

The Rational Enquirer

TEST YOUR TEEN PREGNANCY IQ

Can you pass this teen pregnancy test? Can your kids?

There's a lot of information being circulated about teen pregnancy these days. And a lot of misinformation. The first step toward a solution is to separate the facts from the myths so we know exactly what kind of problem we're facing. This test is a good place to start.

1. If every high school-age boy abstained from sex, about three-quarters of teen births would still occur. T F
2. The younger the teenage mother, the younger the male partner is likely to be. T F
3. Teens decide to have a baby in order to get public assistance (ADC), and they have multiple pregnancies to get more money. T F
4. Children of teen mothers living in female-headed single-parent households are 5 times more likely to live in poverty. T F
5. Sexuality education promotes teen sex. T F
6. Using condoms is an effective way to prevent pregnancy. T F
7. If the Oregon teen pregnancy rate were cut in half, we could save over \$40 million per year. T F
8. Oregon teens say the media (radio, TV, movies, music, etc.) have no significant influence on their sexual behavior. T F
9. Teens love sex and have little regret in becoming sexually active. T F
10. Teens who use alcohol and other drugs are as twice as likely to become teen parents. T F

Answers on page 12.

INSIDE

- Adding up the costs...
- Good news about sex ed...
- Don't forget the fathers...
- Programs, programs, and more programs...
- What's a doctor to do?...
- Plus teen essays, Oregon's dirty secret, kids speak out, facts and figures, and more.

TEEN PREGNANCY PREVENTION MONTH

THE RATIONAL ENQUIRER

a publication of the Adolescent Pregnancy Prevention Subcommittee of the Oregon Teen Pregnancy Task Force. Participating members include:

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When teenagers get pregnant, the public often gets the bill.

In 1992 there were 2,913 pregnancies to Oregon women between ages 10 and 17, resulting in 1,873 births. Based on an estimate of the number of women needing public services, here's an idea of the public bill for direct birth costs and continuing care (health and otherwise) for mother and child*:

**ADDING
+ UP THE
DOLLARS**

Direct Birth Costs.....\$2.6 million
1,311 births paid by Medicaid,
at \$1,995 per delivery

Aid to Dependent Children (ADC)...\$31.5 million
1,264 families on ADC for
63 months at \$4,741 annual cost

Medicaid.....\$23.0 million
1,264 families for
63 months at \$3,460 annual cost

Food Stamps.....\$16.1 million
1,264 families for
63 months at \$2,435 annual cost

Children's Services Division.....\$3.5 million
556 children needing foster
or residential care
for 8 months at \$9,500 annual cost

Total.....\$76.7 million

The above figures do not include other related costs—such as the increased propensity for mental-health problems, loss of earnings potential, and second-generation costs associated with crime and corrections.

If Oregon were now at its benchmark goal of reducing its pregnancy rate for women under 18 from 17.9 pregnancies per 1,000 women in 1992 to 8.0 pregnancies, the public cost saving would be over \$42 million.

*Cost estimates provided by Budget and Management Division, Dept. of Administrative Services. All dollar amounts expressed in 1992 dollars.

Reprinted from **Clarifying Oregon's Choices**, Oregon State University.

**Ringo
Touts Sinus Tool***

Teen pregnancy is a complex tapestry of interwoven risk factors that occur in all areas of a young person's life. Affecting just one aspect may not do much to solve the problem. But working together in a multidisciplinary effort of agencies, governmental bodies, and individuals can. One place to start is by unscrambling the words below, for they show not only who suffers from teen pregnancy, but who must lead the way to a solution.

MOCUMINTY MENLOVEDPET

COCOMINE NOVELDETEMP

DILCH REALFEW

LOSOCHS

SILIFAME

ENEST

EAGLITSRULE

AWL RENTMOFENCE

LUNEJIVE ITSJUCE

AHLETH ACRE DRIVEPROS

HISDOGBNOHERO

HIFAT RUGSOP



*If you're clever at rearranging letters, you'll find the headline "Sorting out Solutions." For answers, see He Was Stern, on page 13.

What Does Teenage Pregnancy Have to Do with You?

The impact of teenage childbearing is staggering. Half of all families on welfare are families started by teens. Oregon spends \$200 million* per year to provide welfare benefits, health care coverage, and food stamps to families started by teens.

The cost to young lives also is staggering. Young women who become parents at an early age face a predictable future with less income and fewer opportunities than their counterparts who are not parents. The lives of young people, especially young women, are forever shaped by the responsibilities of parenting, forced to forgo opportunities otherwise open to them. The children of adolescent mothers face, on the average, a greater chance of medical problems as infants and a lesser chance of success in school.

In the last 25 years, more and more teens have become sexually active at earlier ages, putting increasing numbers of them at risk of pregnancy. The average age of marriage has increased along with the percentage of parenting teens who are unmarried. Abortion has become a legal option for teenagers, with a declining percentage of pregnant teens choosing that option.

AN URGENT PRIORITY

The state of Oregon has recognized the seriousness of the issue of teen pregnancy. The Oregon Benchmarks identify teen pregnancy and teen birth reduction as Urgent Benchmarks. Postponing teenage childbearing beyond the adolescent years potentially will save the state \$80 million* a year, based on current spending. Reducing the incidence of teen pregnancy will help the state achieve the promise contained in the Benchmarks: a state whose citizens enjoy the benefit of good jobs, a safe and balanced environment, and good health. None of those things is possible if we fail to create healthy families and a positive future for our children.

THE SEARCH FOR A SOLUTION

In January 1994, Governor Barbara Roberts set in motion a process for devising long-term solutions for this complex issue. Consensus is strong that prevention is the key to long-term solutions. By focusing resources on preventing teen pregnancy, local communities and the state will eventually be able to reallocate the money now spent on already pregnant or parenting adolescents.

.....
"I got pregnant when I was 16, which I didn't want to. I always had been the type of person thinking, 'Okay, I'm going to do good, eventually I'll have a career in my life, I'll get married, and I'll have children.' My life didn't turn out that way."

Lives of Promise, Lives of Pain
 Quint, Musick, Ladner, 1994, p. 34

The issue is complex. The dynamics of economic status, race and class, as well as self-esteem, family structures, and personal values are all intertwined. Young people are faced with making adult decisions while they inhabit bodies that are changing, minds that are expanding, and emotions that are new and powerful. To further complicate the issue, many teens who become parents have been sexually abused as children, with the power to make their

own sexual decisions already taken away from them in the past.

At the same time, many of the most promising solutions to teen pregnancy reduction are built on straightforward principles, such as giving young people love, stability, a safe environment, hope, a belief in themselves for the future—and the information, education, and services necessary for them to be responsible. These are not magical solutions, beyond our reach. Communities and the state

together need to commit the investment of time and money to create more options for young people and equip them to deal with the adult world.

Because the solutions to the issue of teen pregnancy are found in family, school, and community life, efforts must be long-term and comprehensive. The efforts will be expensive in both time and money. Oregon must create opportunities for its youth so that young people, both young men and women, have an investment in postponing parenthood.

Excerpted from Sex, Teens & Oregon's Plan, an Action Plan for Teen Pregnancy Prevention (Salem: Governor's Office, October 1994).

