

**2008 Lincoln County  
Plan To Reduce Teen Pregnancy and to Promote Youth Sexual Health  
“Preparing Our Youth for Today’s Realities”**

In April of 2006, the Community Health Improvement Partnership (CHIP), a health planning program sponsored by Samaritan Health Services, the Oregon Office of Rural Health and Oregon Pacific Area Health Education Center began scheduled meetings with community members to discuss the issue of teen pregnancy in Lincoln County. Recent reports from nurses working at the School Based Health Centers alerted us to the fact that they were seeing an unusually high number of pregnant teens in the school clinics. Statistical data confirmed that Lincoln County was indeed reporting more teen pregnancies than in previous years. Lincoln County has seen an increase in teen pregnancy from 20 teens in 2004 to 29 teens in 2006. These adolescents are ages 10 to 17. This increase in teen pregnancies has led our health care and faith communities to question how we are preparing our youth to avoid unplanned pregnancies and Sexually Transmitted Infections (STIs).

This plan articulates the vision and priorities of the twenty-five member CHIP Adolescent Sexual Health Committee and the eight member Public Health Advisory Council that has been working on this issue for two years. This document is a tool for our community to use to advocate for change in policy and programming. It was developed with input from the Oregon Department of Human Services Community Forum held in Waldport, high school teen surveys, the School Based Health Center Youth Advisory Councils, local and state government officials, the Public Health Advisory Council and the CHIP Adolescent Sexual Health Committee. Over 400 Lincoln County individuals have participated in this two year planning activity.

We hope the plan presented here will foster ongoing dialog and sustain efforts to promote the well being of young people throughout our county.

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**Conceptual Shift**

Adolescence is a period of time when important changes happen physically, psychologically, and socially. In it a time when young people are developing communication and relationship skills, defining their identities and engaging with their communities in new ways. As part of this process, they are actively formulating ideas about sexuality.

Historically, most sexual health intervention and sex education curricula have focused on the prevention of negative outcomes: unplanned pregnancy, sexually transmitted infection, sexual violence, and abortion. While it remains important to help young people avoid these outcomes, fostering positive sexual health involves more. Sexual health is the integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhances personality, communication and love (World Health Organization). Sexual well being includes the ability to experience sexual desire, engage in consensual and pleasurable sexual activity, experience intimacy in sexual relationships and to be comfortable with one's sexual identity. To foster sexual health, we must unambivalently communicate to young people that sexuality is a natural part of the human experience.

We also recognize sexual health outcomes are affected by more than simple individual decision making. Research indicates that sexual behaviors and outcomes are heavily influenced by community structural factors that include 1) socioeconomic advantage or disadvantage 2) gender based inequities and rigid gender role expectations and 3) pervasive heteronormativity. Programs to promote sexual health must advance socioeconomic, gender equality, and openness to sexual diversity.

A positive approach plan must focus on promoting comprehensive well being, rather than simply avoidance of negative outcomes. When young people feel valued by their families and communities, have hope for the future, and are confident their actions make a difference, they are better able to make positive choices about sexual health. Deciding is conscious and individual. Teen sex programs that work well, place their focus on the environment teens live in. They work on the substratum of perceptions students use to orient themselves to the world. Those successful programs understand that changing attitudes is what will change behavior. Adopting a comprehensive approach to teen pregnancy will require adjustment – in thinking, use of language, programs and policies, and measures of youth sexual health.

Although sexual activity and number of pregnancies in teens has decline in recent years, Youth Risk Behavior Surveillance data from 2005 indicate that 63.1% of high school seniors reported having engaged in sexual behaviors. In the United States each year, there are about 800,000 teen pregnancies, most of which are unintended. Nearly half of new cases of sexually transmitted infections and HIV occur in young people. This data illustrates the importance of being proactive in educating our youth about sexuality and teaching them how to protect themselves from STIs and pregnancy given the large number of students who engage in sexual activity during adolescence (Journal of Nursing, 2007).

