

The Rational Enquirer

May 2004

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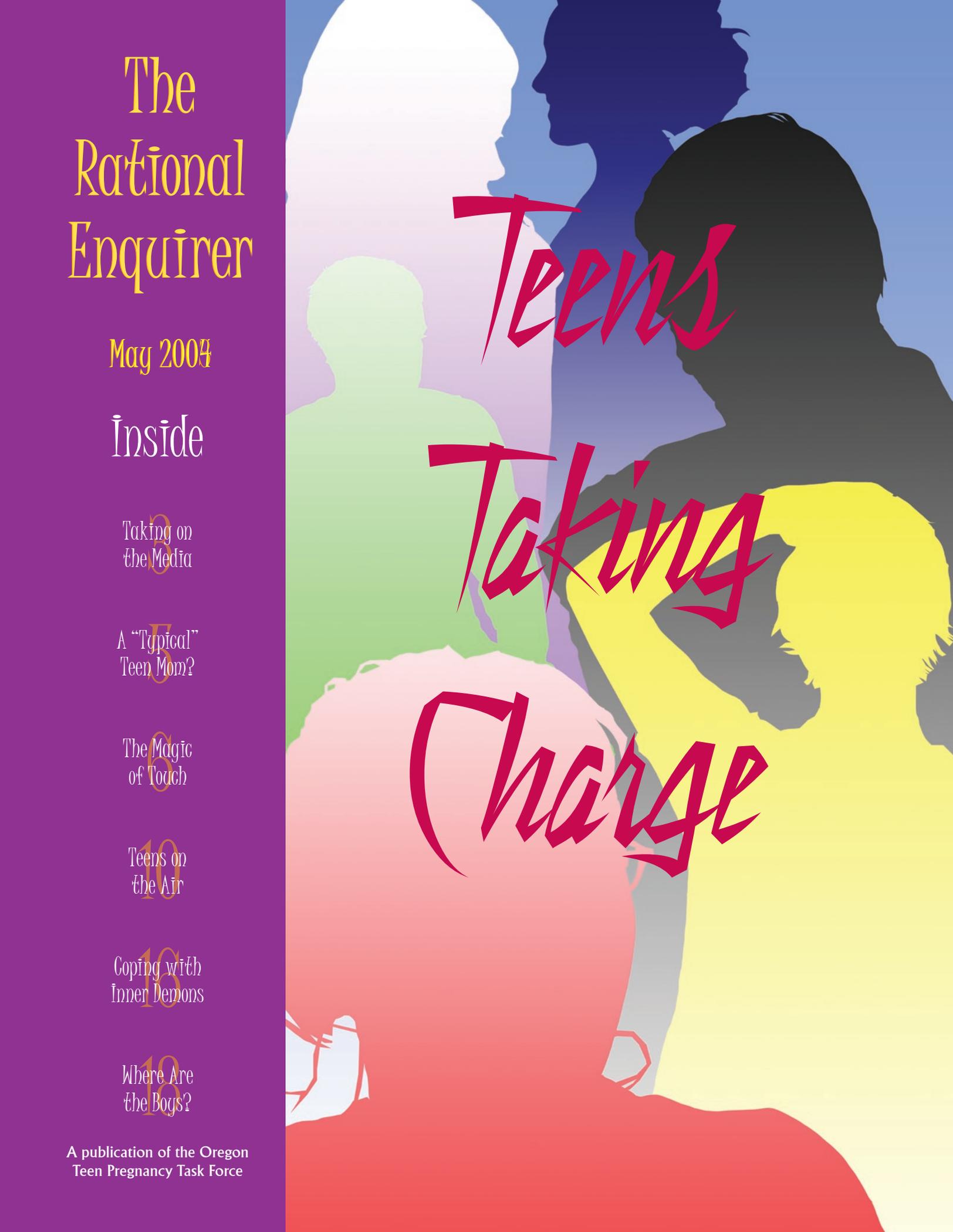
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The Rational Enquirer

A publication of the
Oregon Teen Pregnancy
Task Force

Contributors include:

Laura Baggett
AmeriCorps; Insights Teen Parent Program

Bill Baney
Early Head Start Family Center of Portland

Marsha Brantley
DHS-Health Services

Elizabeth Carroll
Multnomah County Health Department

Jonathan Cueto
Washington County Health Department

Judy Fightmaster
DHS-Health Services

Julie Jacobs
Roosevelt School-Based Health Center

Kim Kelly
Graphic Design; DHS-Health Services

Patti MacRae
OTPTF Chairperson

Jimmy Newman
Cover; Wilson High School Student

Laura Pacewic
Mt. Hood Council of Campfire

Anne Peterson
Multnomah County
Dept. of School and Community Partnership

Chuck Smith
Portland State University

Cindy Sousa
Planned Parenthood Federation
of the Columbia Willamette

George Taylor
Editor

Valerie Wiseman
DHS-Health Services

Sue Ziglinski
Columbia County Teen Pregnancy Prevention
Coalition

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Those of us who work with teens, or teach them, or count them as particularly alien life forms who just happen to be related to us, often reflect back to when we were that age. Probably all of us who now find ourselves at "a certain age" felt things deeply and had passionate views on life and how things should be done. It's in the nature of being young (and middle-aged. And, um, senior, too).

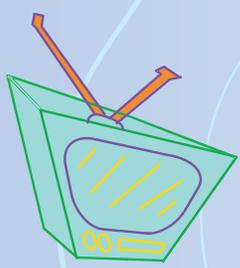
The world was, of course, much smaller then – whenever "then" happens to be. Our circles of influence may have been limited to school, family, and faith community; our media to local radio and a small handful of regulated TV networks.

Today's teens live in a different century, figuratively as well as literally. Their circles of influence spurn walls, international borders, and network watchdogs. They're bombarded with information: the Internet, cable TV, shock radio, cell phones. Growing up in an age of instant interactivity, they have more choices than we did, more temptations, more decisions to make day-to-day.