*Based on data from the Center for Population Options Teen-Age Pregnancy and Too Early Childbearing 6th Edition, 1992

TEEN PREGNANCY SCORECARD

	Ages 10-14	Ages 15-17	Ages 18-19
Female Teens in Oregon.....	106,497	59,701	39,443
Pregnant Female Teens	169	2,858	4,734
Births to Teens.....	83	1,843	3,248
Legal Abortions to Teens.....	86	1,015	1,486

7,761 pregnancies reported among teens 19 years of age and younger in 1993. 1,727 (59.6%) of teenagers obtaining abortions in Oregon in 1993 reported not using any method of contraception.

Based on the most recently available information from the Oregon Health Division Center for Health Statistics.

Sexuality During The Teen Years

In January 1995, more than 130 Oregonians between the ages of 13 and 19 expressed their views on teen sexuality in a statewide essay contest sponsored by the Adolescent Pregnancy Prevention Committee (a subcommittee of the Oregon Teen Pregnancy Task Force).

The first-place essay follows, with runners-up on pages 13 and 16.

The teen years are supposed to be fun and exciting, but within the last ten years or so people have been finding out differently. Being a teenager now means awareness, self-confidence, and having enough self-respect to take care of themselves. It would be nice to be able to say "don't have sex during your teen years," but with all the mixed messages or just plain wrong messages kids receive these days, that just isn't possible.

So where do the answers lie? I believe it should start in the home with the parents. Parents should feel the need to educate their children about sex. Children need to get real answers from those who they feel closest to. Although everybody doesn't have the perfect home life or same situation, information from a variety of resources should be readily available to those individuals who feel they need the help.

Secondly, school is where the beginning of young relationships start, so it should also teach how to deal with the feelings and actions within the walls of its environment. The school district of which my school is a part does not feel it is their place to educate its students about the importance of practicing safe sex or abstinence. Many issues that concern the students aren't being answered for whatever reason. Yet in my school alone, there are over thirty teen parents. This is a very live problem and it affects us all. Our lives are linked by an indestructible chain and when someone, anyone, tugs on it, everybody feels it.

To me, the only answer is to educate people to the fullest extent about their individual sexuality. Now is not the time for people to be ignorant of sexually transmitted diseases, pregnancy, and the many other hazards of having sex or not practicing safe sex. Children and adults alike know about sex but the problem is getting the right information from the right place. This country needs to get its priorities straight and get down into the depths of the mess and start cleaning up. There are many solutions out there waiting to be discovered. We need to send out individuals with open minds and open eyes to clear the way for the rest of us. A lot is being said, but actions need to be taken. The only way is to give the facts straight and answer any questions being asked honestly.

by Sarah Lopez
Merlo Station High School

"Children and adults alike know about sex but the problem is getting the right information from the right place."

THE GOOD NEWS ABOUT SEXUALITY EDUCATION, 1994

by Debra W. Haffner, M.P.H.

It is easy for a sexuality educator to feel discouraged and overwhelmed these days. However, I am struck by how far we have come in the battle for sexuality education and sexual rights.

Thirty years ago, no state mandated sexuality education, conservative organizations opposed all teaching about sexuality in schools, and professional organizations ignored the topic completely.

Today, almost every state mandates or recommends that schools provide sexuality education. All states recommend or require teaching about HIV/AIDS.

There is vast public and professional support for sexuality education. National, state, and local polls all demonstrate similar results. More than eight in ten parents

support the provision of sexuality education in the public schools, and more than nine in ten support HIV/AIDS education. Significant majorities favor teaching about such issues as safer sex, contraception, and sexual identity and orientation.

Even organizations that traditionally have opposed sexuality education now favor it. Many conservative groups support teaching young people about growth and development, puberty, marriage and family life, dating, and communication. The focus of the vast number of community struggles we witnessed in the last school year was not on whether sexuality education should be taught, but on what subjects it should include.

In a recent study, Douglas Kirby, director of research at ETR Associates, reviewed 23 U.S. sexuality education programs and concluded:

- Sexuality and HIV education programs do not hasten the onset of intercourse, nor do they increase the frequency of intercourse or the number of sexual partners.
- Skill-based programs can significantly delay the onset of sexual intercourse and increase contraceptive and condom use among sexually experienced youth.¹

Similar conclusions were reached during a review of 19 studies on sexuality education programs, commissioned by the World Health Organization:

- No study revealed evidence that sexuality education leads to earlier or increased sexual experience, and several indicated that it is associated with delays.
- Ten studies showed that sexuality education increases the adoption of safer practices by sexually experienced youth.
- School programs that promote both the postponement of sexual intercourse and the use of condoms when intercourse occurs are more effective than those that promote abstinence alone.²

Debra W. Haffner is executive director of SIECUS, the Sex Information and Education Council of the United States. These comments are excerpted from her article in the SIECUS Report, August/September 1994.

1. D. Kirby et al., "School-Based Programs to Reduce Sexual Risk Behaviors: A Review of Effectiveness," *Public Health Reports*, 109 (1994): pp. 339-60.
2. "Sex Education Leads to Safer Behavior," *Global AIDS News*, no. 4 (1993).

"Even organizations that traditionally have opposed sexuality education now favor it."

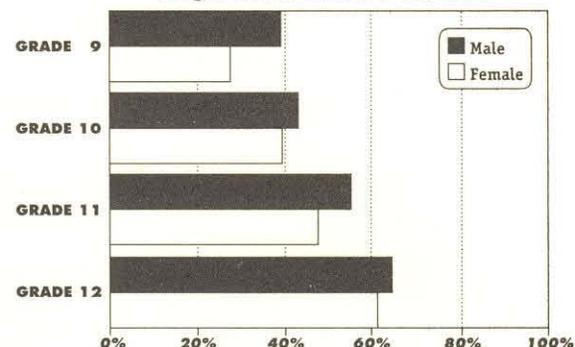
TEACHER'S HELPER

We offer this excerpt from the Connecticut State Board of Education school board policy, as a gentle reminder to those educators who may be tempted to take the line of least resistance:

"Learning to deal with controversial issues is one of the basic competencies all students should acquire. Controversy is inherent in the democratic way of life. The study and discussion of controversial issues is essential to the education for citizenship in free society. Students can become informed individuals only through the process of examining evidence, facts, and differing viewpoints, by exercising freedom of thought and moral choice, and by making responsible decisions. Teachers should also endeavor to develop a flexibility of viewpoint in students so that they are able to recognize the need for continuous and objective re-examination of issues in the light of changing conditions in society and as new and significant evidence becomes available to support a change of view. Teachers do not have the right to indoctrinate students with their personal views."

Teens typically seek birth control from 6 months to 1 year after beginning sexual activity.

