancy prevention project. As announced last April, **Are You Ready?** is patterned on the successful model developed by Dr. Michael Carrera at the Children's Aid Society of New York.

Grounded in the belief that young people have potential, **Are You Ready?** will offer seven components designed to provide youth and their families with tools and skills that enable them to make constructive, healthy life-choices. Other areas that have implemented this model point to lower pregnancy rates, higher high school graduation rates, and higher college attendance rates for program participants than for similar youth in the same community.

Plans are underway to launch the program at Portland Parks and Recreation's University Park Community Center in North Portland sometime during 1996. Over the past year, the Society has been working to raise funds and to develop the necessary partnerships and community relationships **Are You Ready?** will need to succeed. To ensure stability, the Society has committed to raising three years of operating funds before opening the program.

Major partners are the Portland Parks and Recreation and Multnomah County Health Department and Portland State University. The Irwin Foundation, Kaiser Permanente, and PacifiCare provided funding for planning and development.

For more information, contact the Boys and Girls Aid Society at 222-9661 or 1-800-342-6688.

Parents and educators share many similar ideas about timing and content of sexuality education.

PUTTING PEER PRESSURE TO WORK

It's no secret that young people are often more influenced by their peers than by adults. And so using teenagers to present factual information to teenagers has often had greater and more lasting success at promoting abstinence than programs that just use adults. This peer pressure works to best advantage when the information comes from teens who are slightly older and socially successful.

The key to implementing a successful program, however, is to combine the skills, knowledge, and abilities of families, adolescents, and members of the community. The efforts most likely to succeed have broad-based community support from parents, schools, churches, community leaders, and the media. Some working examples:

TEEN TALK

Now in its second year in Washington County, Teen Talk is a project of Planned Parenthood of the Columbia/Willamette. The program features teenagers age 14 to 18 who have received comprehensive sexuality training emphasizing pregnancy prevention. Workshops use interactive role playing and discussions to teach and encourage healthy behaviors.

Teen Talk is a bilingual program for English- and Spanish-speaking youth 12 to 18. It emphasizes accurate information, personal values assessment, and decision-making skills leading to more responsible and informed decisions about sexuality. Funding comes from the Washington County Commission on Children and Families. For more information or to schedule a workshop, contact Marce Logan at (503) 775-3918, ext. 212.

TEENS & COMPANY

Teens & Company, now in its tenth year, is a theater group/peer education program sponsored by Planned Parenthood of the Columbia/Willamette. The group presents stage shows intended to stimulate discussion about issues confronting today's teens, including self-esteem, depression, eating disorders, sexuality, racism, and peer pressure. Teens & Company also offers workshops featuring interactive role-playing on selected topics, enabling teens to practice communication skills while exploring choices and the consequences they bring. For more information or to schedule a stage show or workshop, contact Elizabeth Albrecht at (503) 775-3918, ext. 217.

A.P.E. TEEN THEATER COUNCIL

In Eugene, the AIDS Prevention & Education (A.P.E.) Teen Theater Council is in its seventh season. The group consists of 14- to 19-year-olds who offer thoughtful peer and parent education about the challenges of the teen years. A.P.E.'s age-appropriate material, generated by the teen participants themselves, uses humor to make serious subjects more comfortable to think about and discuss. To schedule a presentation or workshop, contact Miriam Mitchell at (503) 688-7776.

Peer education programs are offered by many other Oregon communities, including Clackamas County, Estacada, Grants Pass, Hood River, Klamath Falls, Roseburg, Seaside, and Wasco County. Call your local RAPP (Reducing Adolescent Pregnancy Prevention) group for more information.

Among adolescents reported with AIDS, older teens, males, and racial and ethnic minorities are disproportionately affected, though the proportion of females among U.S. adolescent AIDS cases has more than doubled since 1987.
(Centers for Disease Control and Prevention, Dec. 1994)

BY SHARON KITZHABER

It would be difficult for anyone these days to deny that the problem of teen pregnancy has reached a crisis level, or that this crisis touches every one of us. In addition to the enormous human tragedy and predictable hardship suffered by the pregnant teen, teen parents, and child, the cost to our state in tax dollars and limited resources is enormous – $80 million a year in direct and indirect costs. The cost to our communities of living with associated problems – increased drug and alcohol abuse, familial abuse, juvenile and "career" crime – all take their toll on the quality of life for every Oregonian.

Obviously, it is time to act. We have gathered statistics, created volumes of information, analyzed causes. What we need now are specific models of intervention; models that have a history of proven effectiveness in our country or our state, and that we can modify and apply to our local communities, and can be measured.

The Postponing Sexual Involvement (PSI) curriculum is one such model. In Oregon we call our statewide program **STARS:** Students Today Aren't Ready for Sex.

