



The Rational Enquirer

TODAY'S YOUTH
TOMORROW'S VOICE

2009



The Rational Enquirer

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The Rational Enquirer is a magazine for everyone interested in youth sexual health.

- Y YOUTH** - If you are a young person interested in what other youth think about sexual health, or you want information that is relevant to your health, check out the **'Y'** articles.
- YSP YOUTH SERVICE PROVIDERS** - If you are a youth service provider, be sure to read the **'YSP'** articles.
- EDU EDUCATORS** - If you are an educator in a school or community setting, take a look at the **'EDU'** articles.

If you are a parent, read this magazine with your teenager and share your opinions on the articles with one another.

Of course, we'd like it if everyone read every article because we believe in the power of sharing perspectives, knowledge and information.



A publication of the Oregon Teen Pregnancy Task Force

Nicholas Kern - **Designer**

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An open letter to today's youth: You are today's promise and tomorrow's voice

by Aylett Wright

Your voices — the voices of today's youth — are a crucial force in shaping today's world. The theme of the 2009 Rational Enquirer, "Today's Youth, Tomorrow's Voice," stresses your unlimited potential to create your present — and our collective — future. It is critical that those of us

who create programs and policies for youth seek your input and pay attention to what you have to say. You are the only ones who can advise us about your own lives. Our job is to help you find the opportunity and courage to speak your truth both today and tomorrow.

Maggie Kuhn, founder of the activist movement the Gray Panthers, said to aging Americans, "Speak your mind, even if your voice shakes." We can say the same to you.

We all come up against fear and insecurity when it comes to speaking our minds. By supporting you as you come into your voices, we can help you find the courage to stand up for what you believe and to advocate for what you know is right.

You will be tomorrow's policymakers, service providers, educators, counselors, mentors and advocates. By supporting you as you learn to speak up, to come to the table and create change, we help you find your voice. As adults who work with young people, we are charged with helping you define your power and understand your responsibilities.

I Introduction

"I have come to believe, over and over again, that what is important to me must be spoken, made verbal and shared, even at the risk of having it bruised or misunderstood."

Audre Lorde, African American feminist, poet and writer



Introduction I



We need to create space and opportunities for you to speak, to be heard, and to learn and practice the skills that will strengthen your lives and our future. Together we need to understand and dismantle the barriers to your participation. For example, we can schedule meetings and events when you are available and make sure you have transportation to them.

We can also create opportunities for youth and adults to work together in meaningful partnerships. Although adults often have control of the practical resources needed to develop programs and partnerships, you have the energy, ideas and wisdom that fuel their creation and implementation. Together we can discover how youth and adults can best collaborate. We can each lead by example, practice inclusion and truly listen to what we all have to say. As youth, you often have a strong, clear sense of right and wrong as well as the passion and energy to create a better future.

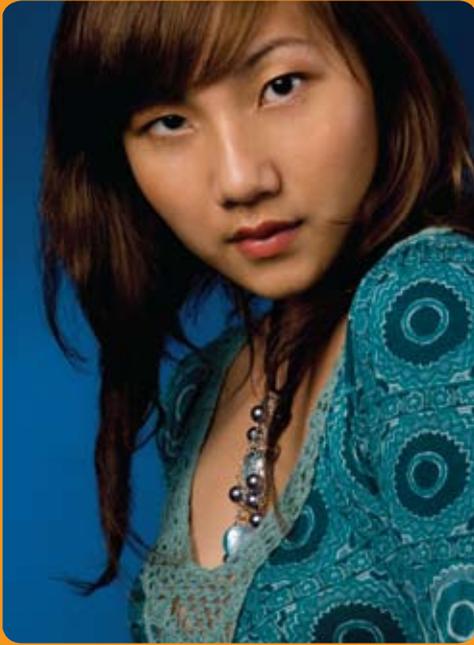


You are the voices of the present, the life blood of the “now.” And you are also the voices of the future. Our job is to nurture and protect your voices so that you can survive and thrive for both the present and the future.

Aylett Wright, former education and training coordinator for Planned Parenthood Columbia Willamette in Central Oregon, is currently involved in Community Low Power FM Radio and hosts “Ask Aylett,” a weekly radio program about sex and sexuality. Aylett continues to be committed to working with youth. 

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www.oregonsafenet.org.

Keeping it real:

Improving communication
between doctors and teens

by Joanne Alba



Naomi has been anxiously waiting 45 minutes in the exam room, draped in a paper gown. She's meeting this doctor for the first time. She feels nervous and awkward – unsure of how she will be treated when she mentions her fear about having “gotten something” after hooking up with someone she just met at a friend's party. Naomi is 15 and this was her first sexual experience. She's embarrassed, but she has some questions she wants to ask about the differences between safe and unsafe sex.

The doctor walks into the room reading a chart, not looking up to greet Naomi. Immediately Naomi feels put off, but can't explain why. This is her doctor – a professional, right? So

when asked about the reason for her visit, why does Naomi feel like running out of the room? Could it be the look on her doctor's face? Or was it the way she ran down her list of overwhelming and really personal questions?

Once her exam is over, Naomi wonders if her visit will be confidential. What if her mom calls...? Will she be told? Naomi would have liked more time and wished she felt more

comfortable asking questions, but she assumes this is what you can expect when you're young and need sexual health services.

Many teens share Naomi's concerns and fears.

And while her clinic experience was technically sound, sometimes it's the subtle, less medical aspects of the interaction that matter most to a patient.