EVER HAD SEXUAL INTERCOURSE? Oregon Teens Grades 9-12, 1993



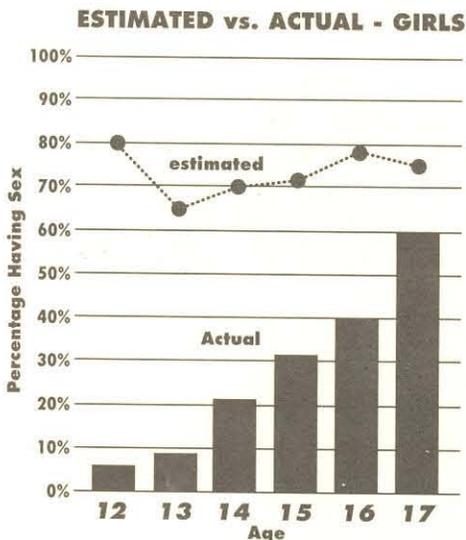
PEER PRESSURE STRIKES AGAIN

KIDS THINK MORE KIDS DO IT THAN ACTUALLY DO IT.

Surveys of teen sexual activity are notoriously hard to conduct. Many forces in our society—school boards afraid of upsetting a handful of voters, religious groups claiming that asking about sexual activity may promote it, parents fearful about what results will reveal—make it very difficult to gain access to young people.

Researchers in the Department of Public Health Sciences at Bowman Gray School of Medicine in Winston-Salem, NC, however, forged ahead and launched a survey of the world's leading experts on the subject—the teenagers themselves.

Avoiding the difficulty of working through public school systems, they interviewed young people in parks, nightclubs and malls, at swimming pools and concerts, at work and on the street—a total of 1,269 youths between the ages of 12 and 19. The group included 744 girls and 525 boys, 660 African Americans and 609 Caucasians, and a broad sampling of incomes.

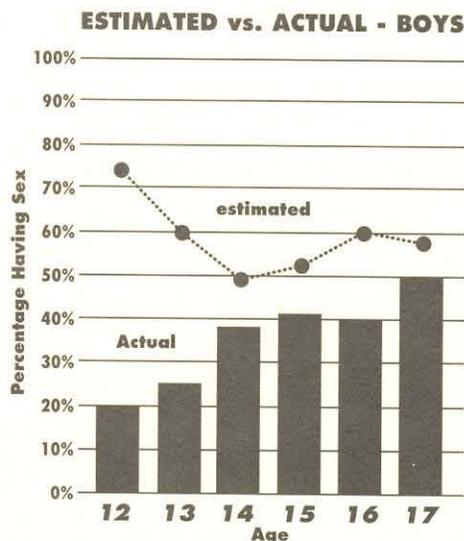


STARTLING RESULTS

Some of the findings startled the researchers, even those who had been studying teen pregnancy for years. Large numbers of young women in the sample reported that they had been pregnant at least once, about 30 percent of the 17-year-olds, over 50 percent of the 18-year-olds, and between 60 and 70 percent of the 19-year-olds.

These high pregnancy rates resulted from high rates of sexual activity at young ages and failure to use contraceptives. By the time they had reached 15, half of all black males, almost a third of the white males, a third of the black females, and a quarter of the white females reported that they were having sex regularly. Among all sexually active teens between the ages of 15 and 19, only 26 percent said that they always used birth control.

“Teen perceptions of sexual activity among their peers were wildly exaggerated.”



WHO SAYS EVERYBODY'S DOING IT?

The researchers were also surprised when sexually active young people told them why they had decided to have sex. It had little to do with low self-esteem or other currently popular theories among adults. The best predictor turned out to be the perceived rate of sexual activity among peers. Young people who thought almost everybody their age was “doing it,” were more likely to have sex themselves.

But those perceptions of sexual activity among their peers were wildly exaggerated, especially among the youngest people in the sample. Thus, 17-year-old girls estimated that over 75 percent of girls their age were having sex, while the actual numbers were less than 60 percent. But 12-year-old girls estimated that 80 percent of girls their age were having sex, while the actual number was about 5 percent. Boys showed a similar pattern, though their estimates were a little closer to reality.

The North Carolina researchers are currently promoting their survey findings as a springboard for discussion. The young people of the county “have important things to tell us,” they say, “if we will only listen.”

Excerpted from *Family Life Matters*, a publication of the Network for Family Life Education, State University of New Jersey, Rutgers. Copies of the research report, *Preventing Teenage Pregnancy* in Forsyth County, may be obtained by writing to the Department of Public Health Sciences, Bowman Gray School of Medicine, Wake Forest University, Medical Center Boulevard, Winston-Salem, NC 27157.

“Large numbers of young women reported that they had been pregnant at least once.”

Teen mothers are more likely to have less education, more unintended births, higher rates of poverty and welfare dependence.

IT STILL TAKES TWO

The missing element in all too many discussions of teen pregnancy is the father. Part of the reason, of course, is that the fathers are all too often missing from the lives of their babies and of the babies' teen mothers. But "out of sight, out of mind" never solved any problem.

Here are some programs that schools and community organizations can use to involve, educate, and empower young men to take a responsible role in their sexuality:

1. Peer Helper Programs are a good way to share information about sexuality, stereotypes, setting limits, and resources, and to encourage better communications between the genders.

2. Men-Only Workshops offered by middle and high schools and by youth-serving organizations provide an opportunity to share facts and address common myths.

3. Communication Workshops; Couples Workshops covering issues such as communication, assertiveness, using "I"-messages, and setting limits. May be held in classroom situations, as one large group, divided into smaller groups, or separated by gender.

4. Role Models: Take advantage of big brother and mentorship programs within the community. Positive role models have been identified as the most important component in successful male involvement programs.

5. Presentations/Discussion Topics: Here are a few suggestions:

Stereotypes – Confront stereotypes and their destructive role.

Date Rape – Bring in resources to discuss. Many young men are truly confused about what constitutes date rape.

Legal Issues – Young men need to be aware of their legal rights and responsibilities regarding pregnancy. Discuss the laws on child support and legal expectation.

Fatherhood – Encourage teen fathers as well as teen mothers to talk with the group. Explore the role of the father.

Masturbation – It's a viable option to sex for many people. According to a Kaiser study, young men who masturbated were more likely to postpone sexual intercourse for up to two years.

Homosexuality – Share the facts. Discuss the myths and how they are extremely harmful to everyone.

BOYS WILL BE BOYS It's Young Men Who Become Fathers

In Oregon, a large percentage of the fathers of children born to teen mothers are not teens themselves. In fact, the younger the adolescent mother, the greater the age difference between the parents. Of reported cases, among mothers under 17, the majority of fathers are four or more years older; among teen mothers 17-19, more than 40% of the fathers are four or more years older. (Note, however, that a large percentage of teen mothers do not report information about the age of the father.)

Young men who become unmarried fathers are more likely to have low academic skills, to have dropped out of high school, and to have a history of unemployment. More than half of unwed fathers age 19-26 had to depend on or live with one or both of their parents.

Statistics come from The Center for Health Statistics, Oregon Health Division.

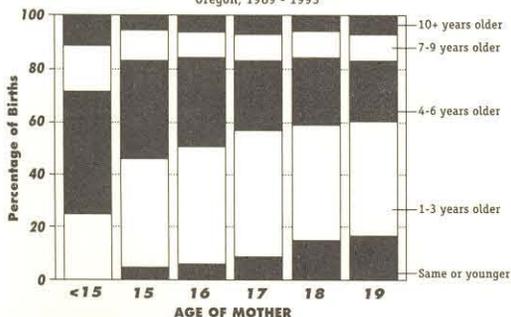
GO TO THE SOURCE

There's one sure way to find out what's in teenage heads today: Ask. They'll tell you how they feel about a lot of things, including sex and teen pregnancy.