For teens who are also parents, those decisions increase geometrically. Most deeply love their babies and want to make the best possible life for them. And so they find ways to balance school, work, and caring for and loving their children.

When we get to know young people, we see that they are informed, wise, and, for the most part, sound in judgment. They are also empowered to use their leadership, creativity, and energy to promote positive change within their communities.

This issue of The Rational Enquirer explores some of the ways teens are taking charge to make a difference.



WHAT WE NEED IS A FEW MORE TV CRITICS

By Cindy Sousa

- The average high school graduate spends more time in front of a television than in the classroom.
- The average child watches more than 5,000 hours of television before entering kindergarten — more time than it takes to earn a four-year college degree.
- The average child sees more than 14,000 sexual references on television per year.

What are we to do with these startling statistics? Vanessa Hughes, an independent documentary producer, has a few suggestions, and they all center around media literacy. It's an important subject with her: In 1999, she co-founded the Northwest Media Literacy Center (NMLC), a nonprofit organization for education and advocacy on the issue.

The media, Vanessa says, have become our way of telling stories. A campaign for media literacy can't be an academic movement that just tells people to shut off the TV. It has to be a community-driven effort that gets people to realize what stories we're being told, to ask if they're really true to our lives, and to understand how we're affected, both by the stories and by the ways they're told.

In short, we need to change our passive relationship with the media into an active one based on critical thinking, reflection, and sharing of perceptions. The NMLC considers media literacy an essential life skill that should be taught in all homes and schools. It may be as simple as viewing a program with your child and talking about it afterwards. Or as creative as teaching students how to make a video public service announcement for their school. It can involve critiquing a magazine ad for perfume or cigarettes by discussing the ad's emotional and psychological impact.

Those of us who work with youth can use many of the same tools we use with our own families to help young people recognize their own personal power in relation to media.

Cindy Sousa is Community Education Coordinator for Planned Parenthood of the Columbia/Willamette. Thanks also to Rick Seifert and Vanessa M. Hughes, founding members of the Northwest Media Literacy Center, for their help with this article.

BECOMING MEDIA LITERATE

Media literacy is the ability to critically assess media messages in order to understand their impact on ourselves, our community, our society, and our planet. NMLC offers ways we can help youth gain that ability:

- Critically assess media together. Was the program worth the time you spent watching it? Did anything about it make you feel uncomfortable? How realistic was it? What kinds of people were portrayed? What kinds weren't?
- Ask what values are being taught.
- Count the violent or cruel acts. What kinds of people are committing them? What kinds of people are the victims? Does the program adequately show the suffering from such an act? How much would you suffer if you were a victim of such an act?
- Consider ways of rewriting the script so that violence isn't used to resolve the conflict.
- Count instances of "relationship abuse" and note how or whether they were resolved.
- Critically assess the commercials. How do they make you feel? What do they tell you about the product? Do you think the product will really fulfill the ad's promise? Does the commercial fit the program and its audience?

NMLC offers resources for families and professionals, courses in media literacy, and presentations for groups of all ages and interests. The Web site has links to other online resources. Log on at www.mediathink.org or call (503) 452-7333.

"We need to change our passive relationship with the media into an active one based on critical thinking, reflection, and sharing of perceptions."

Healthy Kids Learn Better

In Oregon, It's Not Just a Fact, It's a Partnership

Everyone benefits when students are successful. Commonly overlooked in the charge for academic improvement are the underpinning needs — the student's emotional, social, and physical well-being. How well can you learn when you come to school hungry, tired, stressed, bullied, depressed, or abused?

While services to address these issues do exist within the school community, there hasn't been a mechanism that enables service providers (nurses, teachers, parents, food service workers, administration) to work together. Now, the Coordinated School Health (CSH) model is just such a systemic, practical approach to achieve that goal.

In Oregon, the Healthy Kids Learn Better (HKLB) Partnership is a statewide effort to help local schools and communities form partnerships and reduce physical, social, and emotional barriers to learning. It begins with a local Healthy Kids Learn Better Team and reaches kids through the eight components of Coordinated School Health (see sidebar).

"How well can you learn when you come to school hungry, tired, stressed, bullied, depressed, or abused?"

The HKLB Partnership is led by specialists from the Oregon Department of Education and the Oregon Department of Human Services – Health Services, in collaboration with other health and education organizations. HKLB is committed to closing the achievement gap through:

- Promoting the connections between health and education and building supportive funding, leadership, and policy.
- Providing technical assistance to local school districts on forming HKLB Teams, assessing their local needs, and developing a coordinated school health approach.
- Training teachers on health and prevention curricula.
- Providing assistance on building comprehensive health education programs that work.

Healthy Kids Learn Better is funded primarily through a cooperative agreement with the Centers for Disease Control and Prevention. In fact, Oregon was recently one of only 18 states to be awarded funds to continue Healthy Kids Learn Better at least through February 2008.



The Eight Components of CSH

A Coordinated School Health Program addresses the health needs of young people through the following eight interdependent components:

1. Comprehensive School Health Education
2. Counseling, Psychological, and Social Services
3. Health Promotion for Staff
4. Nutrition Services and Programs
5. Physical Education
6. Safe & Healthy School Environment
7. School Health Services
8. Youth, Family, & Community Involvement

Coordinated School Health has been in place at many schools across the country with great results. These schools have benefited from:

- Improved student performance and test scores
- Decreased risky behaviors
- Reduced dropout rates
- Less absenteeism
- Less fighting
- Improved rates of physical activity

ñō şuch thing aş typical

By Laura Baggett



People tend to make many assumptions when they see a teen mom — most of them negative, and a lot of them based on stereotypes. This always upsets me, in part because I believe people don't have the right to judge others. But there's another reason, too.

Teen parents come in all shapes and sizes, from all races, ages, and income levels. They all have a different story to tell. I know, because I was a teen mom myself.

It was my sophomore year. I was an honor-roll student, college-bound, active in varsity track. I certainly didn't fit the image of the "typical" teen mom. But here I was, pregnant at 16.