STARS is an abstinence-based program that uses peer mentors from senior high school to reach sixth and seventh graders before they become sexually active. The objective is to reduce teen pregnancy by helping preteens identify pressures that can lead them into sexual involvement and teach them how to resist those pressures.

Through **STARS,** teens themselves deliver the message: "It is best for teens not to have sex."

A skill-based rather than an information-based program, **STARS** involves students in thinking about, discussing, and practicing the skills that promote resistance to peer and social pressure. The teen mentors are trained to direct a participative group process that:

- Helps kids recognize the powerful pressures influencing sexual activity;
- Informs them of their rights in social relationships and enhances their self-esteem;
- Gives them practice in refusal skills and the confidence to say "No, not now."

Our intention is to form partnerships among schools, health departments, corporations, and community organizations to help teenagers realize that the quality of their future depends, to a great extent, upon postponing sexual involvement. It's a message and an approach that complements existing sexuality education programs in our schools and communities.

STARS is patterned after the nationally known and highly successful PSI model developed by Dr. Marion Howard at Emory University in Atlanta, Georgia. Working from a belief that early sexual activity is driven by powerful social and peer influences, PSI is effective at buying time for young adolescents to mature physically and socially before initiating sexual involvement. This model has succeeded in slowing the initiation of sexual intercourse among preteens and in reducing the rate of teen pregnancy. It has also proven effective in reducing AIDS and other sexually transmitted diseases.

STARS is by no means the answer; rather, it is only one component in a comprehensive approach to teen pregnancy prevention – a very complicated problem. What **STARS** offers is a focused approach to one part of the dynamic: helping preteens, before they become sexually active, to resist sexual pressure. Clearly, we must utilize all approaches, all programs, all resources that, combined together, work! Let us work together, concentrating our efforts and our limited resources on programs that do have a direct effect upon the problem.

Sharon Kitzhaber is First Lady of Oregon

YESS, WE CAN

The **Co-YESS** (Coalition for Youth Empowered and Striving for Success) program is a collaboration of organizations working together to reduce the teen pregnancy rate in Clackamas County. The coalition now includes eight private and public agencies, as well as teens and parents throughout the county. It was re-funded last November by the Clackamas County Commission on Children and Families.

The **Co-YESS** project is a cross-age teaching program that uses high school students as teachers, mentors, and role models for preteens. These youth leaders help empower preteens to postpone sexual involvement and other high risk behaviors by increasing their knowledge, skills, and resiliency. The youth leaders present information on such topics as decision-making, communication, refusal skills, self respect, and anger management.

One group of youth leaders has been working with fourth, fifth, and sixth graders in Estacada. Another group meets after school with preteens from the Housing Authority; these preteens also receive services provided through the Carrera Replication Program.

Since the summer of 1995, 25 youth leaders have been trained and have reached over 240 preteens. Those preteens have not only shown an increase in social skills and understanding, but teachers report improved behavior in the classroom. Ninety percent of the preteens indicated they'd like to be teen leaders themselves so they could pass on what they learned.

In January, the **YESS** project was awarded a grant that enabled six youth, along with two youth advocates, to attend a four-day Youth Leadership Conference in San Francisco. This will give them an opportunity to further develop their leadership skills by initiating community service projects with **YESS** youth and their families.

One priority of the coalition is to offer a comprehensive and integrated set of direct services through a collaborative interagency approach. To build its network of services, the **YESS** project, in conjunction with the Housing Authority, has continued to expand components of the Carrera model.

- Planned Parenthood is a new partner providing family life and sexuality education to families served by the program.

  Tutoring services have expanded to include three Learning Centers, with seven trained volunteers to assist program recipients.
  The youth in the program also receive a $200 stipend to become involved in sports and recreation programs through the Parks and Recreation Department.
- Employment, Training, and Business Services Division (ETBS) has provided an entrepreneurial class, as well as career exploration, job training, and job placement for recipients age 14 and above.
- Preteens and their families can get mental health counseling through Clackamas County Mental Health, and are assisted in accessing medical and health services.
- Mount Hood Council of Camp Fire Boys and Girls provides social development and leadership activities while 4-H programs offer groups on youth development, health, and life skills.

For more information, call Peg Schoettle at (503) 635-9167 or Jane Brown at (503) 655-8267.

THE TRUTH ABOUT TEEN PREGNANCY

(answers to quiz on page 1)

1. FALSE.

The birthrate for females age 15–19 is actually much lower today than it was in the 1950s. It declined dramatically from 89.1 in 1960 to 50.2 in 1986, then increased somewhat to a high of 62.1 in 1991 before declining again to 59.6 in 1993.