In a 1994 survey, then-Governor Barbara Roberts sent a questionnaire to 2,000 teenagers. More than 700 students from 44 schools responded. Here are the more common answers (in some cases, students gave more than one answer per question):

- Q:** What is hard about being a teenager today?
- A:** Peer pressure32%
Stress, general pressures19%
Drugs and alcohol9%
- Q:** How do you think teens should learn about sex?
- A:** Parents68%
School52%
Teachers12%
- Q:** Should we just teach kids to just say no to sex?
- A:** No64%
Yes22%
- Q:** Do alcohol and drugs affect teens getting pregnant?
- A:** Yes83%
No7%
- Q:** Does the media have an effect on teens becoming pregnant?
- A:** Yes64%
No24%
- Q:** Should birth control be available in schools?
- A:** Yes69%
No17%
- Q:** What is the best way to help prevent teen pregnancy?
- A:** Educate on sexuality & birth control ..51%
Make birth control very accessible26%
- Q:** Many sexually active teens don't use birth control. Why?
- A:** Embarrassed to buy, use it29%
Do not want to use it17%
It is too difficult to explain6%
Do not understand how to use it15%
Do not think they will get pregnant...14%
Afraid parents will find out12%

FATHER'S AGE COMPARED TO TEEN MOTHERS
Oregon, 1989 - 1993



WHAT'S BEING DONE

Here's a roundup of programs that are being implemented throughout Oregon and across the country to combat teenage pregnancy.

SO YOU WANT TO BUILD THE PERFECT PROGRAM

Good for you. First thing to do is remember what Earl Wilson said:

"Experience is what enables you to recognize a mistake when you make it again."

Fortunately, a lot of others have already made mistakes that you can learn from. But you can also learn from their successes. For instance, research shows that successful programs concentrate on the same three strategies as necessary to reduce adolescent pregnancy, especially among school-age teens:

1. POSTPONE. Develop and evaluate programs that postpone sexual initiation among boys and girls.

In Oregon, a Postponing Sexual Involvement curriculum is being adapted and implemented in a number of communities, including one through the Roseburg School Based Health Clinic, the Clackamas County YESS program, and a research-based program in Multnomah County and Portland Public Schools.

Ways to use this strategy:

- Implement sexuality and family life education courses for grades K-12 as part of an extensive health education curriculum.
- Develop programs that provide role models to young people to positively influence their behavior.
- Make efforts to influence the media treatment of sexuality.

2. ENHANCE adolescents' life options by encouraging them to establish career goals in addition to parenthood; help

them understand the value of education attainment and employability skills.

The Carrera program is a comprehensive, multifaceted model that helps build self-esteem and enhance a teenager's life options. In Clackamas County, the YESS Coalition is working with other partners to implement a Carrera model program. The Boys and Girls Aid Society of Oregon is also developing a program, to be implemented later in 1995.

Ways to use this strategy:

- Develop, implement, and evaluate life-planning courses in a number of settings.
- Develop, implement, and evaluate programs that improve school performance.
- Develop, implement, and evaluate employment programs.
- Develop, implement, and evaluate programs that provide positive role models for high risk youth.

3. PROTECT. Encourage contraceptive use for teenagers who are sexually active.

Encouraging sexually active teens to use

contraceptives is the strategy proven to be most effective for lowering the rates of teen pregnancy. Over half all high school students are sexually active before they graduate from high school; these are the youth most at risk not only for pregnancy, but also for sexually transmitted diseases and AIDS. While this strategy is controversial, Oregon has recognized its importance and has funded local health departments to increase education, outreach, and services to sexually active youth.

Ways to use this strategy:

- Explore nonmedical models for distribution of the pill.
- Continue public support for adolescent contraceptive services.
- Use a variety of contraceptive service models to reach adolescents, including school-based clinics.
- Include contraceptive education in family life/sexuality education, including methods, their use, and their availability.
- Develop a condom distribution program specifically aimed at young men.
- Encourage school systems to develop and refine comprehensive, integrated school-based service models.
- Promote public education to encourage use of and to dispel myths about the birth control pill.

The strategies outlined here come from the National Research Council, *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing* (National Academy Press, 1987).

WHAT A PARENT CAN DO:

Discuss sexuality, pregnancy, and contraception openly and honestly with your children beginning at an early age. Help them to understand the facts and their responsibilities.

DOES CARRERA OFFER THE BEST CONTRACEPTIVE?

"Youngsters who feel that they have a future rarely become teen parents." When Michael Carrera speaks those words, he's not talking through his hat. As a nationally prominent expert on teenage sexuality and founder of the Adolescent Pregnancy Prevention Program (APPP), he's proven the value of giving kids hope for a positive future.

"Education, employment, and self-esteem are the most powerful contraceptives of all," he says with conviction. And so his program looks beyond sex education to the whole child, offering not just courses in self-improvement and birth control, but support and positive role models.

Carrera is convinced self-esteem can't be taught. "But if we can get kids to stay in school, get good grades, get a job, those things produce self-esteem." The key to success lies not in talk, but in action: providing consistent human resources, caring, support, high expectations, and opportunities for participation.

The results can then speak for themselves. For example, out of 250 teenagers who participated in the APPP in Harlem over the past nine years, only eight girls became pregnant out of wedlock and only two boys are known to have fathered children.

Success like that helps explain why the APPP is being used as a model for programs in many other states, including several in Oregon. Such a holistic approach is not a quick fix. As Carrera points out, the important thing is "to help young people understand their talents and get them on a path where they see the possibility of success."

ARE YOU READY?

The Boys and Girls Aid Society of Oregon has long been a pioneer in the provision of services to pregnant young women. In January 1994, the Society formed a task force of staff, youth, volunteers, and invited guests to pursue a teen

pregnancy prevention initiative based on the Carrera model.

Youth volunteers named the program "Are You Ready?" to embody the concept of "readiness" (for sex, for pregnancy, for parenting, for the consequences of sexual activity), and to imply the choices relevant to adolescent sexual behavior. To urge, in short, a proactive approach to the problem, while incorporating the holistic, esteem-building approach of the Carrera model.

Dr. Carrera has indicated his willingness to collaborate with the Society, and has also discussed the possibility of making the Society a training center for other agencies who wish to replicate his model in the Far West.

For more information, contact:

Anne Stone

Boys and Girls Aid Society of Oregon

018 Boundary Court

Portland, OR 97201

(503) 222-9661

Teens most likely to use birth control regularly or to postpone sexual activity

- have had a comprehensive sexuality education course;
- have adequately discussed sexuality, pregnancy, and birth control with their parents;
- have realistic life options; and/or
- live in a supportive environment that contributes to self-esteem.

POWER TO THE PEOPLE

That mantra of the far-away '60s is even more pertinent today, especially in the fight against such societal ills as teen pregnancy. Governments can do only so much. Parents can do only so much. Schools, churches, and charities can do only so much. Finally, the responsibility comes down to that great force for change, The People.