After the initial shock, I worked hard to prove myself worthy to others. Respect is hard to get when you're in high school with a baby on your hip — appearances mean everything at that age. I used all my determination to reach for milestones in my life. That meant graduating high school on schedule in 1999, then going on to community college. I transferred to a state university and graduated in 2003 with a bachelor's degree in psychology. It wasn't easy. I had to work part-time throughout; I relied on scholarships, financial aid, food stamps, and low-income housing. But I did it.

Now, after being helped so much by social services, I'm in a position to give something back. I'm serving my second term with

AmeriCorps, the volunteer agency that provides community support services. My site this year is the Insights Teen Parent Program. I also give classroom presentations to educate teens about birth control options and sexually transmitted infections.

I tell my story not to brag or boast, but to serve as a positive example for teen moms and the general public alike. My point: It's important to get to know the real person before jumping to judgments about who they are. That's something we owe to all teen moms.

Learn More About CSH

Visit the partnership Web site at www.hklb.org. Here's a sample of what you'll find:

- The Coordinated School Health Blueprint for Action, a strategic plan for addressing physical, social, and emotional health needs.
- A toolkit that can serve as a valuable starting point for your own school or district.
- "Making the Connection: Health and Student Achievement," a presentation by the Society of State Directors of Health, Physical Education and Recreation and the Association of State and Territorial Health Officials. (Follow the links at www.hklb.org/toolkit.asp).

"Respect is hard to get when you're in high school with a baby on your hip."

Revealing the Magic of Human Touch

By Shafia M. Monroe

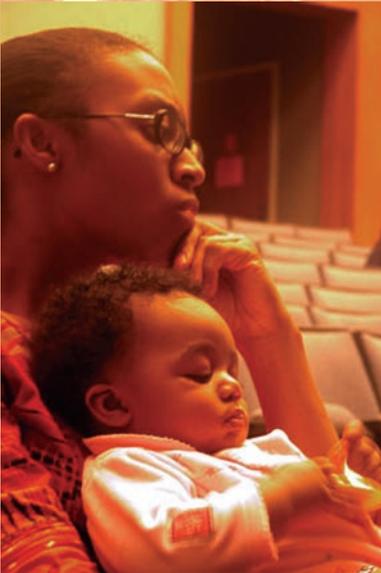


Photo courtesy of L'dia Men-Na'a.

As we follow the advice of the famous African saying, “It takes a village to raise a child,” we should remember that it also takes a village to support and nurture the young parents of that child. One of the most important ways we can do this is by showing them the importance of being close to their children.

We can teach them, for instance, that human touch has a power to promote wellness of the newborn, to enhance the bonding process, to sooth teething discomfort, to relieve colic. The power, even, to benefit the child (and the mother-to-be) from the time of conception.

We can start by showing the wonder of touch at feeding time. Busy parents who depend on bottle feeding often prop the bottle, leaving the infant to feed itself. But when a mother holds her child at feeding time, there’s a vital power in the baby’s look and touch that turns on the feelings and skills necessary for successful mothering. The baby needs to hear its mother’s voice, learn her sleep cycles, recognize her body odors

and facial expressions. This is possible only when the mother is able to hold her baby.

Finding time to eat with teen families is a good way of helping them learn to relax with their babies at mealtime. Mentors who can teach young parents how to organize a schedule that will make time for playing with their children, and still find time for themselves, provide a vital tool that will serve the parents well throughout their lives.

“The ‘magic’ of touch lies in its power to create a strong bond from parent to child and child to parent.”

Stories are a loving way to share knowledge and positive examples with teen families. We can show young parents how to use childhood stories and nursery rhymes to build relationships with their children, at the same time they incorporate healthy touch into their family life.

We can share the wisdom of other cultures. For example, the use of

touch and a soothing voice has a rich history in Africa, where babies are sung to at birth, cuddled on their mother’s back, and nursed up to two years of age. Co-sleeping is a common practice that safeguards the emotional security for infants and toddlers. A baby who can lie next to its mother is able to regulate its own body temperature, metabolic rate, hormone and enzyme levels, heart rate, and breathing. Separation of mothers and newborns is seen as a physical deprivation and an emotional trial and is considered unnatural.

Co-sleeping and SIDS

In order to decrease the risk of sudden infant death syndrome, mothers who smoked during or after pregnancy should not sleep all night in the same bed as their baby until after the baby’s first birthday. This is probably because smoking during pregnancy affects the infant’s brain so that some babies with their face in a pillow do not perceive that they are suffocating. Also, no one should sleep on a sofa with a baby. For more information about infant sleep, see: www.healthoregon.org/ofhs/handbook/sleep.cfm —*Editor*



Sarahn and Terri, midwives at the 7th annual National Black Herstory Conference 2004. Photo courtesy of L'dia Men-Na'a.

New and Improved Teen Pregnancy Prevention Web Site

The Department of Human Services Web site dedicated to teen pregnancy prevention is now better than ever. Our goal is to make this an essential resource for people who work with teens, so we've loaded it with tips, suggestions, and best practices. You'll find plenty of useful data and statistics, links, and downloadable documents, plus sections for teens, parents, and community members.

www.dhs.state.or.us/children/teens/tpp/index.html

A wonderful trend in childbirth is the use of doulas, who focus on "mothering the mother" by providing emotional, physical, and informational support before, during, and after birth. ("Doula" comes from ancient Greek and refers to a woman who helps other women.) Doulas often honor new mothers with massage and supportive conversation, healthy foods and drinks. Among the Ewe tribe in Ghana and Togo, the new mother will learn from her grandmother how to massage her baby, which she will then continue to do daily. This loving care by a doula or an elder serves an important role by giving the mother time to bond with her baby and helping the young family learn how to nurture and love their child.

The "science" of touch says that the human energy system correlates to the wellbeing of an individual. When this system responds to a therapeutic intervention such touch, the mind, body, and emotions are affected. This can create balance and relaxation, thereby optimizing the self-healing process.