Doctors, nurses and frontline clinic staff have a unique opportunity to communicate with teens about sexual health issues. Unfortunately, few providers raise sexual health-related issues unless it is the specific reason for the visit. In a national survey by the Kaiser Family Foundation and Seventeen magazine, fewer than one in four teens reported ever having discussed his or her sexual history with a doctor or health care provider, and less than a third had discussed birth control or received advice about sexually transmitted infection testing, instructions on proper condom use, or counseling about sexual assault or abuse.



Doctors, nurses and frontline clinic staff have a unique opportunity to communicate with teens about sexual health issues. Unfortunately, few providers raise sexual health-related issues unless it is the specific reason for the visit.



Keeping it real |



Practitioners need to be competent and confident in screening and counseling their teenage patients and learn how to help young people feel supported and safe when discussing sexual health information. Furthermore, teenagers are best equipped to offer providers accurate and authentic insight into their experiences, concerns and preferences relating to sexual health care – yet rarely are they given the opportunity to share that perspective.

In an effort to bridge this gap, the National Institute for Reproductive Health for the Adolescent Health Care Communication Program (AHCCP) selected Planned Parenthood of Southwestern Oregon (PPSO) as one of three U.S. organizations to receive funding for a project includes youth-led training for health care providers designed to improve the delivery of sexual health services to young people. A standardized patient training offers



practitioners a simulated clinic experience with the teens in which the providers take social/sexual histories, assess needs and discuss medical issues. Staying in character, the teen “patient” then provides feedback on how the visit went – and how successful the providers were in making them feel comfortable, accepted and willing to open up and honestly discuss sexuality issues.

In addition to the standardized patient training, teen educators present an interactive session, “**Keeping It Real** with Your Patient,” designed to inspire health care providers to reflect on the type and quality of health care they offer. The youth talk about confidentiality, attitude and the types of questions and language that will help teenage patients feel at ease. They use handouts, skits and group discussion to respond to

the providers’ questions and dispel misconceptions about what teens want and need at the doctor’s office. In its counterpart workshop, “**Keepin’ It Real** with Your Doctor,” teen educators use games, skits and open-ended questions to engage and inform their peers of their health care rights and how to make the most out of their visits. As young people learn they are entitled to confidential services, emotional support and accurate sexual health information, they become more empowered to seek out the health care they require and deserve.

Practitioners need to be competent and confident in screening and counseling their teenage patients and learn how to help young people feel supported and safe when discussing sexual health information.



Keeping it real |



This exciting project offers teens and health care providers a forum to learn and work together to improve communication, which can have a significant impact on health care delivery and better ensures young people's ability to make healthy decisions – now and in the future.

Planned Parenthood will ensure that sexuality is understood as an essential, lifelong aspect of being human and that it is celebrated with respect, openness and mutuality. 

Joanne Alba has worked for 8-1/2 years as Planned Parenthood of Southwestern Oregon's coordinator of the New 3Rs: Rights, Respect, Responsibility project. She is most inspired by the capacity of young people to make thoughtful decisions about their sexual health when given the trust, support and information to do so.

For more information about the program in Oregon, e-mail Joanne at joanne.alba@pphssso.org or call 541-344-1611 ext. 14.

To view a video clip from the project, follow the link on www.new3rs.info.

Also visit Planned Parenthood's other Web sites:

www.ppsworegon.org and www.noplacelikehome.org.

Sex education — a missed opportunity



November 3, 2008 — San Francisco State University sociologist Jessica Fields believes that classrooms hold the potential for social change, that school is a place where young people can imagine who they want to be in life. In her new book, “Risky Lessons: Sex Education and Social Inequality,” Fields offers an ambitious view of what sex education could accomplish in the future. She considers not only what sex education might prevent, but what it can promote.

Fields argues that the current debate between abstinence-only versus comprehensive sex education masks what is lacking in both approaches. “Whether schools teach

Sex education – a missed opportunity



abstinence until marriage or teach lessons about contraception and safer sex, too often both approaches reduce sex education to pregnancy and disease prevention,” said Fields, associate professor of sociology and research associate at the Center for Research on Gender and Sexuality. “A more holistic sexuality education would be about who you are as a person and would address your questions about sexuality.”

After spending two years observing sex education classes in North Carolina middle schools, Fields was struck by the missed opportunity that sex education represents. “It is a profound opportunity when young people come together with their peers and teachers to talk about sexuality. It is a chance to practice talking about sexuality in an open way. Sex education should prepare young people for a lifetime of conversations about sex and sexuality with their friends and future partners,” Fields said.

Drawing on in-depth interviews with pupils and teachers in two public schools and one private Quaker school, Fields shows how classroom lessons shape the way young people think about gender, race and class inequalities. These social inequalities also determine the way sex education is taught. In poorer neighborhoods, for example, the aim is to solve perceived social ills, whereas pupils in private schools are more likely to hear from their teachers that sexuality is a territory of personal fulfillment and expression.

While Fields calls on policymakers and researchers to put youth at the center of their analysis, she also notes that teachers can make meaningful changes in the way they

teach sex education. Fields suggests everyday steps that teachers can take such as being aware of the hidden curriculum – the informal messages their lessons communicate – or interrupting a pupil who makes a homophobic joke in class.

Following is an excerpt from the book “Risky Lessons: Sex Education and Social Inequality”:

Sometimes sex education’s lessons are more than awkward; sometimes they are themselves risky. Students hear that adults are often uncomfortable talking about sex, that female sexuality is about reproduction, that women’s sexuality is supposed to be wonderfully mysterious but is often frustratingly confusing, that men are inevitably and excusably sexual aggressors, that women are responsible for managing that aggression, and that official sources rarely provide the insight they need to navigate their sexual lives. They hear that gay, lesbian and bisexual desires and identities are most often jokes.