Maybe it's time to dust off our "I can make a difference" buttons and join a RAPP group.

In this case, RAPP stands for The Reduce Adolescent Pregnancy Project, a network of local community committees developed in 1992 by the Oregon Department of Human Resources.

The RAPP network currently numbers 21 committees, each of which must have wide community endorsement. Others are in formation throughout the state. To date, more than 250 caring citizens have made a five-year commitment to work to reduce teen pregnancy in their communities.

RAPP committees support multiple strategies for adolescent pregnancy prevention. While they select their own area for local emphasis from dozens of effective approaches, they do not work against providing contraceptive services for sexually active teens. The committees coordinate with key local youth-serving agencies by keeping them informed of their initiatives.

A steering committee offers technical assistance in the form of regular monthly information mailings, opportunities to participate in state and regional network conferences, on-site consultation to facilitate community discussion, and assistance in grant writing.

The RAPP network is supported by five agencies of the Oregon Department of Human Resources, the Commission on Children and Families, the Department of Education and the Oregon Chapter of the Family Resource Coalition. Each has lead staff that serve on the State Steering Committee.

For more information on joining or forming a RAPP Committee, contact:

Ruth Russell

Adult & Family Services

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Salem, OR 97310

(503) 945-6083

JUST SAYING

NO

4 ABSTINENCE-BASED PROGRAMS THAT WORK

There are many programs around the country that work to promote sexual abstinence among teenagers. Here are four that concentrate on positive reinforcements and steer clear of scare tactics. They share the goal of postponing sexual intercourse through providing participants with skill-building exercises.

SEXUAL INVOLVEMENT

Grady Memorial Hospital's program uses teen leaders from senior high schools to help eighth graders identify pressures that may lead people into sexual involvement, then provides skill-building exercises that help students resist such pressures.

Data indicate that by the end of the eighth grade, students who did not participate in the program were four times more likely to have had intercourse than participants. By the end of the ninth grade there was still a one-third reduction in the rate of sexual involvement.

Students involved in the program also received lessons on human sexuality, including contraceptive information. Evaluations show that young people who participated in this combined program were more likely to use contraceptives than nonparticipants.

For more information, contact:

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80 Butler Street, SE
Atlanta, GA 30035

REDUCING THE RISK: BUILDING SKILLS TO PREVENT TEEN PREGNANCY

The program emphasizes both abstinence and contraception. Evaluation indicates that significant decreases in unprotected intercourse occurred among students who took the course before they

had become sexually active, either by delaying intercourse or by increasing the use of contraception.

For more information, contact:

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

WILL POWER/WON'T POWER

The program was designed by Girls, Inc. to assist 12- to 14-year-old girls develop skills to resist peer pressure. Program data show that young women who participated were half as likely to have intercourse as nonparticipants, and older teen women who participated in the program component that addressed contraception were more likely to use birth control effectively.

For more information, contact:

Girls, Inc.
30 E. 33rd Street
New York, NY 10016

VALUES AND CHOICES

The program was designed to promote in seventh and eighth graders the values of equality, self-control, promise-keeping, responsibility, respect, honesty, and social justice. Instructors report that 51 percent of participants, upon completing the course, show greater respect for each other, 45 percent display more responsible attitudes toward sex, and 43 percent exhibit greater self-esteem. Abstinence from sexual activity is stressed; unlike fear-based programs, however, it's presented as a decision to be made by the student.

For more information, contact:

Search Institute
122 West Franklin Avenue
Minneapolis, MN 55404

One out of every four
American children currently lives
in conditions of poverty.

Clackamas County Says YESS! to Postponement

In 1994, the YESS Coalition (Youth Empowered and Striving for Success) launched a teen pregnancy prevention project in Clackamas County. Started by a RAPP group, the program was expanded to include other partners and funded by the Clackamas County Commission on Children & Families. Its primary focus is to employ high school teens (age 15-18), who serve as cross-age teachers, mentors, and role models for preteens (age 9-12). The teens help empower the younger children to postpone sexual involvement, avoid substance abuse, and increase their chances of success in life.

The high school teens, called Youth Leaders, work with coordinators to develop outreach materials and presentations for preteens. During the school year, Youth Leaders visit sixth grade classes each week to present a 30-45 minute lesson. Other aspects of the program work toward increasing community awareness, networking, collaboration, and support toward the goal of reducing teen pregnancy.

For more information, contact **Wayne Curry** at (503) 635-9167.

WHAT A COMMUNITY LEADER CAN DO:

Support responsible,
comprehensive sexual-
ity education and ado-
lescent health services
in the community.

Say YESS!

by Jay Soots, YESS Youth Leader

More and more people, parents and students alike, now realize the importance of self-esteem in coping with the scourges of today's society: drugs, alcohol, unwanted teen pregnancy, dropping out of school. A correlation is being drawn between these problems and our image of ourselves.

So a program, the YESS Project, was developed to help preteens deal with these pressures by having high school teens give them weekly presentations on such topics as growing up, self-respect and self-control, attitude, communication, and refusal skills.

As Youth Leaders, we want to help preteens find positive things to say YES to in their lives, as a way to reduce unwanted pregnancy and substance abuse. We've seen that teens reaching out to preteens can have a greater impact on them than adults might have.

Students have confided in us about difficulties in resisting peer pressures to engage in activities that are self-destructive and lead nowhere. These same students have told us how they can refuse now because, as the unofficial YESS motto states, "It's easy to say no when there's a deeper YES burning within" (Stephen Covey's words).

We Youth Leaders are benefiting too. We're developing confidence to speak in front of others. We're learning patience and the importance of being both firm and respectful with the preteens. We also appreciate the relationships we're making with the students we teach and definitely hope we can make a difference in their lives.

YESS!

What Parents Can Do

MOTHER-DAUGHTER CHOICES

The program is designed to strengthen lines of communication between sixth-grade and early-teen girls and their mothers at a very important time in the daughters' lives. Groups of four to eight adult-child pairs meet each week for six weeks in an effort to prepare the girls for the kinds of decisions they'll be making as they move into young adulthood, and to help build their capacities to become economically independent. CHOICES teaches such valuable life skills as goal-planning, problem-solving, decision-making, assertiveness, and responsible behavior.

The American Association of University Women (AAUW) sponsors the Mother-Daughter CHOICES program in a number of Oregon communities, including:

Salem: The AAUW branch provides group facilitators and books for participants and works primarily with the school district to establish groups. The program can be adopted by schools, churches, or other organizations, with mother volunteers functioning as coordinators. A complete and easy to use coordinator's handbook is available. For more information, call **Dixie Kenney** at 581-6024.

Roseburg: The AAUW branch has been offering the Mother-Daughter CHOICES program here for five years. Groups are offered in all grade schools in Roseburg and in outlying areas, in partnership with other women's organizations (Zonta, Altrusa, Business and Professional Women). Two training sessions for group facilitators are offered twice a year. For more information, call **Joy Rich** at 672-3448.

The CHOICES program was developed by The Girls Club of Santa Barbara, who also offers training guides and books. Contact:

Advocacy Press

P.O. Box 236
Santa Barbara, CA 93102
805-962-2728

Teen mothers are more likely to have been sexually abused at some time.