The "magic" of touch lies in its power to create a strong bond from parent to child and child to parent. As mentors and models, we must help teen parents discover this magic for themselves.

Shafia M. Monroe is the CEO of the International Center for Traditional Childbearing, a health promotion and midwife training organization; www.blackmidwives.org.



Direcciones Ahora en Español

Directions: A Service Providers Guidebook is now available in a Spanish-language version. As you probably know, this comprehensive manual is designed to assist adolescent parents in making healthy choices and preventing unprepared pregnancy. It's been thoroughly adapted to make it culturally specific and sensitive towards Spanish-speaking populations. The translation project was sponsored by the Department of Human Services in partnership with the Oregon Teen Pregnancy Task Force, Insights Teen Parent Program, Multnomah County Health Department, and experts from the community.

To Order: There's no cost for the publication, which can be sent as an e-mail attachment or mailed to you on diskette. (To open and print the document, you'll need Adobe Acrobat, which can be downloaded free from the Web.) For your copy, e-mail John Gilleland at Insights Teen Parent Program: johng@insightstpp.org

Earth to the Media:

“Get Real”

By Lorraine M. Anderson



What would be your definition of sexy? A supermodel in a bikini strutting on the beach with her blonde hair glistening in the sun? For nine people out of 10, it is.

Every time I open a magazine, I feel fatter, uglier, and downright degraded. Why would someone let a book of beautiful people and articles talking about acne, weight loss, and the best styles get to them? It may be because they're unhappy and insecure with themselves and they are vulnerable. I am one of those people.

Ever since I could remember, I always thought I was fat and ugly. I shut people out and hated myself for it. Therefore, I chose to have sex with someone who did not meet up to great expectations, drank, and was irresponsible. We did not use protection or contraceptives, and I got pregnant. Let me tell you, it is not every 16-year-old girl's dream.

I have accepted my duty as a mother and am anxious for the birth of my child yet to come. Life's a gift, and I don't intend on wasting it. I have those days when it just seems impossible. But I tell myself today is just today. It's not yesterday. It's not tomorrow. It's today.

For me to call myself an individual would be incorrect if I based my everyday life on another's opinion, such as the media. My dream is not to be a supermodel strutting on the beach but to be an inspiration to those just like myself. To stand up in front of thousands of people and not be ashamed of who I am or what I look like. I want to capture someone's heart and let them know that they are not alone.

Overall, I hope that I have proven a valuable point. Don't let our media influence you or make you have low self-esteem. Don't be what everyone else expects you to be. Be who you are, and you will get somewhere in life. For those who may be in my situation now or later, you will survive and live on to fight another day. If I can do it, so can you!

Lorraine M. Anderson is 17 years old and lives in La Puente, CA. This article was adapted from the SIECUS Report and reprinted with permission.

Life in the Fast Lane

By LeeNagi Powers

I'm scared about my role as a father. It's hard to think. I have nightmares of something going wrong. "Responsibility" is always on my mind. If you want to know what life is like for a teenage father, just walk in my shoes for a day...

It's early morning. A school day. You squeeze in a shower and get dressed before your son wakes up. Then it's his turn: Get him up, dress him, feed him, and pack his bag for the day. Take some kind of transportation to daycare and leave him with someone you barely know. You're in a hurry, so you trust her and rush off to school. Your mind is circling. At lunchtime, you go see your child instead of meeting friends. You feed him and play games with him while you eat. He's OK, so you head back to school.

After school, you pick up your child and go home. The house is a mess because your child had a good time this morning. You do a fast clean-up before heading to work. If your parents are home, you ask if they can baby sit. You're in luck, they can. At break, you call from work to make sure he's all right. Then back to earning money.

After work, you pick up your son, thank your parents, and ask if they can do it again tomorrow. At home, you make dinner for two, let him play awhile, and then put him to bed. When he's asleep, you start your homework. Two hours later, you're sleepy, so you watch TV to help you wake up. Watching David Letterman in an empty room, you wonder, "How did this start?"

Next morning, you're still on the couch and the TV is still on. Today looks pretty much like yesterday...

Now tell me, do you want to be a parent at your age? I didn't, but it happened and I'm not going to run from my son or my responsibility. So here's the word from one teenage father, "Think smart."

LeeNagi Powers plans to seek employment after he graduates from Job Corps with his high school diploma in May 2004. He is very excited about being a published writer. His son, Leemikell Powers, is now 2 years old.

No Appointment Necessary

Online Health Care for Teens

By Erik Vidstrand



tobacco, and junk food consumption. The site shows how these issues affect behavior and offers tools and skills that can help lead to healthier lifestyles.

Features include interactive games, quizzes, personal health assessments, and services provided by Multnomah

and treatment of acute or chronic illness, immunizations, health education counseling, and wellness promotion.

In these days of budget cuts that have reduced programs and resources, the site is valuable for going beyond the computer screen to embrace the teen's life. It addresses issues relevant to teens, their families and friends; their schools, organizations, and

communities, showing how each influences them on their path to adulthood.

www.ehealth4teens.org is a culturally competent Web site that focuses on the needs of teens who are most vulnerable to addiction and disease.

EH4T evolved over three years through a collaboration of many

First there was e-mail, then e-commerce; now there's e-health. Teens by the millions are logging on for advice about acne, dating, sex, and a whole range of other issues. The array of e-health choices out there can be downright e-confusing.

Clearly, what's needed is another Web site — one expressly designed to help teens cut through the confusion and find resources and information they can trust.

Enter www.ehealth4teens.org — EH4T for short. Scheduled for an April launch by Multnomah County Health Department, EH4T is a culturally competent site that focuses on the needs of teens who are most vulnerable to addiction and disease. Many of them live in families prone to violence and plagued by higher rates of alcohol,

County Health Department school-based health centers.

Also included is information on health insurance, school and community events, and no-cost recreational activities. Links lead to other teen health topics, such as tobacco, drug, alcohol, nutrition, fitness, violence, and safety education.