As human beings, we are excellent perceivers of information. The human mind receives huge amounts of information from the world, and what we primarily do is turn that data into a series of generalizations, stereotypes, and theories that we can use to navigate our way through life. Once we have perceived a situation and construed it so that it fits one of the patterns we carry in our memory, we've pretty much rigged how we are going to react. (Krugman, P. New York Times, 2007).

A boy who grows up in home where he is emotionally rejected will perceive a girlfriend differently than one who grew up in a happier home, even though he may not be able to tell you why. Women who grow up in fatherless homes menstruate at an earlier age than those who don't and surely perceive boy friends and love in a different manner. So when we think about teen behavior, we need to think about the homes where they are growing up. Do these young people feel emotionally secure? Do they feel socially excluded? Do they live in a home where promiscuity is considered normal? Are they growing up in a sex-drenched environment or an environment in which they are buffered from it? (Krugman, P. New York Times, 2007)

Teens, both male and female need to know how to prevent pregnancy. They need to know what options are available to them, whether that is abstinence or birth control. Teens need full access to reproductive services. They need to understand the immediate health consideration and the long-term effects of early child-bearing and they need to be informed of the long-term responsibility and financial considerations involved with parenthood.

The goal of education about sexuality is to give our youth information that will assist them in making healthy decisions. Comprehensive, accurate sex education will help prevent teen pregnancy and the adverse social and health consequences for the children of adolescent mothers and fathers. It is important for our School Based Health Centers to be able to initiate discussions about teen sexual activity and the potential consequence with the students they serve, parents, and the school community. We need as parents and teachers to be able to talk openly and comfortably about sexuality so teens with questions about sexuality or unplanned pregnancies will not be hesitant to seek help or support. These conversations need to happen in our homes, our schools, our faith communities, and in public health agencies. In addition, School Based Health Centers must be given the resources they need for counseling and reproduction health services.

Today's teens face many challenges, pressures, and decisions regarding sexual behavior. Although, abstinence is the only reliable way to prevent STIs and pregnancy, today there are many teens who are sexually active. Therefore, it is essential for public health to advocate for comprehensive and accurate education about sexuality including information about abstinence and contraceptives in the schools. Education presented in a supportive, nonjudgmental environment will promote comfort and confidence in discussing issues related to sexuality. Although, we may not be able to stop adolescents from engaging in risky sexual behavior, we can make sure they know the risks and can protect themselves from the negative health and social consequences associated with unprotected sexual activity.

## **Relevance and Consequences of Sexual Risk Taking**

Over half of all high school students in the U.S. report having sex at least once. This puts them at risk of both pregnancy and infections with an STI.

Although 80 to 90 percent of teens report using contraception the most recent time they had sexual intercourse, many teens do not use contraceptives carefully and consistently. Among 15 to 19 year old girls relying upon oral contraception, only 70 percent take a pill every day.

About 75 of every 1000 girls age 15 to 19 became pregnant in 2002. More than 80 percent of these pregnancies were unintended.

Teenage mothers are less likely to complete school, less likely to go to college, more likely to have large families, and are more likely to be single, increasing the likelihood that they and their children will live in poverty.

Children of teenage mothers are likely to have less supportive and stimulating home environments, lower cognitive development, less education, more behavioral problems, and higher rates of incarceration (for boys) and more adolescent child bearing.

Monetary costs are also high. Teen childbearing cost U.S. taxpayers \$9.1 billion in 2004.

Young people age 15 to 24 account for one-quarter of the sexually active population in the United States but nearly one half of all new cases of STIs. The human cost of some STIs are high both for the individual teens and society. These diseases lead to infertility, ectopic pregnancy, cancer and other health problems. Over 6000 new cases of HIV were reported among teens in 2005.

Note: All statistical data and study information in the above narrative section was retrieved from the recently released report *Emerging Answers, 2007, Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*.