MOTHER-DAUGHTER "LET'S TALK" WORKSHOPS

In Marion County, "Let's Talk" Workshops focus on building communication skills between mothers and their fourth-through sixth-grade daughters. Workshops consist of three 90-minute evening sessions on such growth and development issues as self-esteem and transmitting family beliefs and values. The sessions include group participation and opportunities for mothers and daughters to share their thoughts.

More than 60 mothers and daughters have participated in the workshops during the past year; 96% of the participants reported an increase in communication and 92% reported an increase in knowledge.

The workshops are a cooperative effort of the Marion County Health Department, Marion County Teen Parent Outreach Project, OSU Extension, and the YWCA of Salem.

For more information, contact:

Ellie Goward

Teen Parent Outreach Project,
(503) 399-5517

ABOUT THOSE BIRDS AND BEES...

The thought of teaching their kids about human sexuality can give parents the willies. Now there's help in sight, thanks to a pair of parent handbooks that will give them the skills and knowledge they need to teach this touchy subject at home.

Opening Lines is for use by parents with children in kindergarten through fifth grade; **Transitions** is for those with middle school-age children.

The handbooks are intended to strengthen the partnership between parents and schools, acknowledging that children want to learn about sexuality from both sources. And they stress the critical role parents have in teaching and sharing their values with their children.

The handbooks are being developed by a committee of Salem-Keizer School District staff and parents. For more information, call **Margi Evans** at (503) 362-5250

TEST YOUR TEEN PREGNANCY IQ...THE ANSWERS

Here are the answers to the Teen Pregnancy Test that appears on page one.
Now if only it were this easy to find answers to the teen pregnancy problem itself.

1. TRUE.

In 1990, 74 percent of the fathers of children born to school-age mothers were adults (age 19 or older) at the time of conception. Men over 20 father 2.5 times more births among senior girls than do senior boys and 6 times more births among junior girls than do junior boys.

M. Males, "School-Age Pregnancy: Why Hasn't Prevention Worked?" *Journal of School Health* 63, no. 10 (December 1993): 429-432.

2. FALSE.

The younger the mother, the greater the age gap is likely to be between mother and father. Fathers averaged 45 months older than 16- to 18-year-old girls, 50 months older than 13- to 15-year-old girls, and 118 months older than girls age 12 and under.

M. Males, "School-Age Pregnancy: Why Hasn't Prevention Worked?" *Journal of School Health* 63, no. 10 (December 1993): 429-432.

3. FALSE.

The average ADC family has two children, about the same as in the average non-ADC family. Research shows that higher ADC benefits do not induce women to have more children. In 1991 an ADC family having a second child in the typical state saw its ADC benefit rise by only \$2.27 per day.

CDF Reports, Children's Defense Fund, Washington, D.C. (Mar. 1994): p. 4.

4. TRUE.

The poverty rate for children increased by 26.7 percent in Oregon during the 1980s. Over 50 percent of teen moms receive welfare within one year of their child's birth. Poor teen girls are 5.5 times more likely to become teen mothers than girls not living below the poverty level.

Measuring our Commitment, 1994: Oregon's Kids Count Report (Portland, Oregon: Children First for Oregon, 1994).

5. FALSE.

The World Health Organization examined 19 studies that specifically evaluated the effect of sex education on the reported age of first intercourse and reported levels of sexual activity. None of the studies revealed evidence of sex education leading to earlier or increased activity in young people. Instead, the studies showed that sex education supported the delay of first intercourse and effective use of contraception.

"Sex Ed Leads to Safer Behavior," *Family Life Matters* no. 23 (Fall 1994): 8.

6. TRUE.

Latex condoms are highly effective for pregnancy prevention—when used correctly and consistently. Unlike other contraceptives, they're also highly effective against transmission of sexually transmitted diseases (STDs), including HIV. Most condom breakage is caused by incorrect use. Only 30-60% of men who claim to use condoms actually use them every time they have intercourse.

U.S. Department of Health & Human Services, Public Health Service, Centers for Disease Control and Prevention (CDC). Atlanta, GA, 1993.

7. TRUE.

The cumulative cost of Oregon's teen pregnancies in 1992 was \$76.7 million (see page 2). If Oregon were to reduce the teen pregnancy rate from 17.9 to 8.0 per 1,000, the public cost saving would be \$42 million (in 1992 dollars).

Karen M. Seidel, *Clarifying Oregon's Choices* (Corvallis, Oregon: Oregon State University, 1994): p. 60.

8. FALSE.

Nearly two-thirds (64%) of Oregon teens surveyed feel that the media plays a very influential role in teen pregnancy by promoting sex, sexuality, and unrealistic consequences of sexual relationships.

Sex, Teens & Oregon's Plan: An Action Plan for Teen Pregnancy Prevention (Salem, Oregon: Governor's Office, 1994).

9. FALSE.

Many sexually active teens, especially girls, find little pleasure in their sexual activity and wish they had waited to have sex. A recent phone survey of teens found 62 percent of girls and 48% of boys wish they'd waited to have sex until they were older.

Teens Talk About Sex: Adolescent Sexuality in the 90s, survey of high school students conducted by Roper/Starch April 11-25, 1994 (New York: SIECUS, 1994).

"Early Sex, Then Regrets," *Family Life Matters* published by Network for Family Life Education no. 23 (Fall 1994): 8.

10. TRUE.

➤ A recent National Youth Survey found that of those teens who had first intercourse at 14 years, 27 percent became pregnant within one year. For those who used alcohol and other drugs, the rate was 56 percent.

D. Elliot & B.J. Morse, "Drug Use, Delinquency, and Sexual Activity," (unpublished paper, Behavioral Research Institute, Boulder, Colorado).

➤ Of those youth surveyed and who reported having sexual intercourse during the last three months, 25 percent of males and 14 percent of females reported drinking alcohol or using drugs before the last time they had sexual intercourse.

Oregon Youth Risk Behavior Survey 1993 (Portland, OR: Oregon Health Division, 1994).

OREGON'S DIRTY LITTLE SECRET

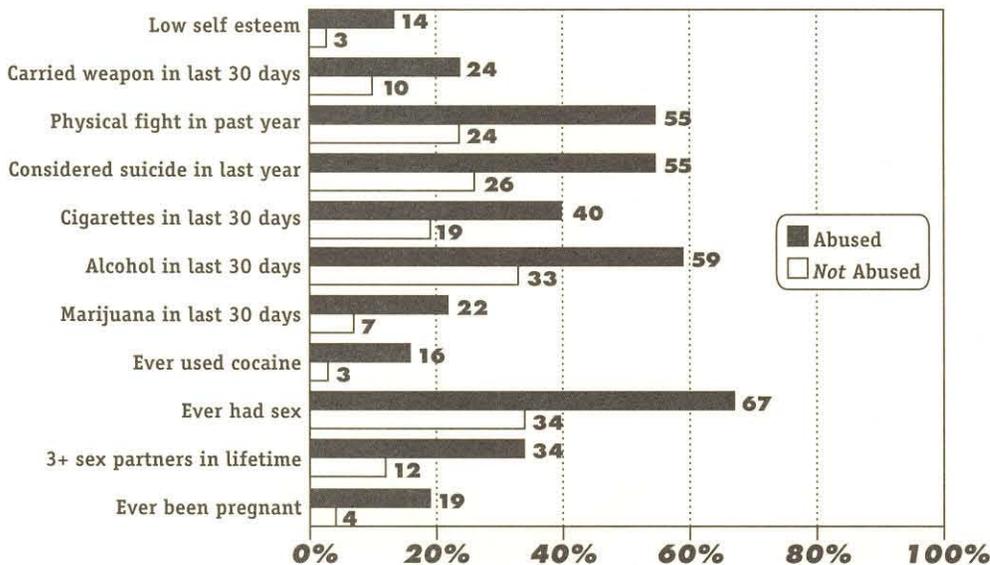
Sexual abuse, like poverty, is a hidden factor strongly associated with teen pregnancy and parenting. In Washington State, a recent study showed that two-thirds of pregnant and parenting teens had been sexually abused.