– Jessica Fields, *“Risky Lessons: Sex Education and Social Inequality”*

(Rutgers University Press, 2008). Excerpt reprinted by permission of the publisher. 

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| Sex education – a missed opportunity



Poetry by Brian Dekker, a male outreach worker with the Benton County
MARS (Male Advocates for Responsible Sexuality) Program

Sexual Statistics



Today I heard that 1 in 4 got an STD
I started thinking like
If I was with her and she was with him
And he was with that girl who used to date my roommate
Who was at the party with that guy
Who used to talk to that girl
That I one time kinda kissed - once
Then maybe I got some risks to be aware of
You see, cause when I divide the nights and awkward mornings
1 in 4 seems a little less like a statistic
And a little more like a warning.



Sexual Stereotypes

Sex infests
the open fields of our
minds like pesticides

Objectify our relationships on the
basis of tasteless stereotypes

But not this life

My type's the stereo that blasts decibels
so loud that sexism is drowned out
So loud that truth is found

Truth is I know what it means to be a man

And I refuse to reduce myself to
your definition - so

Walk with me and erase this
complacent make-shift system.

MARS addresses the need for reproductive health education and responsible sexual behavior among young men through a peer-to-peer education program. The mission of MARS is to reduce unwanted pregnancy, sexually transmitted infections and HIV/AIDS by increasing male involvement in family planning and reproductive health.

Time for change:

A teen speaks up for comprehensive sex ed



by Halla Byer

Everyone knows teens have sex.

Parents know, teachers know and the government knows.

The question is: Why are abstinence-only programs funded while comprehensive sex education courses are not?

After a steady 14-year decrease in sexually transmitted infections (STIs) and pregnancy rates among teens, in 2006 the rate of teen pregnancies rose 3 percent. That may not sound significant, but it's definitely a sign that something isn't working. Teens aren't getting the information they need about sex, contraception and STIs. In order to decrease teen pregnancy and STI rates, it's important to promote comprehensive sex education programs in schools, instead of government-funded abstinence-only programs.

Studies show that abstinence-only programs are ineffective and unfair. By the time teens graduate from high school, 45 percent of women and 48 percent of men have already had sexual intercourse. Teens are most likely not educated or emotionally prepared for the effects of sex, but they are doing it anyway. Telling teens not to have sex simply is not working. There is a desperate need for accurate information, yet, in some areas, only abstinence programs are funded.

Protecting teens from deadly diseases and unplanned pregnancies shouldn't be a matter of political or religious stance, but the moral responsibility of all educators, parents and adults. This issue should not be a matter of Democrat versus Republican, but rather a matter of proper education that will keep teens safe and healthy. Religion and politics should not stand in the way.

In contrast to the arguments of many who support abstinence-only sex education, teenagers who know about contraception and birth control and how easy it is to contract STIs tend to delay their first sexual encounters longer. Those who learn through a comprehensive curriculum are also more knowledgeable about how to protect themselves than their peers who receive abstinence-only education. Sadly, students taught only abstinence may begin having sex before they know all the facts and how to protect themselves. Therefore, the STI and pregnancy rates of teens who have gone through comprehensive programs are lower than those taught only abstinence.

Many renowned national medical organizations, academies and colleges support comprehensive sex education that includes information about abstinence, contraception and condoms. Examples include the American Academy of Pediatrics, American College of Obstetricians & Gynecologists and the American Medical Association. Most American adults also support comprehensive education; approximately 94 percent of adults surveyed would like to see students educated about contraception and preventive measures to protect themselves. Only 15 percent of Americans want schools to use abstinence-only programs. Even the parents of high school teens would like their children to have accurate information about contraception, condoms, birth control and sex.



Time for change I



The scientific evidence points directly to comprehensive sex education. If 94 percent of adults and 93 percent of parents want comprehensive instead of abstinence education taught, there shouldn't be a question about it. Numbers don't lie: more than 850,000 teens get pregnant each year, and that rate has begun to increase. STI rates are higher than ever and will continue to increase if nothing is done.

It's undeniable that teens have sex. There is no telling them not to. The problem is that they might not know how to protect themselves when they choose to engage in sexual activities. Teens need to know where to get sexual health information and contraceptive methods. They should know to be tested for STIs before and after every sexual partner. The usual abstinence-only programs do not teach this.



The statistics speak for themselves. It's time for a change in schools and government. Teen pregnancy and STI rates are on the rise. Many middle and high schools only teach abstinence. The solution is a comprehensive program so that when and if teens choose to participate in sexual activity, they know how to protect themselves. 

Oregon is one of 25 states that continues to receive Title V abstinence-only dollars from the federal government.

For more information on comprehensive and abstinence-only sex education, go to Mary Gossart's article, "Are We Serving Young People Well?" at www.oregon.gov/DHS/ph/ah/sexuality/sexuality.shtml.

You can download a copy of "Science and Success," a review of sexuality education programs effective in reducing the risks of pregnancy and STDs at: www.advocatesforyouth.org/publications/ScienceSuccess.pdf.

Halla Byer is a senior at Redmond High School and is a volunteer member of the Planned Parenthood Teen Council in Bend, Ore. In her free time she enjoys co-leading the Gay Straight Alliance at RHS, going to concerts, playing acoustic guitar and spending time with her amazing friends. In the fall, she plans to attend the University of Portland School of Nursing.