2. TRUE.

While overall birthrates for teenagers have decreased since the 1950s, the percentage of births to unwed mothers under age 20 has increased dramatically, from 15 percent of teen births in 1960 to 71 percent in 1992. Note, however, that unwed birthrates have more than doubled among adults since 1950 and that the trend toward out-of-wedlock births is not unique to the U.S., but is taking place throughout the industrialized world.

3. TRUE.

The simple reason is that, prior to 1972, pregnant teens were usually expelled from school. Today most teen mothers graduate.

4. FALSE.

Although the birthrate for black teens is about twice that for whites, in terms of sheer numbers, there are still more births to white than to black teenagers. In fact, the typical teen mother in the U.S. is white and in her late teens.

5. FALSE.

While rates of out-of-wedlock pregnancy and childbearing have long been higher among black than among white women, it is the marital and childbearing patterns of middle-class white women, not those of black or poor women, that have changed dramatically in the last several decades. In fact, out-of-wedlock birthrates have remained relatively stable among black women, while they have almost doubled among white women. Also, between 1971 and 1979, the odds of having a nonmarital birth increased four times as rapidly among white as among black teens.

6. TRUE.

While today's mothers keep 97 percent of infants born out of wedlock, prior to 1973, mothers relinquished 50 percent for adoption. Almost all out-of-wedlock babies given up for adoption prior to the 1970s were white.

7. FALSE.

Today more than half of teens are virgins at age 16. However, teens are having sex at younger ages than they used to. In 1970, 4.6 percent of 15-year-old girls reported having had sexual intercourse compared to 25.6 percent in 1988.

8. FALSE.

Actually, teen and adult sexual and reproductive behaviors have tended to mirror one another. Birthrates among teen girls have almost exactly paralleled birthrates among women age 20–44 since World War II. Similarly, there are strong correlations between unwed births, abortions, and STDs among teens and adults since 1940. Moreover, while 85 percent of teen pregnancies today are unintended, the same is true of 60 percent of all pregnancies.

9. FALSE.

No correlation can be made between welfare benefits and birthrates. Over the past 15 years, welfare payments have actually declined in constant dollar value in the U.S., while teen pregnancy rates, after years of decline, began to increase. Also, European countries typically provide far more generous welfare benefits than the U.S., but have rates of teen childbearing one-half to one-third as high.

10. TRUE? FALSE?

It's not easy to tell. It is true that women who have their first birth during adolescence complete fewer years of education, earn lower incomes, and are more likely to depend on welfare than those who delay childbearing. But it would be a mistake to jump to the conclusion that these adverse outcomes are caused by adolescent childbearing. Some statistics suggest that poverty may be a cause of teen childbirth or that both poverty and teen childbirth are caused by other factors. Low-income teenage girls are four times more likely to become pregnant than middle- or higher-income girls. They also abort fewer than one-half of their unintended pregnancies, while higher-income teens abort nearly three-quarters. Adolescents with poor basic skills (those most at risk for school drop-out) are five times more likely to become mothers before age 16 than those with above-average skills. Also, high rates of children living in poverty have been shown to precede high rates of youth pregnancy. Teen pregnancy and childbearing, then, may actually be symptoms that point to larger social ills – such as poverty, child abuse and neglest, segregated neighborhoods, inequitably financed schools, wage discrimination, and changing gender roles – that cannot be cured by controlling teen sexuality.

I forgot to take my pill and then we had sex...I think my diaphragm dislodged ...We didn't use protection...It was the first time and we weren't prepared...

Even when both partners are careful, birth control can fail: pills can be forgotten and condoms occasionally break. Sometimes a woman may not have a choice about using birth control because her partner forces or intimidates her to have sex.

What to do then? Many women think their only option is to wait and see if they miss their period or begin having pregnancy symptoms. But there is another choice, largely unknown to the public, that can prevent the stress of the wait and the decisions that follow: The Emergency Contraception Pill (ECP or, as it is sometimes called, the "morning-after pill").

ECP is intended as an emergency medication to be taken within 72 hours of unprotected intercourse – the earlier it's taken, the more effective it's likely to be. It's made of two synthetic hormones, estrogen and progestin, and it must be prescribed by a medical provider.

The medication works by preventing the ovaries from releasing an egg so sperm and egg cannot unite. It also changes the lining of the uterus in such a way that should conception occur, the fertilized egg will not attach (implant) and develop. If used correctly, ECP is about 98% effective in preventing pregnancy.