Teens without computers can access the site at kiosks at many Portland-area high school-based health centers. Color printers there can be used to print out resource information and fact sheets, many of which are available in Spanish, Russian, Chinese, and Vietnamese. One hope is that the site will draw more clients to the centers, which offer physical exams, diagnosis

partners, including culturally diverse teens, health care workers, educators, artists, computer techs, and bureaucrats. It was made possible by a grant from the U.S. Department of Commerce Technology Opportunities Program. For more information, contact the Multnomah County Health Department School-Based Health Center at (503) 988-4424, ext. 28805.

Erik Vidstrand, MPH, is an e-health educator with Multnomah County Health Department School-Based Health Center Program.



In Wasco County, Radio Is Rated “T” for Teen

In February 1996, heavy rains and melting snowpack surged out of the Cascades, swelling every Northwest Oregon river to flood stage and beyond. But even natural disasters can lead to positive results. In Wasco County, the flood led to *All Teen Radio*, a positive force for communication and knowledge throughout the community.

How Teens Take Charge in Wasco County

Wasco County Youth Action Council is made up of a diverse group of youth from across the county that works “to mobilize community and youth efforts for cultural competency, reduction of drug and alcohol use, teen pregnancy prevention, alternative learning opportunities, and positive youth activities and recognition, through strategies designed, coordinated, and implemented by youth.” The members make fiscal decisions, leverage funding, manage projects, and serve as advisors to the community on youth issues.

Funding comes from Oregon Together dollars for drug and alcohol prevention, received through the Wasco County Commission on Children and Families. As part of its efforts to involve youth in the decision-making process, the commission also reserves two full membership slots for young people.

Submitted by Youth Action Council of the Wasco County Commission on Children and Families

All Teen Radio seeks to provide a positive voice for teens in the Mid-Columbia area that community leaders will listen to.

It began when the county’s Youth Action Council (YAC) created and produced a radio call-in program to recognize youths’ efforts during the flood. “Teens Taking Time to Thank” proved so successful that YAC collaborated with Q104.5 FM in The Dalles to create a radio program managed totally by youth.

All Teen Radio seeks to provide a positive voice for teens in the Mid-Columbia area that community leaders will listen to. It connects with youth by using roving teen reporters who conduct interviews at schools, community events, and gathering places; opinion polls; call-ins on various topics; studio audience participation; and DJ-training efforts. The issues it addresses cover the map, from heavy (teen parenting, drug and alcohol use, suicide, racism, relationships, respect) to light (reviews, teen bands, what to do in Wasco County.)

Each year, *All Teen Radio* and YAC organize a contest that calls for 10- to 18-year-olds to create radio public service announcements promoting awareness of such issues as drugs and alcohol use, teen pregnancy, diversity, violence prevention, and teen suicide.

All Teen Radio has directly involved more than 100 teens, some of whom have made career decisions because of their experience on the show. Its success has led to other efforts, including a teen page in the newspaper and *Walking a Good Path; Guiding Youth Through Adulthood*, a radio program created through the Wasco County Prevention Coalition.



“Do You Cry?”

Kids Unlock the Secrets of Men in Social Services

By Bill Baney and Chuck Smith

Twenty years ago, it was not uncommon for a man studying in a social services program to be the only male in a class of 40 students. The numbers may be closer now, but men are still grossly underrepresented in the field. Which, of course, affects the scope of services offered, how resources are designed, and how they're viewed by men in the community. Greater male representation would certainly have a positive impact on men, women, and children alike.

So how do we get closer to gender parity? In Portland, a handful of professionals took action by founding Mensnet of Portland, a collection of care providers, area leaders, and individuals who wish to affirm, support, and encourage men working in the social services, health care, and community support professions.

In a recent pilot project, Mensnet formed the Men At Work panel, in which students from Portsmouth Middle School in North Portland met with men working in education, health care, child development, and social services. The objective was to encourage both boys and girls to explore careers in fields that are typically staffed by women.

More than 40 men eagerly stepped forward to serve as volunteer panelists, meeting with three classes of sixth-, seventh-, and eighth-grade students. In hour-long discussions that were candid, humorous, and lively, the men offered insights on why they chose

their field, obstacles they faced, and what keeps them motivated. Students peppered them with questions: “What do you like to do when you're not working?” “Do you cry?” “How does it feel to work with so many women?” “Do you make any money?” “What did your family think about your career decision?”

The panel presented a rare opportunity for students to talk with men about serious issues like stereotypes, gender roles, parental expectations, cultural norms, and how these factors impact career choices. A before-and-after survey completed by the students and teachers provided a wealth of useful information on the effectiveness of the panel and insights on how to proceed. Plans are now underway to convene panels in other areas of Portland.

For more information on the panels and Mensnet of Portland, please contact Bill Baney at (503) 236-9389.

Bill Baney, the male involvement specialist at Early Head Start Family Center of Portland, has worked with children and families as a teacher, therapist, administrator, consultant and social worker for 20 years. He is married and the proud dad to two girls, ages 6 and 3.

Charles Smith, a trainer and consultant for Head Start programs and community service agencies with the Early Childhood Training Center at Portland State University, has worked with families and children for 22 years. He is the father of three children, ages 13, 12, and 2.

TEEN THEATER TAKES ITS SHOW ON THE ROAD

By Maggie Sullivan



Something magical happens when audiences see moments of embarrassment, lessons from the heart, and celebrations of triumph over adversity played out on stage by teenagers. In Southern Oregon, that magic has been happening for 16 years, conjured up by Planned Parenthood of Southwestern Oregon's Teen Theater.

"It was exactly like my life, and I thought I was the only one who felt this way."
—High school student

The company performs original theater pieces that feature young people struggling with the pressures and decisions facing adolescents today. Its messages are rooted in positive self-image, taking care of oneself, healthy attitudes towards sexuality, respecting others, and healthy decision-making. Through the

"There was a kind of positive buzz around the school with the confidence the girls gained from the message."
—High school principal

magic of theater, audiences are inspired to voice their own concerns, fears, and opinions.