African American AIDS Awareness Action Alliance



Each February, the African American AIDS Awareness Action Alliance hosts a Talent Showcase in recognition of National Black HIV/AIDS Awareness Day. These poems were featured in the 2008 Talent Showcase.

Listen (excerpt)

if to know is beautiful then confidence has to be beauty/I don't know who but
someone said that to me/How could three letters mean so much/How could
people think they'll die from one touch/while vice versa the infected are dying to
be touched/They're misunderstood so they cry for love/if we saw the truth the
whole world could be blind because truth is key but nobody can find/the treasure
that lies beyond what we don't allow ourselves to see/you're not gonna move
forward if you don't bring me/And I'm gonna stay behind if I don't bring you/just
think if we all worked together what we all could do/Someday love the human
race will understand/and you won't be alone/ so don't wait for death look ahead

Hush little baby don't you cry, everything's gonna be alright

Don't be scared you'll be okay, we're gonna find you a cure some day

Hush little baby don't say a word, for your tears here's my shoulder

I'm not afraid you can take my hand, I'll stay by your side and I promise that

By Mariah Bechtel-Occhi

The African American AIDS Awareness Action Alliance (A6) is a coalition of community-based organizations, the Multnomah County Health Department, Clark County Public Health and community members who have partnered for more than

ONE NIGHT STAND

A few hours turned my life into a nightmare
Scarred me from the inside, and it seems no one cares
How could something I enjoy, turn in to something I wish I never had
Regretting each intimate moment that passed
Wondering why I refused to ask
But I was too intrigued by his swag
How could something I like, guide me to my death bed
Many thoughts, few questions, no answers were said
My body controlled my mind, I was operating on lust
I couldn't reject the sexual tension between us
This one night stand, was my biggest mistake
This one night stand, made me fear my test results
This one night stand, determined my fate
My fate to live with a heart breaking secret

By Shakhara Green



seven years to increase awareness about the impact of the HIV/AIDS disparity in the Portland African American community. In the past 25 years the impact of HIV/AIDS has severely affected the African American community. While African Americans make up a small part of our U.S. population (13 percent), they make up a large part of HIV/AIDS cases (49 percent). Locally, African Americans are 2 percent of Oregon's population but account for 8 percent of Oregon's HIV/AIDS diagnoses.

We seek to engage and empower community members. By creating innovative initiatives and targeted education, providing resources, erasing stigma, changing community norms, and testing for HIV.

Want to know more about how to protect yourself from HIV and STDs?

Go to www.knowsexpdx.com. 

It's time to focus on pregnant and parenting foster youth.

by Jeannette Pai-Espinosa



Many years ago, I was moved by the words of a pregnant young woman in foster care. Worried about the prospect of becoming a parent, she asked me how she could be a good mother when she herself had never had one. Her greatest fear was losing custody of her baby, just as her mother had lost her.

She wanted to know who would help her become a good mother.

Unfortunately, neither I nor the child welfare professionals in the room had any answer for her.

Only recently have statistics shown the disproportionate rate of unplanned pregnancies among young women in care, compared with those not in care. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, by the age of 19, 32 percent of young women in care report having at least one child, compared with 12 percent of their peers not in care. The Joint Center of Political and Economic Studies recently found that the pregnancy rates among African American female youth in foster care are three times that of their white counterparts in foster care.

Pregnant and parenting young adults and their children are a vulnerable and invisible group within the already high-risk population of children and youth in foster care. To date, the child welfare field has not focused on this population in any systematic way. Worse yet, most pregnant and parenting teens can't get good information about their rights as parents or, most importantly, about how to make the best decisions for their children.

| It's time to focus on pregnant and parenting foster youth



Why are these young women invisible?

For the most part, the child welfare field has viewed pregnancy of youth in care as a problem requiring intervention, yet another issue tacked on to the existing list. We have not viewed parenthood as an opportunity to break cycles of system involvement by increasing the strengths, skills and self-sufficiency of mother and child, thus boosting their chances for successful transitions to independent, permanent and healthy lives together. For the most part, little attention has been paid to creating long-term models of service and practice specifically designed to meet the needs of parenting young women who are in care and who transition out of care with children.

So what can be done?

First, we in the field can start by putting away our judgments about young women in foster care who become pregnant, and try instead to understand the powerful forces behind their search for belonging, love and permanence. A recent report by the National Campaign to Prevent Teen and Unplanned Pregnancy notes: "Many foster youth see great benefits in having a child at an early age. Foster teens told us repeatedly that they wanted someone to love, a family of their own, and someone who would always be with



It's time to focus on pregnant |
and parenting foster youth



them. For some, having a baby is seen as an opportunity to prove they can be better parents than their parents were to them.” (Fostering Hope: Preventing Teen Pregnancy and UCAN, 2006.)

Second, we can provide parenting and pregnant youth in foster care with the information they need to make informed choices. Navigating the legal system surrounding custody and placement can be difficult for any adult. Imagine your confusion if you are young and unsure of your rights. The National Crittenton Foundation recently created “Rights and Resources: A Guide to the Custody and Placement Rights of Young Mothers in Foster Care” for pregnant and parenting youth, and we are working to get the information to as many young people as possible.



Child welfare professionals are in the business of keeping families together. This fact must apply to all families, even young women who are in foster care and pregnant or parenting. It's time for all of us to wake up and focus on these young people. Services and programs that support the development of mother-baby bonding, parenting skills and support systems must be developed to increase the chance of success and to break intergenerational cycles of system involvement.