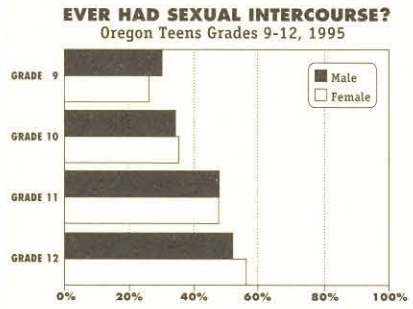
For information about ECP's usefulness and availability, contact your local health care provider, the county health department/clinic, or the Teen Health InfoLine (1-800-998-9825).

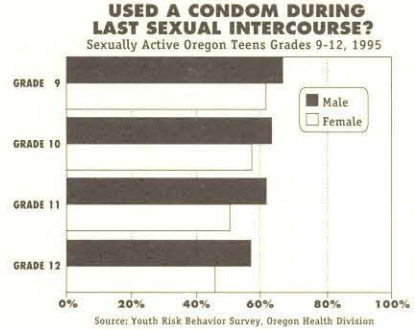
"Educating teenagers about sex is the best way to prevent it."
Alex Roodhouse, McMinnville

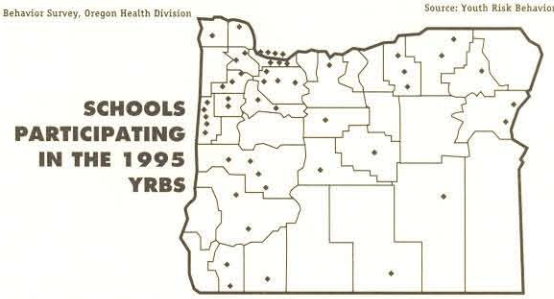
Too Much RISKY Business?

The Youth Risk Behavior Survey (YRBS) is conducted in Oregon and other states and major cities around the country. The focus is on behaviors that usually result in the most significant mortality, morbidity, disability, and social problems during both youth and adulthood. These include intentional and unintentional injuries; drug and alcohol use; tobacco use; sexual behaviors that result in HIV infection; other sexually transmitted diseases and unintended pregnancies; dietary behaviors; and physical activity. Survey results can be used to develop education programs and other strategies to help reduce such behaviors.

Participation in the survey is voluntary and schools and students remain anonymous. Fifty of Oregon's 230 public high schools participated in the 1995 YRBS, totaling about one in ten high school students. There were 14,891 surveys returned; 13,992 of them were usable. The survey may not be representative of those who dropped out of school or declined to participate.







I'M GOING TO BE A WONDERFUL FATHER

When I grow up, I'm going to be a wonderful father. I know this in my heart. As I grow older, I am gaining a healthy respect for being a responsible person. Being responsible as a student, family member, and a member of my community, gains new meaning to me each day.

Last year, my older brother almost died. I watched and felt a tremendous responsibility toward a family member. It was my first real inkling of being responsible for another person. To tell the truth, I think it's hard enough just trying to be responsible for myself at this age. I can't imagine being responsible for a new life as well as offering the types of emotional support that my partner would need. I'm still a kid.

The best way to prevent a pregnancy at this age is to simply be honest with myself, enjoy my youth, and to not put myself in an adult situation. Sexual relationships are adult behaviors. In case you haven't gotten my point, I'm making a case for abstinence. I think it's the most responsible way. When I grow up, I'm going to be a wonderful father.

by **Caleb Los Banos,**
age 14, Roseburg
SECOND PLACE

Domestic Violence and Teen Pregnancy

Domestic violence, such as physical, emotional, sexual, and substance abuse occurring within the family, is a factor contributing to teen pregnancy.

A qualitative pilot study of ten women who gave birth as teenagers revealed that each had experienced physical, sexual, and /or substance abuse. Eight of the ten reported sexual abuse in early childhood. Their cases, and those from other studies, make some revealing points about the connection be-tween domestic violence and early childbearing:

Many life factors can lead a teenager to pregnancy: she may actively attempt to get pregnant to escape an abusive family; she may be trying to exercise control over an otherwise out-of-control life; she may be forced or coerced into intercourse (date rape) by a friend, forced or coerced into incestuous intercourse, or raped by a stranger.

Vulnerable teens are often suspicious of those in authority (teachers, health care professionals, social workers), so they don't reveal the true nature of their living situation. They also may not approach community resources for abused women out of fear that the agencies will remove them from their home or take their child away.

Then too, legal and insurance liability concerns prevent many community-based domestic violence agencies from serving women under 18, and the quasi-emancipation status of the pregnant teen is often insufficient to obtain adult community services.

Questions dealing directly with the issue of domestic violence have been difficult to ask due to legal constraints governing research with subjects under 18. Even though age concerns have hampered research, however, clinical data can and should be gathered by routinely screening all pregnant women.