It's the kind of magic that calls out to be shared with audiences outside the theater's Rogue Valley base. Now, thanks to a grant from the E.C. Brown Foundation based at the University of Oregon, the company is better able to do just that.

The E.C. Brown Touring Fund will subsidize travel and lodging expenses, making it more affordable for communities, schools, and youth groups to bring in the theater's striking blend of outrageous humor and heartfelt, true-to-life stories.

Booking the Theater

Teen Theater offers two special shows:

- *Ophelia Rising*, about growing up female, usually performed for all-girl audiences.
- *All the King's Men*, about growing up male, usually performed for all-male audiences.

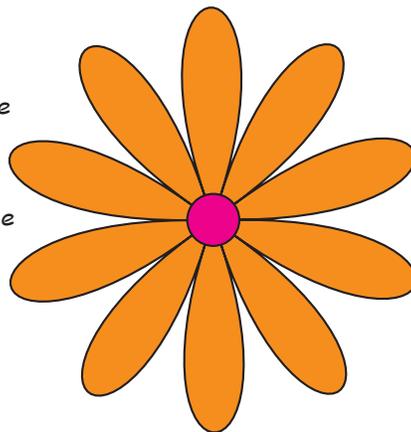
The company combines scenes into performances appropriate for middle school, high school, community, and adult groups. They typically run 45 minutes with a short question-and-answer session following.

For information, or to book a performance, contact Maggie Sullivan, Administrator, at (541) 770-3331, ext. 10, or e-mail maggie@pphssso.org. Or log on to www.pphssso.org/education/teentheater.htm.

Teen Mother

By Erin Judkins

As they watch me walk by
With my son in my arms
They glare, insult, and fail to see the whole picture
They don't see the dedication I have
Towards raising my boy
And making sure he knows just how much he's loved
They don't see the sacrifices I've gladly made
To be the best mother I can
And make a good life for us
They aren't there for every scraped knee
Every tear shed
Or anytime my son needs a hug...
I am.
They don't see the unconditional love I have inside
For my son and the person he's made me
They don't see how parties and a weekend out
Have turned into trips to the park
Baby feet kisses
And bedtime stories
They don't see how school dances and the carefree
days of my youth
Have turned into watching cartoons on a cloudy day
And knowing the constant worry that being a mother
brings
They don't see the quiet times
The cuddly times
Early in the morning
When I sing "Good Morning to You" softly in his ear
They don't know how now
I see the world through a mother's eyes
Every day I see something new
Something beautiful that I was unaware of before
They don't see that I'm just fifteen years old
But the day I decided to become a mother
Was the day I stopped being a child myself to raise
another human being
To love him so deeply, so selflessly
They don't see how my son coming into my life
Has changed me into a better person
A happier person
Happier than I've ever been
It's sad...they fail to see the whole picture.
Still, I am ridiculed and judged
Why?
Because I'm a teen mother
It's sad...they fail to see me.



GIRLMOM
DOT COM

Here's a Web site designed and moderated BY and FOR young mothers. GirlMom.com is a politically progressive Web site that speaks out boldly to support young mothers of all backgrounds in their struggles for reproductive freedom and social support. Log on at www.girlMom.com.

Erin Judkins recently graduated from Clackamas Community College with an associates degree in business administration. Her son is now 6 years old.

Oregon Girls Find a Powerful Voice:



Their Own

Advocacy: The coalition maintains advisory seats in state and local agencies to make sure girls' issues are heard. The Advocacy Committee connects coalition members and girls face-to-face with Oregon legislators, helping the lawmakers put a personal face on the challenges and helping the girls discover the power of their own voices.

Education: The coalition's efforts to identify unmet needs and raise awareness include surveys and bimonthly meetings featuring effective programs. It publishes a quarterly newsletter with production help from young women and has organized two summit conferences bringing together agencies, providers, and national experts on gender-specific issues.

Outreach: The Partnership and Networking Committee is developing an "Advocacy Tool Kit for Girls" to help them use their own voices to create social change. The coalition also builds statewide partnerships with organizations that can create effective local networks.

For more information, contact Pam Patton at (503) 233-4356 or ppatton@morrisoncenter.org.

Just one state in the nation has a law requiring state agencies serving children under 18 to ensure that all girls have equal access to appropriate gender-specific services. The state is Oregon.

We have that distinction thanks to the work of one of our state's many dedicated nonprofit agencies. In 1993, the Coalition of Advocates for Equal Access for Girls, through the leadership of then-Representative Kate Brown, sponsored and helped pass Oregon's Equal Access for Girls law.

The coalition was founded in 1992 as a grassroots movement committed "to ensure that girls receive equal access to all of the appropriate gender-specific support and services they need to help them develop to their full potential." It uses a three-pronged approach in its work to create social conditions that will give young women opportunities to fulfill the promise of their unique strengths and abilities:

What the Media Don't Tell You About "Felony Flats"

By Louise Peterson

Brentwood Darlington has the usual array of stores, parks, and schools. In many ways, it's a typical Southeast Portland neighborhood. If you listen to the media, though, you're likely to hear it called "Felony Flats," a wasteland of unpaved roads and trailer parks where drunken men beat puppies. But nicknames and socioeconomic standings don't tell the whole story about a neighborhood, and Brentwood Darlington is a prime example.

The nickname "Felony Flats" was coined to refer to the large number of people on parole who live here. The Lents-Brentwood Darlington area has long been associated with images of "white trash," like trailer parks, mullets, illiteracy, and cheap beer. I must admit that no one pulled that picture out of thin air. This is a fairly low-income neighborhood, with four times the number of trailers as the average for Portland.

The media tend to focus on things like that. People who know a place only by what they hear or see in the media need to remember they're not seeing the complete picture. I happen to live in Brentwood Darlington, and this is what I see: an incredibly strong neighborhood, where caring and decent human beings are striving to build a safer community and a better life.