We have a responsibility to support foster youth and foster youth alumni who have become parents, and who are working to do a better job than their parents did.

Jeannette Pai-Espinosa is president of The National Crittenton Foundation, which recently released *Rights and Resources: A Guide to the Custody and Placement Rights of Young Mothers in Foster Care*. E-mail Jeannette@TheNationalCrittentonFoundation.org.

To see the information booklet on rights of young mothers in foster care go to www.thenationalcrittentonfoundation.org. 

| It's time to focus on pregnant and parenting foster youth



Dear Rational Rita



Hello Rational Rita,

I've been thinking about talking with my parents about sex, but I don't know how to approach the subject. I don't want them to freak out just because I bring up the topic. Can you help? — Wanting to talk in Toledo

Dear Wanting, Wow! It's great that you want to talk with your parents about sex. And, it can be a tricky conversation to start (especially if your parents never talked to their parents about sex). But, here's an idea. If you ever watch television with your parents, sex will probably show up on some prime-time show. When it does, ask your parents their opinion about what is happening on the show. "Hey Dad, do you notice how they are always joking about guys wanting sex all the time? Why do you think they joke about that?" or "Mom, what's up with this show? Everyone's having sex but nobody talks about birth control. Nobody on the show gets pregnant either. Is this real?"

See what they say. It might not be the most comfortable conversation at first, but it will open the door for you to find out how your parents feel about sex.

Do your parents need resources to help them talk with you about sexuality? If yes, send them to “Parents’ Sex Ed Center” at www.advocatesforyouth.org/parents/index.htm.

Dear Rational Rita,

My boyfriend raped me two nights ago and I am scared that I might be pregnant. My girlfriend told me that I could take EC. What is that and where could I get it? — Scared in Salem

Dear Scared, First, I want to thank you for sharing your story. You are very brave to ask for help. If you have questions or concerns about the rape or what will happen if you or someone else reports the rape, you can call your local rape crisis center for 24-hour information and support. **Call 1-800-656-HOPE (1-800-656-4673)** to speak directly to a trained crisis support volunteer or advocate, or **visit www.rainn.org** to write secure and anonymous instant messages to trained crisis support volunteers. I know this must be a difficult time for you. I wish you all the best.

If you want to prevent a pregnancy, it's not too late to take emergency contraception, also called EC. EC pills (Plan B®) have the same hormone used in birth control pills. EC is not the same as the abortion pill, RU-486. EC can be taken up to five days after a rape or other unprotected intercourse, but works best when taken sooner rather than later. EC

| Dear Rational Rita





is safe and effective. You can get EC from one of the following places:

- **Hospital emergency room** - A new 2008 Oregon law requires all hospital emergency rooms to provide information about EC to sexual assault victims, including those under the age of 18. If you ask for it, hospitals must give you EC pills before you leave the hospital.
- **Family planning clinic** - You can get EC and may qualify for a free or low-cost exam and birth control at a local family planning clinic. Call 1-800-SAFENET to find a clinic near you. All services are confidential.
- **Pharmacy** - If you are over 18 years of age, you can buy EC over-the-counter at your local pharmacy. You need a prescription from your doctor or health care provider if you are under 18.

Medical providers are mandatory reporters of child abuse. If you are under the age of 18, they are required to report your sexual assault to child protective services and/or the police.

For more information on:

- Emergency contraception (EC): www.not2late.org;
- Sexual assault survivor stories of EC: www.raisinghervoice.org;
- New Oregon law on EC and sexual assault: www.healthoregon.org/fp;
- Sexual assault advocacy and resources: 1-800-HOPE (1-800-656-4673)

or www.rainn.org. 

Educator to educator advice

by Brad Victor, M.A.T.



When we discuss sexuality, we often focus on body parts, puberty and the consequences of sex. However, sexuality is complex and encompasses emotional, physical and social changes and factors. It includes gender, gender identity, body image and sexual orientation. As a result, we need a more holistic view of sexuality education. Consider the following when you are teaching about sexuality:

The meaning of sexual behavior

- Sexual behavior is any action that expresses our sexuality. Many people define sexuality as genital behavior, but genital behavior is only one type of sexual behavior.
- All teens are sexual and abstinence is a sexual behavior. Acknowledge that students who choose abstinence are still sexual; they just choose not to engage in certain sexual behaviors.
- Describe behavior rather than sexual orientation. For instance, instead of saying “gay sex,” it’s better to say “men who have sex with men” or “women who have sex with women.” It also helps to clarify the actual behavior. Students can recognize their behavior without having to identify themselves as heterosexual, gay or bisexual.



Sexual health

Sexual health refers to both physical and psychological wellness. The three main issues in adolescent sexual health are:

- Sexual development and sexuality (including puberty);
- Sexually transmitted diseases/HIV/AIDS; and
- Unintended and unsafe pregnancies.

Body respect

Many adolescents are at risk because they do not have the information, skills, health services and support they need for healthy sexual development during adolescence. Without the proper support, it is harder to postpone sex until a person is physically and socially mature, and to be able to make well-informed, responsible decisions.

Teach students to respect their bodies and to think and plan for their sexual health.



Maximizing the value of comprehensive sex education

Oregon is very fortunate to have a sexuality education law (OAR 581-022-1440 and ORS 336.455) that requires schools to use a “comprehensive” approach that stresses abstinence but permits materials and instruction in contraceptives, beginning in the sixth grade. This law allows us to give our students all the skills and knowledge we can provide in order for them to make positive choices about their sexual health.