The sensitive nature of the topics, their reportability, and the severe consequences associated with family violence tend to limit our understanding of the true incidence and magnitude of the problem. Health care providers are often unclear on what types of abuse to report. Pregnant teens enmeshed in abusive, violent relationships are often confronted with conflicting or threatening advice from well-meaning health care providers.

EXAMPLE SCREENING QUESTIONS:

1. **Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone?**
2. **Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by sotmeone?**
3. **Within the last year, has anyone forced you to have sexual activities?**

Insight into the perspectives of women who gave birth as a teen reveal a situational context that varies from commonly held assumptions: Multi-ple forms of abuse both precede and coincide with early childbearing. These com- plex factors produce a basis for reproductive decision-making that is often misunderstood by schools, community agencies, health care providers, and policy makers.

WHAT CAN BE DONE:

- Underscore the necessity of early identification and follow-up of childhood physical and sexual abuse
- Routinely screen and document current and prior abuse histories on all pregnant women as part of the history and physical exam
- Learn to recognize the domestic violence red flags
- Develop a resource list of counselors available for low/no cost referral
- Work to make community agencies more user-friendly
- Understand that this is a community-wide problem demanding a community-wide response.

From a report by Linda Robrecht, CNM, DNSc, Assistant Professor of Women's Health and Nurse-Midwifery; and Daniel Sheridan, MSN, Domestic Violence Consultant, Oregon Health Sciences University.

GET TO KNOW YOUR STUFF!

These abstinence-based curricula were recommended in recent issues of the SIECUS Report (Dec/Jan 1994) and Family Planning Perspectives (Sept/Oct 1995).

Postponing Sexual Involvement
Grady Memorial Hospital
Marion Howard
Box 26158
80 Butler Street, SE
Atlanta, GA 30035

"Abstinence. It's something our parents should have taught us a long time ago." Krystle Hickey, Portland

Reducing the Risk
ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830

Values and Choices
Search Institute
122 West Franklin Ave.
Minneapolis, MN 55404

Will Power/Won't Power
Girls, Inc.
39 E. 33rd Street
New York, NY 10016

This comprehensive curriculum is recommended by Planned Parenthood of the Columbia/Willamette:

F.L.A.S.H. (Family Life and Sexual Health)
Seattle-King County Department of Health
Elizabeth Reis, M.S. – (206) 296-4672

Sexuality Education Can Reduce Unprotected Intercourse

by Douglas Kirby, Ph.D.

There are serious limitations in the research on programs to reduce unprotected intercourse, and little is known with much certainty. Past research, though, does suggest several possible conclusions and recommendations:

♀ There is a growing amount of evidence that some sexuality and HIV/AIDS education programs delay the onset of sexual relations, increase the use of protection against pregnancy or STD, and/or reduce the number of sexual partners.

♂ Abstinence and condoms prevent pregnancy, STD, and HIV/AIDS; most HIV/AIDS programs last too few class periods to teach skills; and, finally, more youth use condoms to prevent pregnancy than AIDS. Thus, programs to reduce pregnancy, STD, and HIV/AIDS should be integrated into single, more comprehensive programs.

♀ Ignorance is not the solution, but knowledge is not enough. The apparent success of all the curricula based upon social influences theory or social learning theory suggests that they can effectively change behavior. Newly developed curricula should facilitate the development of group norms against unprotected sex, discuss pressures to engage in unprotected sex, model skills and behaviors to resist those pressures, provide practice in those skills and behaviors, and emphasize norms against unprotected sex. Focus should be upon very practical skills, not upon broad generic skills.

♂ Since no existing program prevents most youth from having sex during their high school years, programs should both encourage youth to delay or refrain from sexual relations and also encourage them to use contraceptives. Programs for younger youth should focus more upon delaying sex; those for older youth should focus more upon contraceptives.

♀ Programs should be comprehensive. Classroom curricula should be reinforced with school-wide efforts such as peer programs, group discussion sessions, individual counseling, theatrical presentations, and media events. Programs should also improve linkages with community reproductive health services.

♂ Changing adolescent sexual behavior has no magic solutions that dramatically reduce unprotected sex among all youth to acceptable levels.

Excerpted from SIECUS Report Vol. 21, No. 2 Dec 1992/Jan 1993, of the Sexuality Information and Education Council of the United States, Inc. © SIECUS, 130 West 42nd St., Ste. 350, New York, NY 10036.

Programs that convey mainly information about sex or moral precepts are likely to fail. But those that also focus on helping teenagers change their behavior have been more successful. Curricula in such countries as Canada, England, France, the Netherlands, and Sweden are based on these components: a policy favoring sexuality education; openness; consistent messages throughout society; access to contraception.