One example is the Neighborhood Pride Team. Started in

1993 by a few vigilant community members, NPT now has over 200 active members and many supporters. Under the motto "Each one teach one," NPT provides programs to help community members live productive lives, such as a computer skills center that offers beginning and continuing classes. Another NPT program is Trillium Artisans, in which community members create artworks from recycled products, which are then offered for sale in a small store in the community.

"What I see is an incredibly strong neighborhood, where caring and decent human beings are striving to build a safer community and a better life."

There's also the Lents Community Market at 92nd and Foster, which offers vendor space to members of the community. During the summer, you can find organic fruits and vegetables, crafts, plants, and many kinds of delicious foods from a variety of cultures.



A lot of other things are stirring here, too. The Mt. Scott Community Center offers an indoor swimming pool and a variety of programs, including self-defense, dog training, roller hockey, and Red Cross baby sitting classes. The Brentwood Darlington Community Center that opened in 1996 is another great resource. And ROSE CDC works to offer affordable housing in outer Southeast Portland.

This is not to say that all is well in Brentwood Darlington. The poverty rate is higher than the rest of Portland, and the median property value is \$30,000 lower. The unemployment rate is high (like the rest of Oregon) and the high school completion rate is low. Still, solid community-building efforts over the past 15 years have given our community many things to be proud of.

My point is that it's important to look behind the media reports and rumors and nicknames before you judge a community. If you talk to people who live every day in a neighborhood like Brentwood Darlington, you'll find a resourceful community with the

willpower and the imagination and the skills to overcome almost anything.

Louise Peterson is 14 years old and a freshman at Cleveland High School.

Battling Mental Anguish and Prejudice

By Irene Brantley

Everyone suffers from some mental anguish, but some people suffer a lot more than others. I am one of these people. Since the age of 17, I've become more and more desperate to escape my own thoughts, desperate enough to want to kill myself. I have thought of many ways to do it — slash my wrists, run in front of a car, hang myself with a sheet, overdose on pills. But I've never attempted even one of these ideas, for one reason: my mom. I'd go through any amount of pain to prevent her from having any. I'm just lucky we love each other so much.

Unless you've felt this way yourself, you're probably wondering what could possibly make this girl want to kill herself. The truth is, there's no simple answer. I just know that when I was 17, I started crying all the time at school. I couldn't concentrate, almost as if my brain had shut down. I ended up in the hospital and was diagnosed with severe depression. When I went back another time, they told me I had obsessive-compulsive disorder. I looked OCD up on the Internet, and it made sense.

What really shocked me, though, was finally getting an explanation for why I couldn't stop pulling out my hair. The name for that is trichotillomania; I learned that some people with OCD are also compulsive hair-pullers. I remembered sitting on the stairs when I was about 7, pulling and crying, afraid I was going to make myself bald.

I was also diagnosed with borderline personality disorder, but most recently I've had manic-depressive (bipolar) symptoms, which I control with lithium.

The really sad part is that I have to be careful who I tell about all I've been through. When people find out I have a mental disorder, many of them automatically think that makes me a violent person. Maybe even a stalker or murderer. Even people that I'd thought were friends, when they found out about my OCD and borderline condition, they looked at me as if I were the Elephant Man. And they never called again.

Which is really sad for them, because they're missing out on being friends with one of the sweetest persons they've ever met. That, at least, is what they told me before they found out I'm unique and stopped talking to me. (Hello, people, I'm not the one who changed!)

Part of the problem, I believe, is the stereotype of the mentally ill that people get from movies and from stories they've heard. But the fact is, I'm just a normal person like everyone else. And like everyone else, I have dreams of a successful career. I want to fall in love, and I want to be a mother one day. I want to have great friends, too, but people have to get past their prejudices to see the real me. I'm no freak. I don't look any different than anyone else. I'm not violent.

But I am going to struggle the rest of my life with mental illness, the same as a diabetic struggles with diabetes. His pain is in his body; mine is in my head with my thoughts. Neither of us can help the way we are. We just try to survive living in this scary world and hope for a little love and understanding.

Irene Brantley is 22 years old and pursuing her career as a professional vocalist. She plans to attend college in the future.

I've read that 30 percent of the homeless population is mentally ill. Maybe nobody makes a move to help them because they believe they're dangerous. Thinking of them reminds me how lucky I am to have a home and parents who love me, and that I got through my toughest times without getting pregnant.

When I was 19 and fresh from one of my hospital stays, I was introduced to my boyfriend. We were together for three years and talked a lot about marriage and babies. I was taking some pretty heavy medications then and wasn't in my right mind. Luckily, my mom made sure I was on birth control the whole time.

Almost everybody I knew seemed to be getting pregnant and having babies, even though they weren't married and had no money, no home, no job. I knew why, too. Part of it is they felt they weren't loved by their parents, and having a baby was their way to get unconditional love from another human being. I understand them, and could have been like them. But I waited, and I'm very glad I did. —I.B

"I'm just a normal person like everyone else. And like everyone else, I have dreams of a successful career. I want to fall in love, and I want to be a mother one day."

Outnumbered

By Caitlin Crane

I am eighteen years old today.

My son is sweet heaven,
ethereal air.

I breathe him in,
and am solidified.

I am eighteen years old today.

I hold him like a wounded bird,
close to my heart.

Outside this hospital window I can
see the whole world waiting for me,
waiting to punish me.

To show me a bed I never made,
and make me
lie down.

I am eighteen years old today.



*Caitlin Crane is entering her junior year at PSU, where she majors in child and family studies. Her poetry was recently featured in *You Don't Look Old Enough to be a Mother*, an anthology of essays on the experience of being a young mom. Her year-old son Malakai arrived on Caitlin's 18th birthday.*

The Nation's Voice on Mental Illness

If you would like to know more about mental illness, visit the NAMI Web site at www.nami.org. NAMI is a nonprofit, grassroots support and advocacy organization that works to eliminate stigma by educating people about severe and persistent mental illnesses, and to achieve equitable services and treatment for more than 15 million Americans and their families.

For additional copies of this issue, call (503) 731-4021, or download a copy at: www.healthoregon.org/ah/re

Where Are the Boys?