In the last three to four years, teen pregnancy rates and teen STD infections have risen in Oregon. Many Oregon schools have not provided their students with the level and

depth of comprehensive sexuality education they need. As the evidence mounts against any level of effectiveness for “abstinence-only,” and/or “abstinence-only until marriage” programs or speakers, school educators and school administrators must strongly support a comprehensive approach with their students.

Our students are our future. Let’s provide for them a learning environment, of known effectiveness, that will lead to healthy choices and healthy futures. 

Reference:

ETR Associates, Resource Center for Adolescent Pregnancy Prevention. Skills for educators. Victor, B. 2001. Abstinence: What works. World Health Organization. Adolescent sexual and reproductive health

Brad Victor is a sexuality education program specialist at the Oregon Department of Education.

To see the complete text of Oregon’s Sexuality Education Rules and Laws, go to http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html and www.leg.state.or.us/ors/336.html.

Please note that these rules and laws may change depending on action in the 2009 Oregon legislative session.

| Educator to educator advice



Insights into teen parenting

Lee Wagner, AmeriCorps member, Insights Teen Parent Program



Teen parents face many challenges, yet how the world and the teens view them can be drastically different. Teen parents explored a few of these challenges and differences in perception when they met at Southeast Portland's Fir Ridge Alternative High School and Pathfinder Academy.

When hearing statistics such as "two-thirds of teen parents don't finish high school," all agreed that continuing their education was one of the most important things they could do for themselves and their children. In one group the resounding consensus was that, while young parents face unique challenges, motivation and support are the key fac-

tors in finishing school. The motivation has to come from within, but the support can come from school, family and other teen parents. Here are some examples of support networks and their importance to teen parents:

A lot of the kids wanted to go party and do things that I really don't have the time for. I noticed that it was a lot easier to be around people who have the same responsibilities.

The teen parents discussed their families' and friends' reactions to their pregnancy. The phrase "you ruined your life" received a group-wide groan. This expression struck a nerve with all the teen parents involved in these discussions. One of the parents admitted that getting pregnant was not the wisest decision, but she refused to speak of her daughter as a "mistake." She experienced regret on a different issue: "If I could go back I wouldn't change it. I would have still had my baby but I would have stayed in school."

Another parent described her parenting experience as making her life better. "I put something in it that was worthwhile," she said. "That little girl is my everything; she is the only one that keeps me going."

When asked how they would feel if their child(ren) got pregnant at the same age they did, several of the parents shared a similar view. One described how she planned to face this issue with her child. "I plan on talking to my child and being open with her and letting her know that she can come to me with anything and let me know if she is thinking about having sex. I would just try to help her make the wiser choice than the one that



Insights into | teen parenting



I made. And if she did get pregnant I wouldn't be mad at her; I would be disappointed in myself. There is no point in stressing her out more. I wouldn't yell or be mad. I would support her because that is what they [teen parents] need, is support.”

These young parents are just a fraction of the voices representing a very important group of people whose opinions and insights are invaluable.

– Lee Wagner, AmeriCorps member, Insights Teen Parent Program

Lee has been with Insights Teen Parent Program for the past six months. Previously, Lee was with the Alaskan AIDS Assistance Association in Juneau where she focused on HIV education and prevention. Lee hopes to continue working in sexual health and education long into the future.

For more information about Insights Teen Parent Program, go to

www.insightstpp.org/ 

Let's be clear when we talk about sex

An opinion piece by Holly Larsen

Teenager: "So Kyle and I did it last night."

So . . . what did they do? Homework? Soccer?

Most people – teens included – don't like to talk in plain terms about sex. We find it a lot easier to refer to sex in indirect or slang terms. Using clear sexual terminology seems uncomfortable, awkward and way too personal. However, using clear and correct sexual terminology is a big step toward sexual health.

Most Americans' education about sexual terminology is part of the problem. Mine was no exception – A very uncomfortable high school teacher said in staccato style, "This is a penis. This is a vagina. You should wait until marriage. If you don't, you will get an STD and die."



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This type of education was not very informative or helpful and instilled the notion that we should be embarrassed saying sexual words. Sexual anatomy is a very important part of who we are, but most people are uncomfortable verbalizing sexual terms.

Is using correct sexual terminology unpleasant because we don't often use these terms? Or, perhaps, we first heard these words in awkward tones from people who were obviously uncomfortable saying them.

I believe most people are uncomfortable using correct sexual terminology for many different reasons.

Why does sexual terminology make us uncomfortable?

At a very young age we are often taught alternative words to describe our sexual anatomy. How many of your parents referred to your penis as a *pee pee* or your vagina as a *wee wee* when they toilet trained you? These are cute terms, but not correct ones.

We might use incorrect terminology as adults partly because, as children, the influential people in our lives did not use the correct words to us. So starts the cycle of incorrect sexual terminology.

I remember when my aunt was toilet training her two sons. She said she was going to use the right words so she didn't shame them about their bodies. The following year my cousins came to visit and, within 10 minutes, were proudly showing me their penises



and saying in very excited voices, “We use our penises to go potty in the grown-up toilet!” Granted, my aunt now had to teach her children boundaries, but her two sons had very healthy body images. If we are taught at a very young age that it is better to say cute alternative words instead of the correct ones, it may leave us feeling ashamed or embarrassed to correctly express our sexuality.

We might also be uneasy expressing ourselves by using correct sexual terminology because alternative terms distance us from that part of our body. This might be because we are uncomfortable with the topic of sex in general, not just the terminology. If I say I have a vagina, that might mean I use my vagina and talking about using my vagina is not socially accepted. By distancing ourselves from our bodies we are denying to ourselves and the world that we like our bodies — sexual parts and all.