ATTACKS ON THE FREEDOM TO LEARN

A steady rise in censorship activity outside the home over the past 12 years is redefining education in America. In the SIECUS Report of Oct/Nov 1994, Barbara Spindel and Deanna Duby document how censorship strategy plays a central role in the larger effort to undermine public education. Those primarily responsible for censorship in our schools, the authors write, view education as a vehicle for ensuring ideological conformity. This perspective favors a sectarian and reactionary schooling over one that is based on imagination, critical thinking, and recognition of pluralism.

Ms. Spindel and Ms. Duby identify those who lose when the censors win:

1. Parents, whose children are denied access to ideas and materials because of the ideological and sectarian controversies being generated;
2. Teachers, who are increasingly subjected to intimidation and harassment, forced to second-guess themselves and discard from their classrooms anything that might be considered controversial; and most important,
3. School children themselves, whose access to quality education is invariably diminished by these ideological and sectarian demands.

It is our responsibility as parents, educators, and concerned citizens to get involved in preventing censorship outside the home. Run for school board; attend school board meetings and advocate for our children's freedom to learn; volunteer in schools and for city councils; correspond with politicians; be active in your local education program, especially the curriculum development and review process.

"Denying students the educational tools they need to think about and to deal with the complexity of today's society does them an extreme disservice. As books and curricula are removed and restricted throughout the nation's schools, children lose the opportunity to learn important lessons. However, the one lesson they do learn – the unfortunate lesson – is that censorship is an appropriate response to controversial ideas."
from Attacks on the Freedom to Learn

Excerpt from "Attacks on the Freedom to Learn" used with permission of the Sexuality Information and Education Council of the United States, Inc.© SIECUS, 130 West 42nd St., Ste. 350, New York, NY 10036.

Who You Gonna Call?

"My boyfriend won't use condoms. What should I do?" "Where can I get an AIDS test?" "How can I stop my boyfriend from pressuring me to have sex?" "I think my 15-year-old daughter may be having sex. How do I talk to her?" "I might have an STD, but I know everyone at the health department. Where else could I go?"

The new statewide Teen Health InfoLine handled nearly 700 calls like these in its first three months of operation. Set up in April 1995 as part of Oregon SafeNet, the line exists to provide accurate, non-judgmental sexuality and health information to adolescents and their families; to provide birth control information and referral; and to advocate for teens on a variety of health and social concerns.

The often complex needs expressed by callers include such serious topics as sexual abuse, gang violence, drugs and alcohol, and emergency food and shelter. To help handle tough issues like these, the Health InfoLine has thousands of referral sources throughout Oregon.

You can help the Oregon Health Division spread the word about the Teen Health InfoLine. Materials from the Health Division's advertising campaign, "Should I? Shouldn't I?," featuring a TV spot, posters, and wallet-sized cards, are available at no charge. Call with questions, requests for materials, suggestions, and information on services available for teens in your community. Tell your teens about the InfoLine - or call yourself when you need help talking to your own children or students.

The Teen Health InfoLine is a service of Oregon SafeNet, Oregon Health Division, and Oregon Medical Assistance Programs:
1-800-998-9825,
Monday – Friday, noon to 9 PM.

BECOMING PARTNERS

It seems to me that adolescent boys do not have to accept or take responsibility when it comes to birth control and pregnancy, the end result of no birth control or failed birth control. Most pregnancies could be avoided if both partners were involved in the family planning process.

Some of the barriers to boys becoming more involved are: **1** The attitudes communicated to boys through the media is that boys are reckless about sex and that you can't expect them to be any different during their teenage years; **2** Frequently family planning programs are geared only toward girls, making the programs seem unapproachable to boys; **3** It is frequently felt that boys are not interested in birth control; **4** Boys are generally felt to be disrespectful toward girls during their teen years, and the lack of interest in birth control is just an example of that lack of respect. Adolescent males can learn to accept responsibility for birth control by teaching them to learn to plan for the future – to see how an unplanned pregnancy might interfere with their goals.

- Help young men learn that part of the definition of "manhood" includes responsibility for parenthood beyond financial support.
- Young men need to learn to separate sexuality from sexual intercourse. In other words, sexual intercourse is not sexuality.
- All aspects of sexuality education need to be covered: anatomy, reproduction, and sexual function. Frequently young men like to let on they know it all and don't like to ask questions. This will help alleviate that problem.
- Teach male sexual responsibility. The link between sexual activity and pregnancy, parenthood, and responsibility needs to be emphasized more for young men.
- Lastly, young men need to view their girlfriends with the same kind of respect they give their mother and sisters.

Through the above educational process, maybe there will become more partnerships between couples when it comes to birth control. Maybe girls will feel less of a burden towards birth control and the family planning process with more male participation.