## **Community Messages Influencing Teen Sexual Behavior**

Communities need to send clear, consistent messages about appropriate sexual behavior. Not every organization needs to advocate every method for reducing the risk of teen pregnancy and STIs, but it is important that organizations avoid sending conflicting messages to young people. Emphasizing different types of behavior, such as abstinence and the use of condoms by teens who do have sex will not necessarily produce conflicting messages unless organizations denigrate each other's approach.

Protective factors stem from a teen's biological makeup (especially sex, age, and physical maturity, the teen's friends and peers, the teen's own sexual values, connection to family, school and other groups and institutions that discourage risky sexual behavior).

### **Community Initiated Programs**

The Oregon Department of Human Services has identified a number of programs that have strong evidence of positive impact on teen sexual behavior and the reduction of pregnancy and STI rates. They include school curriculum, mother-daughter communication programs, clinical programs around dispensing of contraception and reproductive health counseling, community programs with multiple components, on-line education programs, service learning programs, and intensive youth development programs.

### **Evidence Based Programs**

#### 1) School Curriculum

About two-thirds of the school taught curriculum around sex and STI/HIV education programs have a positive effect on teen sexual behavior. They have delayed the initiation of sex, increased condom or contraceptive use or both. Virtually all programs improved sexual protective factors.

#### 2) Abstinence Programs

While many studies are controversial regarding the usefulness of abstinence programs, the Oregon State Health Division quotes two studies that suggest that abstinence programs have positive effects on sexual behavior. Abstinence programs appear to delay the initiation of sex for teens and decrease current sexual activity. Abstinence programs improved teens' values about abstinence and their intentions to abstain. These programs are designed to help students to realize that abstaining completely is the safest and best behavior.

#### 3) Parents and Teens

Parents and teenagers have remarkably few conversations about sexual matters. Studies of programs for parents of teens indicate that these programs can reduce teen's sexual risk taking. Programs to increase parental involvement and monitoring may also have a positive impact.

#### 4) Video and Computer Based Instruction

Most young people, even those in disadvantaged circumstance are comfortable with computers and interactive technology. This technology has several benefits: it is

inexpensive, it can be used in most locations, and it allows programs to be replicated. Though definite conclusions cannot be reached yet, three studies suggest that interactive videos may have an impact on some behavior for as long as six months.

#### 5) Public Health Clinics

Reproductive health clinics are tried and true ways of providing teens with reproductive health care and improving their knowledge of, access to, and skill at using condoms and contraceptives. In addition to providing contraception, the majority of public clinics encourage abstinence for teens and encourage teens to discuss sexual issues with their parents.

Large numbers of young people obtain contraceptives from publicly funded clinics including school based health centers each year and prevent pregnancies. Large studies in California demonstrated that when access to confidential low-cost family planning services was greatly expanded, the number of teens obtaining contraception increase at these clinics. All School Based Health Centers in California provide comprehensive reproductive services including the dispensing of birth control. While a larger number of teens are accessing family planning services in California, it is difficult to estimate the magnitude of effect of reducing teen pregnancy (Kirby, 2007).

It is important to note studies show that clinics providing one-on-one counseling and information about abstinence and contraception pressing a clear message about sexual behavior and providing condoms and other contraceptives, did not increase teen sexual activity, but did consistently increase the use of protection by teens who were sexually active. According to other studies, providing contraceptives in school based clinics did not hasten the onset of sexual intercourse or increase its frequency, however they do see an increased contraceptive use while providing a message about reducing sexual risk and avoiding pregnancy (Kirby, 2007).

#### 6) Comprehensive Community Programs

Two-thirds of 48 comprehensive programs studied by the Oregon Department of Human Services that supported both abstinence and the use of condoms and contraceptives for sexually active teens had a positive behavior effect. 40 percent of program participants delayed the initiation of sex, reduced the number of sexual partners and increased condom and contraceptive use; 30 percent reduced the frequency of sex (including return to abstinence); and more than 60 percent reduced unprotected sex (Kirby, 2007).