The words used to describe sexual acts are also considered socially taboo. This may be because we think that not talking about them means we are not doing “those things.” I would hazard to say that, if people were comfortable talking about sexual acts, a lot more people would admit to doing them. If people admit to the sexual behaviors they engage in, they open up the doors to receiving better information about the risks those acts may carry and how to protect against those risks.

What message is sexual slang sending?

Sexual slang means alternative forms of sexual words or expressions (e.g., a vagina

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can be called a *patootie* or a *box*). The slang terms for sexual vocabulary are heard and seen these days in all types of settings. How many of us have seen graffiti that uses colorful and sometimes inventive slang for sexual vocabulary? We have heard sexual slang words while walking down the street. Many of us have used slang expressions or words ourselves. There are probably children who have heard the f-word but have not heard the term *sexual intercourse*.

Slang is a part of our culture, but using these words can take on a derogatory tone. Think about the last time you heard someone using sexual slang. There is a good chance that it was used in a negative way that sent an unhealthy message about sexuality.

The next time you feel the urge to drop the f-bomb or some other sexual slang, think about who is hearing it and what message it is sending to the people around you.

What does correct terminology have to do with adolescent sexuality?

Those of us who are involved in educating young people about sex are not exempt from these problems. For example, if we don't know what term to use for a common sexual act such as oral sex or we are embarrassed to say it, how are we supposed to teach about healthy sexuality? We (educators, professionals, parents and young people) have to be comfortable saying the correct words to describe our bodies and sexual behaviors so we can be effective communicators and our voices can be heard with a clear message.

I believe that being comfortable using the correct terminology is the first step to achieving informative and helpful comprehensive sexual education. Being comfortable using the correct terminology for sexual body parts and actions will instill in adolescents that sex is not shameful and is something that is OK to talk about. In order to give youth a voice, we have to teach them the correct words to say. If our youth are comfortable with the correct sexual terminology, their messages today and in the future will be even more powerful and inspiring. 

Holly Larsen has a degree in public health from Rutgers University. She is currently an AmeriCorps HOPE member with the Washington County Health Department. Holly serves as a sexual health educator at county teen health clinics and coordinates the youth advisory councils for school-based health centers at Tigard High, Forest Grove High and Merlo Station.

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Want more information on sexuality terms and sexual health in general? If yes, go to http://kidshealth.org/teen/sexual_health/.

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About Girls Inc.



Girls Inc. has been celebrating girls' voices since 1864. Girls Incorporated inspires girls to be strong, smart and bold through more than 100 local organizations across the United States and Canada. This national research, education and direct advocacy organization champions programs that encourage girls aged 6 to 18 to take risks and master physical, intellectual and emotional challenges. Girls Inc. girls receive professional mentoring; they also learn economic skills and how to support and protect their health, advocate for themselves and others and actively participate in community life.

Girls Inc. uses girls' opinions, experiences, skills and knowledge to shape science, health, leadership development, pregnancy prevention and other curricula. Though many Girls Inc. programs and curricula are offered in schools, they are community-based rather than classroom-based and customized to local community needs and resources. 

Marcia Brumit-Kropf, Girls Inc. chief operating officer, contributed to this article.

From one proud girl to the world



Girls Inc. asked girls everywhere, "If you could send a message to the whole world about what it's like growing up as a girl today, what would you say?" Some of the 275 girls who shared their thoughts became the core of a Girls Inc. public service announcement now airing nationally.

These proud girls said in 275 ways: "The only person I want to be is me."

Alyssa is a Girls Inc. of Alameda County in Northern California girl. When she got involved with Girls Inc. of Alameda County, her parents weren't talking with her about sex. She knew that she needed to get more quality information on health and sexuality. So she signed up to participate in Helping Everyone Achieve Respect Together (HEART), a peer education program that empowers high school girls to become community health activists and resources for their peers. After an intensive training, peer educators made contact with nearly 1,000 peers on issues of sexually transmitted infections/diseases, birth

From one proud girl | to the world



So she signed up to participate in Helping Everyone Achieve Respect Together (HEART), a peer education program that empowers high school girls to become community health activists and resources for their peers.



control and pregnancy, abusive relationships, substance abuse, depression and conflict at home, among other issues. HEART includes a second-year mentoring opportunity for peer educators to assume greater leadership and hone their peer education and community action skills.

Alyssa's Dear World letter reflects what she believes to be true – that minority women will be part of tomorrow's voices, shaping the world around us. As a Filipina woman,

Alyssa believes it is important to be outspoken. But she also says you need information and facts to support your opinion. Her work with Girls Inc. of Alameda County helped her to be “outspoken and intelligent” when it comes to

issues of safe sex education. She believes it is important for all youth to know about contraceptives to avoid pregnancy and stay safe from STDs.

When she first joined Girls Inc., Alyssa was looking for a way to make her voice, as a female, stronger. After participating in Girls Inc. and being actively involved in the 2008 elections, Alyssa recognizes that “guys can help us too.” She realizes that to work only with girls and women will keep boys and men out of the picture. She now knows that males can be strong allies in addressing community issues.

This is Alyssa's letter to the world, written when she was 17.

Dear World,

I am going to make a difference

No double standards will hold me back

Glares and stares,

I bask in the glory

Recognize who I am

Recognize my face

Remember me.

I am more than talk,

I am initiative,

Action.

Look at my face;

Study it,

Look at it,

Memorize it.