By Jennifer Bolton,
age 16, Dufur
THIRD PLACE

SCRAMBLE

NDCMO
CONDOM

MIADPARHG
DIAPHRAGM

TEH LIPL
THE PILL

INBCNEASTE
ABSTINENCE

LTORPNAN
NORPLANT

PODE-AEVPORR
DEPO-PROVERA

ANSWER!
BIRTH CONTROL

"Movies, television, and magazines all show males who are sexually active, but never take responsibility for pregnancies that occur."
Maija Kay Cirulis, North Bend

Everything You Always Wanted to Know About Teen Pregnancy Data

Who is a teen?

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

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

What numbers are used to measure teen pregnancy?

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

Births + Abortions = Pregnancies

How do you compute the teen pregnancy rate?

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

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

$$\frac{2{,}022 + 1{,}192}{170{,}071} = \frac{3{,}214}{170{,}071} = 0.0189 \times 1{,}000 = 18.9$$

There were 18.9 teen pregnancies per 1,000 females age 10–17 in 1994.

When calculating teen pregnancy rates, be sure to use:

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

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

Rates give us a meaningful way to compare the frequency of teen pregnancy between places with different populations. Comparing the number of teen pregnancies in Washington and Baker counties (279 vs. 17) is not meaningful: Washington County will always have a larger number simply because it has a larger teen population at risk of getting pregnant.

But when we multiply the rates by 1,000, we effectively negate the population difference. We're saying that if Washington and Baker counties each have 1,000 females age 10–17, the frequency of pregnancy would be 14.0 per 1,000 in Washington County versus 17.5 per 1,000 in Baker County. The rate in Baker County is higher even though its number of teen pregnancies is lower.

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

The rate is calculated per 1,000 people; a percentage is per 100 people. Therefore, to convert a rate into a percentage, just divide the rate by 10. Thus, 1.89 percent of the females age 10–17 were pregnant in 1994.

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

The best way is to calculate the percentage change in the rate. For example, the pregnancy rate for females age 10–17 was 18.2 in 1993 and 18.9 in 1994. This computes to an increase of 3.9 percent – thus:

$$\frac{\text{New data} - \text{Old data}}{\text{Old data}} \times 100 \text{ in this case, } \frac{1994\text{-}1993}{1993} \times 100$$

$$\frac{18.9 - 18.2}{18.2} = \frac{0.7}{18.2} = 0.039;\ 0.039 \times 100 = 3.9\%$$

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

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

	Adding rates	Adding numerator and denominator separately	
	Teen pregnancy rate	Pregnancies	Population
Age 15–17	49.0	3,031	61,809
Age 18–19	118.6	4,780	40,317
Age 15–19	167.6	7,811	102,126

$$\frac{7{,}811}{102{,}126} \times 1{,}000 = 76.5$$

Where can I get more data?

◓ Teen pregnancy: Oregon Vital Statistics Annual Report, Center for Health Statistics, Oregon Health Division,
(503) 731-4354.
Internet at gopher://gopher.state.or.us

◑ Youth Risk Behavior Survey: Center for Health Statistics, Oregon Health Division,
(503) 731-4449.
Internet at gopher://gopher.state.or.us

◓ Sexually Transmitted Diseases: Sexually Transmitted Diseases Program, Oregon Health Division,
(503) 731-4026.

◑ HIV and AIDS: HIV Program, Oregon Health Division,
(503) 731-4029.
Internet at gopher://gopher.state.or.us

◓ Population estimates: Center for Population Research and Census, Portland State University,
(503) 725-3922.

WORD SEARCH ANSWERS!

A	E	E	L	A	M	E	F	X	A	M	M	N	O	E
P	R	E	G	N	A	N	C	Y	T	R	E	W	Q	C
P	T	E	Y	O	P	M	R	V	K	Z	C	V	B	N
D	E	V	L	D	S	D	N	E	I	R	F	Q	E	E
F	S	A	B	A	C	E	B	F	S	D	Q	Z	V	N
A	U	H	P	L	T	A	U	K	S	J	H	G	B	I
C	B	H	K	D	B	I	C	V	Z	K	R	R	I	T
D	A	A	C	Y	E	M	O	R	C	H	E	C	R	S
G	G	P	E	J	H	Q	Z	N	B	A	R	D	T	B
M	O	D	N	O	C	S	D	F	S	E	X	U	H	A
Q	R	W	J	L	P	G	Y	T	C	H	T	P	C	A
D	G	F	E	R	T	H	S	L	H	O	I	S	O	M
D	B	T	J	F	M	C	G	J	O	O	P	P	N	S
M	A	J	G	J	R	T	T	T	O	S	Q	E	T	H
D	Y	G	K	R	F	U	Q	N	L	Y	M	N	R	D
A	R	Y	U	G	G	F	C	H	E	D	R	I	O	Y
I	D	R	T	E	E	N	A	G	E	R	G	S	L	S
D	U	F	G	H	R	K	D	F	H	J	A	E	E	Y
E	K	G	K	L	S	R	P	U	O	D	K	P	S	T
M	M	J	K	N	O	I	T	N	E	V	E	R	P	O