It's a major problem in Oregon, too. In a 1993 study of high school students, 33 percent of girls and 8 percent of boys reported they had been sexually abused. That translates to as many as 32,000 Oregon high school students having ever been sexually abused, 10,000 having been abused in the past year, and 3,000 in the last week.

Girls who have been sexually abused are more likely to have intercourse at a younger age and to have more partners, and are less likely to use contraception than girls who have not been sexually abused. Abused teens also were more likely to have considered suicide, to have a low self-image, to have used alcohol or marijuana in the last 30 days. They were more likely to have had a physical fight in the past year and to have carried a weapon in the last 30 days. The ability to refuse sex has been taken from these youth.

Clearly, a vital link in preventing teen pregnancy must be the prevention, identification, and treatment of sexual abuse.

BEHAVIORAL COMPARISONS AMONG OREGON HIGH SCHOOL FEMALES Sexually Abused in Past Year vs. Never Abused



A girl bounces through everyday high school streets. She might be you or me or her or any other sunny day smiling girl.

But she isn't.

Shadowed eyes speak of dark surprises young women find walking hand-in-hand with newfound sexuality. What was once considered sacred is exploited under the bright lights of a modern-day society. The ideas of sensuality and innocence falter in the face of uncertainty and turn upon themselves, turning the girl against herself. In all respects she stands before you a woman, in search of a woman's needs and wants. Inner conflict rages as her emotions struggle to catch up with a body and mind that want so much more than little-girl love or lonely-day sex. At every turn she faces violations, pressures, and stereotypes.

The girl sighs and wonders, with a universal worry, who she'll become.

Remember her.

She is YOU or ME or your SISTER, DAUGHTER, NIECE, or FRIEND.

She walks alone with smiles and tears and desires unlike any she's experienced before. She is growing, changing, and making decisions. It's up to all of us to make sure she's given the chance to cherish, not fear, her sexuality.

Everyday Girl
by Danielle Williams
Dayton High School
Second Place Essay

He Was Stern*

The responsibility for reducing teen pregnancy rests with all of us:

- COMMUNITY DEVELOPMENT
- ECONOMIC DEVELOPMENT
- CHILD WELFARE
- SCHOOLS
- FAMILIES
- TEENS
- LEGISLATURE
- LAW ENFORCEMENT
- JUVENILE JUSTICE
- HEALTH CARE PROVIDERS
- NEIGHBORHOODS
- FAITH GROUPS



* The Answers (from page 2)

Teen Sex in the Suburbs

Washington County survey sheds some light on a hot issue

Last fall the Washington County Commission on Children and Families-Teen Pregnancy Task force conducted a survey to see what teens and parents are really thinking about teen sex and sexuality education. The task force contacted 387 teens (ages 14-17) and 466 adults (ages 20-91). Approximately 60% were female and 40% male. Here's what they had to say on a range of issues:

1. What are the attitudes of Washington County residents about adolescent sexual activity, sexuality education, and prevention activities targeting HIV/AIDS and pregnancy?

- ▶ A large majority of respondents believe teen pregnancy is a problem (95% adults; 77% teens).
- ▶ The majority of adults surveyed think youth should receive information on sex starting at ages 9-10, and running through ages 17-18.
- ▶ Nearly all adults (98%) and 83% of teens think teens should be involved in helping reduce teen pregnancy.
- ▶ Comments written on the surveys of both teens and adults indicate a widespread desire to have pregnant teens talk to their peers about what it's "really like to have a baby and raise it."

2. What kinds of teen pregnancy prevention activities will the community support?

- ▶ Adults indicated by a large margin (85%) that schools should have a curriculum on sexuality education. The majority believe it should cover the following issues:
 - * Teach many choices, including abstinence (62%)
 - * Provide information on contraception (68%)
 - * Provide information on HIV/AIDS (78%)
 - * Teach emotional aspects of sex, such as issues surrounding confusion of sex, love, attention, self-esteem, consequences of early parenthood (86%)
 - * Teach biological facts of how a baby is

conceived (87%)

- * Teach life skills, such as "refusal skills" (87%)

- ▶ Adults are split almost in half on whether the curriculum should be mandatory.
- ▶ Nearly all adults (98%) and 78% of the teens want parental/community involvement in the curriculum.
- ▶ The majority of adults think that the responsibility of sexuality education should be with the mother, father, teachers/schools, and doctor.

3. How many Washington County teens are sexually active?

- ▶ About 40% report being sexually active.
- ▶ Most sexually active teens had sexual intercourse the first time between the ages of 14 and 17 (78%). The mean age for first intercourse was 15.
- ▶ Most teens' sexual partners were age 14 to 17 (74%).
- ▶ Number of sexual partners: 1 partner, 49%; 2 partners, 17%; 3 partners, 12%.
- ▶ 91% of teens know a teen who has gotten pregnant or has caused a teen pregnancy.
- ▶ 49% of sexually active teens always use birth control; 19% most of the time; 15% never use birth control.

4. How informed are the teens about pregnancy and HIV/AIDS prevention? Where do they get their information? Is the information consistent with their sexual practices?

- ▶ About half (48%) of sexually active teens recognize there is at least some risk of getting pregnant.
- ▶ All teens, whether sexually active or not, have a good understanding of how HIV/AIDS is transmitted. Only 22% see themselves at any risk of contracting the virus.
- ▶ Sexually active teens were most concerned about pregnancy and disease, rather than parents or peers finding out. Females are more concerned about these points than males.
- ▶ The most common source of information on sex was peers/friends (69% for teens; 63% for adults).

5. Where do teens get contraceptive materials?

- ▶ Most sexually active teens buy their own (59%); 23% get them from health clinics; 21% from friends and peers; 20% from doctors.
- ▶ Most sexually active teens use condoms for birth control (80.5%).
- ▶ When asked if they use birth control, 81% of the teens said Yes, although more males (85%) responded positively than females (78%).
- ▶ Males indicated they were more likely to "always" use birth control (54%) compared to females (49%). This may correspond to the additional response that males believe they are at a low risk of causing a pregnancy (41%) compared to females believing they are at a low risk of getting pregnant (27%).