Empowered, minority, female

This is the face of the future

Me, I am the future

I From one proud girl
to the world



Alyssa calls Alameda County home while she remains connected to her birthplace, Anda, Bohol, The Philippines. She is making plans to pursue a degree in nursing in The Philippines. 

Girls Inc. in Oregon

Collaborating with today's girls for tomorrow's changes



by Jeanette Shupp

Girls aged 8 to 18 in the metropolitan Portland region can be a part of Girls Inc. of Northwest Oregon. The organization sponsors school- and community-based weekly girls groups, one-on-one mentoring and advocacy.

Girls Inc. of Northwest Oregon partners with alternative medicine providers and makes dental, medical and vision services available at all of its school and community events. In addition, Girls Inc. works with the Oregon Health & Science University Office of Family Health to provide health assessments and counseling for girls participating in the program. Health assessments include family medical history, medical/dental/optometry visits and physical and emotional health risk factor assessments. Girls receive health counseling based on their health assessments, which can be a door to accessing appropriate health care resources and services.

The OHSU Center of Excellence in Women's Health faculty and staff deliver gender-specific health education to Girls Inc. groups. Health education topics are age-appropriate and culturally relevant. Core topics include nutrition, hygiene and self-care for 8 to 10 year-olds; puberty and menstruation, nutrition and exercise for 11 to 13 year-olds; and sexual health, family medical history and preventative health for 14 to 20 year-old girls.

The majority of the 700 to 1,000 girls the organization serves annually are the most vulnerable in our community: 90 percent of them have been sexually abused; 85

percent live in intergenerational poverty; 80 percent of them are at risk of school failure; 75 percent have been impacted by family violence; 70 percent have mental health diagnoses; 65 percent are below benchmark in math and science; 60 percent are at risk of alcohol and drug use; and 50 percent are ethnic minorities and/or immigrants.

In spite of these challenges, Girls Inc. girls make great strides. Program outcomes indicate a 100 percent improvement in health care access and knowledge and an 85 percent increase in school attendance and academic performance. Perhaps most importantly, 100 percent of girls to date have prevented pregnancy, and 85 percent of those in residential treatment have maintained treatment goals and/or not been re-incarcerated.

However, because of increased stressors due to current economic conditions, more girls need greater exposures to health care and health education. For example, Girls Inc. of Northwest Oregon staff report the number of sexual and physical abuse cases has tripled in just the past two months.

Health care costs attributed to obesity, substance abuse and early pregnancy can average a minimum of \$500,000 in the lifetime of a girl. Girls Inc. implements a cost-effective strategy for reducing expensive health and social problems for girls today and their families tomorrow. 

| Collaborating with today's girls for tomorrow's changes



For more information on Girls Inc. of Northwest Oregon and its gender-specific services, please visit www.girlsincnworegon.org or call 503-230-0054.

Sex and alcohol really don't mix



Let's be clear here — It is illegal to drink in Oregon before your 21st birthday. It is also unwise. Alcohol negatively affects the brain, and your brain is still developing until your early - to - mid 20s.

But let's be realistic too. We know that young people drink, and we've all heard stories of college parties centered around alcohol. Binge drinking may be an accepted part of the college scene, but the results can be damaging. Did you know that binge drinking is a factor in almost one-third of all college failure?

Binge drinking is drinking more than three drinks in one day or more than seven drinks in a week for a woman, and more than four drinks in one day or more than 14 drinks in one week for a man. One drink is defined as:

- One 12-ounce beer;
- One shot of 80-proof liquor; or
- One 4-5 ounce glass of wine.

Binge drinking is a main cause of 29 percent of college academic failures and 21 percent of dropouts. These numbers do not take into account student deaths, injuries, assaults, sex crimes, diseases, unplanned pregnancies and legal troubles that may be caused by excessive drinking. It is safe to say that binge drinking causes many serious problems that affect a lot of people.

Drinking mixed with sex can have particular consequences for women. Women who are fertile, drink alcohol and have unprotected intercourse increase their risk of having a baby with fetal alcohol syndrome (FAS), a permanent condition that affects every aspect of a child's life and the lives of family members. Evidence has shown that prenatal exposure

to alcohol causes damage to the developing fetus. Such exposure is commonly cited as the leading preventable cause of birth defects and developmental disabilities. While the number and severity of negative effects on a child born with fetal alcohol syndrome can range from subtle to serious, the consequences are lifelong. By the time a woman finds out she is pregnant and sees a family physician, she might have already consumed alcohol during the pregnancy and affected the development of her fetus. If you are sexually active and you drink, it is very important to correctly and consistently use an effective method of birth control to reduce the risk of an alcohol-exposed pregnancy.

Recently, University of Oregon and Western Oregon University women aged 18 to 20, who also had a history of binge drinking, shared their experiences and decisions regarding their use of alcohol and birth control. One young woman shared, "It was my first sexual experience. I barely remember it. I think I gave consent but I wouldn't have if I'd been sober. I will never drink that much again."

Through student health centers, college students have access to information about the importance of avoiding the potentially dangerous mixture of alcohol and sexual activity. Know the risks of both drinking and sexual activity before you engage in either one. 

For more information about binge drinking, alcohol-exposed pregnancies and contraception, go to www.DontOpenThis.org.

There is no safe time or amount to drink when you are pregnant. If you ever have sex without effective birth control, it is very important not to drink alcohol until you know for sure that you are not pregnant.

Article contributors: Lyn Blackshaw, Emily Havel and Lesa Dixon-Gray.

| Sex and alcohol really don't mix



The Rational Enquirer

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