PREGNANCY RATES OF TEENS BY COUNTY OF RESIDENCE, OREGON, 1994

COUNTY OF RESIDENCE	TOTAL PREGNANCIES (ALL AGES)	AGE				PREGNANCY RATE [1]			
		<15	15-17	18-19	15-19	10-17	15-17	18-19	15-19
TOTAL	53,922	183	3,031	4,780	7,811	18.9	49.0	118.6	76.5
BAKER	191	-	17	12	29	17.5	51.1	• 59.1	• 54.1
BENTON	1,011	2	38	62	100	• 11.0	• 28.0	• 28.7	• 28.4
CLACKAMAS	4,998	5	271	361	632	• 14.9	• 39.1	• 91.4	• 58.1
CLATSOP	551	1	36	50	86	18.7	48.8	118.5	74.1
COLUMBIA	610	3	38	50	88	16.0	38.5	• 86.2	• 56.2
COOS	796	168	94	162	19.4	51.7	112.3	75.2	
CROOK	253	-	17	27	44	19.3	50.0	135.0	81.5
CURRY	199	1	17	18	35	17.8	42.0	85.7	56.9
DESCHUTES	1,456	5	82	145	227	17.1	43.0	•151.5	79.3
DOUGLAS	1,388	4	107	145	252	19.0	49.5	111.4	72.8
GILLIAM	13	-	2	-	2	17.2	48.8	-	33.3
GRANT	104	-	6	10	16	12.1	33.7	104.2	58.4
HARNEY	110	1	7	6	13	18.3	41.7	• 53.1	• 46.3
HOOD RIVER	330	-	18	29	47	15.8	42.9	117.4	70.5
JACKSON	2,341	9	132	224	356	15.7	• 39.3	120.2	68.2
JEFFERSON	350	1	29	36	65	• 32.8	• 92.1	•182.7	•127.0
JOSEPHINE	862	2	49	94	143	• 14.0	• 35.6	114.2	65.1
KLAMATH	1,033	6	80	117	197	24.5	62.4	•146.4	• 94.7
LAKE	91	2	9	11	20	23.3	47.9	104.8	68.3
LANE	4,810	12	264	433	697	17.0	45.1	• 80.6	• 62.1
LINCOLN	596	1	41	55	96	18.8	50.9	123.3	76.7
LINN	1,493	4	82	150	232	15.6	40.8	118.2	70.8
MALHEUR	523	3	44	60	104	25.9	68.0	144.9	• 98.0
MARION	4,972	20	307	490	797	• 22.6	• 59.3	•160.6	• 96.8
MORROW	168	-	13	13	26	21.6	64.0	111.1	81.3
MULTNOMAH	13,194	61	772	1,192	1,964	• 28.7	• 75.7	•174.7	•115.3
POLK	764	6	43	62	105	15.5	37.3	• 91.4	• 57.3
SHERMAN	15	1	2	2	4	30.0	58.8	58.8	58.8
TILLAMOOK	296	1	8	25	33	• 7.1	• 16.5	95.4	• 44.2
UMATILLA	1,191	6	74	118	192	20.7	53.2	135.6	84.9
UNION	357	-	19	28	47	12.6	33.3	• 74.1	• 49.5
WALLOWA	70	-	6	2	8	12.8	35.5	• 20.8	• 30.2
WASCO	354	-	15	36	51	• 10.9	• 29.4	114.3	61.8
WASHINGTON	7,293	25	254	514	768	• 14.0	• 35.9	124.2	• 68.4
WHEELER	14	-	1	1	2	10.2	23.8	66.7	35.1
YAMHILL	1,125	-	63	108	171	• 13.7	• 37.7	114.4	65.4

[1] All rate per 1,000 females.

• Indicates a statisticallysignificant difference from total rate.

- Quantity is zero or, in the case of rates, the population of females is too small to calculate reliable rates. (See technical notes)

Note: Includes all reported abortions obtained out of state by Oregon residents. Because some states - E.G. California - do not record data on residence, all out-of-state abortions are not included.

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MORE INFORMATION

Teen Health InfoLine
1-800-998-9825

Boys and Girls Aid Society Pregnancy Talkline
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Oregon Health Division Teen Pregnancy Prevention Program
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Oregon Commission on Children and Families
Teen Pregnancy Prevention
(503)731-3361

Oregon Teen Pregnancy Task Force
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