By Wayne Pawlowzski, ACSW, LICSW

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

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

On the one hand, our increased level of interest certainly reflects a desire to better understand men and "maleness" so we can communicate more effectively with boys and create better programs for them. But there are also, I think, unstated issues based less on our concern for males as people who may have needs/issues with which we might help, than on a perception that boys and men are irresponsible and therefore the cause of many social problems. We are interested in the guys so we can fix them, change their behavior into something more to our liking. Of course, teen pregnancy workers want to change female behavior, too, but the dynamics of working with males are often overlooked. Males can certainly sense this current beneath the surface, recognizing that our interest

lies less in helping them than in controlling them, and that the services we offer do not address their issues. Part of the problem rests in our feelings and attitudes. In my experience working with clinic staff and educators, professionals in our field often feel that maleness and male culture are inherently flawed and need to be changed or controlled. Instead

"The lack of male world-view makes boys feel that our programs are irrelevant, negative, unrealistic, and out-of-touch."

of seeing maleness as something that perhaps needs to be nurtured better than in the past, we see it as problematic and threatening.

These feelings are supported in part by the fact that most reproductive health services (and social services in general) have grown up to serve women more than men. They are largely staffed by women, and they are often needed because of what men have done to women. While most staff and educators do not openly express male hostility, it nevertheless exists. It contributes to a "we can't do anything about them" attitude on the one side, and to a sense that staff and educators cannot understand what men really want/need on the other side.

One unfortunate result is a certain defensiveness that arises when talking sympathetically about male concerns. For instance, when discussing real problems men have with condom use (loss of feeling, loss of erection, difficulty ejaculating, sticky hands, etc.), staff and educators often undermine the effect of their concern by comparing the male's difficulties with those women have when using contraceptive methods. Similarly, staff and educators will acknowledge the disadvantages/struggles boys have growing up, but then follow with reasons why girls have it worse. Rather than sympathetically relating to the problems of boys/men and working to find ways to alleviate/solve them, we seem compelled to compare male issues to female issues, or, worse, to minimize male concerns into unimportance.

Understandably, the lack of male world-view makes boys feel that our programs are irrelevant, negative, unrealistic, and out-of-touch. We want to talk about taking responsibility for contraception and pregnancy; boys want to talk about "doing it." We seldom talk about masturbation; most boys are wondering if it's normal and if they're doing it right. We want to talk about delayed first intercourse; boys want to dump their virginity as quickly as possible. We seldom talk in depth about homosexuality, although many boys are terrified that they might be homosexuals or labeled as one. We want to talk about how to prevent older guys from hanging out with younger girls. We don't ask what happened

to those older guys growing up to make them crave a much younger partner. We want to talk about resisting peer pressure without taking a hard look at how it really works, how boys experience it, and what resisting it would mean to them.

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

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

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

I believe the most important thing we can do is train our female staff to work with males in the same way that we must train our male staff to work with females. Each communicates in unique ways, and each has issues and needs that differ from the other. We should approach gender in the same way we approach culture. Neither gender is better than the other, and they both need to be respected and understood. This can only come from training and experience.

By the same token, males also need training in this work. Being of a culture does not make one knowledgeable about that culture,



nor does it make one an effective communicator with others of that culture.

Third, we must take a hard look at ourselves as sexuality educators and professionals in reproductive health. We must examine our biases, blinders, agendas, and assumptions. We must ask difficult questions: Why are we now so interested in the boys? Is it merely because foundations or government agencies are funding programs for males this year? What do we really want and/or expect from males when we say we want them to be more involved and more responsible?

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

Wayne Pawlowski is Director of Training for Planned Parenthood Federation of America – www.plannedparenthood.org. This article appeared in the 2000 Rational Enquirer. Reprinted with permission from Planned Parenthood Federation of America

June 11: Welcoming the Boys (and Pawlowski, too)

Mark your calendars for Friday, June 11, when the Oregon Teen Pregnancy Task Force will present a day-long work session, *In Their Own Right: Welcoming and Engaging Young Men*. Keynote speaker is Wayne Pawlowski, who will challenge attendees to seek new approaches to the issues he raises in this article. A morning plenary session will be followed by an afternoon devoted to developing strategies and action steps. The session will be held at Willamette Valley Vineyards conference center near Salem. Tentative cost is \$45, which includes lunch. For more information, contact ttucker@insigtstpp.org

The Dating Bill of Rights

I Have the Right:

- To trust myself and my instincts.
- To refuse a date.
- To ask for a date.
- To suggest things to do.
- To refuse to do something, even if my date is excited about doing it.
- To be respected as a person.
- To have my limits respected.
- To disagree.
- To be listened to.
- To say "no."
- To be cared about.
- To refuse touching.
- To refuse sex with anyone, even after a date that cost a lot.
- To refuse sex any time.
- To stop dating someone who puts me down in public or private.
- To not be hit or slapped.
- To break up with someone who hurts me, even if I love them.
- To break up with someone who hurts me, even if they love me.
- To break up with someone who makes me feel bad.
- To ask for help if I need it.

I Have the Responsibility:

- To set my sexual limits.
- To discuss my limits with my partner.
- To respect other people's sexual limits.
- To speak clearly and be honest.
- To take care of myself.
- To ask for help if I need it.
- To stay away from situations that might not be safe.
- To listen to other people.
- To care about other people.
- Not to expect sex after I spend a lot of money on a date.
- To never humiliate another person in public or private.
- To never hit or slap anyone.
- To accept it when someone wants to break up with me.
- To break up with someone who hurts me, even if I love them.
- To break up with someone who hurts me, even if they love me.
- To break up with someone who makes me feel bad.
- To ask for help if I need it.
- To refuse touching when I don't want it.
- To refuse sex when I don't want it.
- Not to do something that makes me uncomfortable.

Adapted from Dating Bill of Rights developed by New Beginnings, Seattle, Washington.

The Rational Enquirer

Adolescent Pregnancy Prevention
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