Many communities, including Lincoln County realize that lowering teen pregnancy and STI rates requires more than isolated programs aimed at distinct groups of teens. We realize that developing a variety of broad based collaborations and initiatives will be necessary. In other studies cited by the Oregon Department of Human Services, those communities that implemented a continuum of education programs within different constituencies found that their programs delayed first sex, increase the use of

contraceptives, lowered rates of pregnancy and childbirth or produced some combination of these effects (Kirby, 2007).

### **Lincoln County Goal**

To implement adolescent sexual health programs that will instill a wide range of positive values in young people in hopes those values will discourage teens from engaging in risky health behaviors.

**Objective:** To reduce teen pregnancies and STIs.

**Activity:** Implement parent/teen communication program "Can We Talk" a health division program to be piloted by Parish Nurses in Lincoln County. This would be a grant funded and a volunteer program.

#### **Activity**

Implement a community wide media campaign around sexual risk taking and the consequences of STIs and teen pregnancy, similar in scope to the anti-tobacco campaign. This would a project presented to the state health division as a joint community/state wide program.

#### **Activity**

Advocate for a high school STARS (Students Today Aren't Ready for Sex) program. This would be a health department funded update teen education program. STARS currently exists in Lincoln County middle schools.

**Activity:** Implement a high school life skills education program using the Baby Think if Over mannequin program. This would be a grant funded program to fund curriculum and the purchase of infant mannequins. This would need to be a joint program with the Lincoln County School District.

#### **Activity**

Advocate for continuation of teen-parent programs at the high schools.

#### **Activity**

Investigate the possibility of implementing Big Sister and Big Brother programs in the schools, community centers, and/or churches.

#### **Activity**

Continue support of the School Based Health Centers and their efforts to provide reproductive health services and education about sexual health to teens. In addition to these two services, dispensing of birth control at the clinic sites is recommended.

#### **Activity**

Implement medical service learning programs in Lincoln County High Schools. Oregon Pacific Area Health Educating Center in affiliation with Oregon Health and Science University will implement health care service learning projects through their health career programs (Club Med) at Taft and Toledo High school in the 2008-2009 school year, with expansion plans for Waldport and Newport High Schools in the following year.

#### **Activity**

Implement a teen theatre program to promote healthy teen sexuality similar to the program produced by the Ashland Teen Theatre group. This would be a grant funded program implemented by Oregon Pacific Area Health Education Center and the School Based Health Centers' Youth Advisory Councils.

For decades, dedicated adults have worked with teens to prevent unintended pregnancy. Their efforts have been rewarded with declining rates of pregnancy and childbirth. Prevention efforts have also resulted in lower rates of some STIs. An increasingly robust body of research is clarifying the types of education that most strongly affect pregnancy rates and STI/HIV transmission rates. Yet, teen pregnancy and STI rates are still high. There is more to be done. The challenge for us in Lincoln County is to integrate best practice programs from schools, clinical, and community outreach to develop comprehensive and effective programs for our teens.

#### Resources:

Denehy, J. (2007) *Education about sexuality: are we preparing our youth for today's realities?* The Journal of School Nursing, 23:5:245.

*Guidelines for Comprehensive Sexuality Education*, National Guidelines Task Force, 2007.

Kirby, D. (2007) *Emerging Answers: Research finding on programs to reduce teen pregnancy and sexually transmitted diseases.*

Krugman, P. New York Times, *Education about Sexuality Editorial*, 2007

Oregon Health Division, *2008 Oregon Plan to Promote Youth Sexual Health.*

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School Based Health Center Youth Advisory Councils  
Public Health Advisory Council

Appendixes

- A) Community Forum Report, Oregon Department of Human Services
- B) Lincoln County Community Forum Report, Commission on Children and Families
- C) Student Teen Sexuality Survey for Lincoln County, Lincoln County Schools