HERE ARE SOME NUMBERS TO CALL FOR MORE INFORMATION:

Oregon SafeNet. Statewide information, teen pregnancy prevention resources, referrals. 1-800-SAFENET.

Boys & Girls Aid Society Pregnancy Talkline. Pregnancy information, counseling. 1-800-342-6688.

Reduce Adolescent Pregnancy Project (RAPP). (503) 945-6083.

Oregon Health Division, Teen Pregnancy Prevention Program. (503) 731-4021.

Oregon Commission on Children & Families, Teen Pregnancy Prevention. (503) 731-4671.

If we view the broader focus of adolescent pregnancy prevention as societal, what role can be played by the clinician? It is more necessary than ever that medical professionals—including all those who treat adolescents—add new dimensions to their traditional repertoires. Some of these tasks are suggested in the U.S. Preventive Services Task Force guidelines, but many go beyond their scope:

1. Internists, pediatricians, and family practitioners may all have opportunities to build relationships that can, in time, open communication about sexual concerns. If a physician has never promoted individual contact with a growing child, and if the child, therefore, perceives the primary relationship to be between doctor and parents, it is unlikely that at puberty the adolescent will suddenly see the doctor as a confidant.

2. As young patients reach puberty, clinicians are in the best positions to raise issues of sex and sexuality. Even if the groundwork has been laid with the growing child, the clinician should probably not wait until the adolescent provides an opening. It can be assumed that all youngsters at puberty have questions and concerns. When they are met with a caring response, not only their questions are answered, but health-seeking behavior is given legitimacy. (Jane Cox, MD, adolescent medicine specialist for Kaiser Permanente, hastens to add that clinicians should talk to parents about discussing sexuality at the appropriate developmental level, while the child is growing up. Then lines will already be open for questions and the communication of concerns during adolescence.)

3. Sexually active adolescents and those who expect to initiate coitus need more than counseling; they need contraception. Thorough contraceptive education should accompany the prescription. To determine the best method takes time, patience, and a real investment in the counseling process.

COVER STDS TOO

4. Good counseling for the adolescent should also include information on sexually transmitted diseases, how to avoid them,

and how to detect them. It should stress the importance of early pregnancy detection, to facilitate either first-trimester abortion or early entry into optimal prenatal care. Without prompt diagnosis, a young woman's medical risks are higher whichever course of action she selects. Patients with negative pregnancy tests also need serious counseling. Recent research has shown them to be at extremely high risk of conceiving within the year¹

5. Many clinicians are responsible for the administration of adolescent facilities in schools, hospitals, the health department, or the community. Recognizing the importance of counseling, they may have the capacity to recruit persons trained to educate and give guidance. Physicians or nurse practitioners are often under time pressures that preclude their filling the role even if equipped to do so.

What's a Doctor to Do?

by L.D. Zabin, Ph.D.

6. Health professionals who train medical students in family practice and pediatrics, or who train pediatric nurse practitioners are in a position of unique responsibility. It is clear that obstetricians and gynecologists see young patients too late; if 36% of first visits to family planning clinics occur when the patient suspects a pregnancy, we cannot rely solely on reproductive health clinics to offer preventive care. The only clinicians who normally see adolescents in time to help them delay

sexual activity and prevent unwanted pregnancy and sexually transmitted diseases are those who care for them during their pubertal years. Pediatric clinicians need the training to do pelvic exams, diagnose sexually transmitted diseases, discuss bodily and emotional changes, and identify patients who require further guidance and counseling.

PRACTICE GOOD CITIZENSHIP

7. Finally, there is the role of the clinician as citizen. Health professionals can and should speak for adolescents in our communities. Over 85 percent of parents support sex education in the schools, and almost as many believe it must deal directly with contraception. A small minority have made these issues appear more controversial than they are. Sources for contraception are needed for those adolescents without regular sources of health care and for those whose physicians will not give them confidential care. Appropriate sites are required for counseling and referral. In the climate of ambivalence that plagues our society, the voice of a professional who understands adolescent development and the risks to which young people are exposed could be a clear voice for sanity.

¹ L.D. Zabin, M.H. Hirsch, M.R. Emerson, "When Urban Adolescents Choose Abortion: Effects on Education, Psychological, and Subsequent Pregnancy, Family Planning Perspective 21 no. 6 (1989): 248-55.

Dr. Zabin is professor of population dynamics at the Johns Hopkins University School of Hygiene and Public Health. This article was excerpted from "Adolescent Pregnancy: The Clinician's Role in Intervention," Journal of General Internal Medicine, Vol. 5 (1990 Sept/Oct Supplement).

Babies born to teen mothers are more likely to be premature and 39% more likely to have low birthweight. Both are major causes of infant mortality, birth defects, & mental retardation.

I am Sarah Pound. I'm 15 years old and a sophomore in high school. I go to school and have a seven-month-old daughter. My Aunt Cathy takes care of my daughter named Alexandra while I'm at school. It is very hard to take care of a baby and go to school also. People don't realize that though.

I was a freshman while I was pregnant and friends of mine would say that they wanted a baby. I wanted a baby also before I got pregnant, but not at 14 years old. I'm still a kid myself. I had a boyfriend and we had sex. Now I'm paying for my actions. But I'd had sex with a couple of people before I got pregnant, and I never got pregnant.

Then I met Jason and the first time we had sex I got pregnant. He was a senior. He was up to having a baby and so was I. Then on May 23, 1994, I was holding this little baby in my arms. It was so wonderful. Jason and I broke up long before Alexandra was born. I don't have much to do with him anymore.

It's hard to keep up with school work with Alex, but I don't put the blame on her. I love her very much. Having a baby at 15 years old is not all that glamorous. There's tons of teens having babies and putting the responsibility on their parents. I live with my mom, and she supports us. There's lots of medical bills that need to be paid. Jason doesn't pay for anything. I don't live on welfare and I don't want to. Everywhere I go, people assume I am on welfare, just because I am a teen and have a baby.

So teens need to wake up and stop dreaming. I dreamed while I was pregnant that everything would be so wonderful. I knew it was going to be hard, but I never knew this hard. I thought Jason and I would be together forever. After I had a baby I woke up and realized that it's not so fun. It is fun to have a baby around, but I can't go out with my friends. My friends never come over to my house, except one and that is Debbie McQuisten. I sometimes stay at her house and I take Alex. Some of my friends have birthday parties, and I can go with Alex but I can't go out and party.

I just know what it's like from my experience—other people may be different. I have a few friends that have had babies. One gave hers up for adoption, which was a good choice for her situation. The other had a baby boy and she kept him. She started coming to school, but not long afterwards she dropped out. I have a friend in Ohio who had a baby, but she is also in school. I just want teens to realize that it's not that easy having a baby.

I also think schools should be able to teach sex education and hand out condoms if people need it. It's not pushing people to have sex, it's preventing sexually transmitted diseases, pregnancy, and perhaps saving your or someone you know's life.

"I dreamed while I was pregnant that everything would be so wonderful. I knew it was going to be hard, but I never knew this hard."

Teenage Mother
by Sarah Pound
Haines, OR
Third Place Essay

THE RATIONAL ENQUIRER

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